

# NATIONAL DRUG CONTROL STRATEGY PERFORMANCE REVIEW SYSTEM REPORT

THE WHITE HOUSE  
EXECUTIVE OFFICE OF THE PRESIDENT  
OFFICE OF NATIONAL DRUG CONTROL POLICY





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# 2022 Performance Review Summary (PRS) Report

## Executive Summary

The 2022 *National Drug Control Strategy (Strategy)* makes it clear that addressing addiction and the overdose epidemic is an urgent priority for the Biden-Harris Administration. In order to save lives, the *Strategy* calls for immediate short-term actions that will save lives and outlines long-term solutions to reduce drug use and its associated harms, including overdose. It seeks to build the foundation for the Nation's work to reduce drug overdose deaths by addressing both the demand and supply sides of drug policy, and charts a comprehensive path forward beyond what past federal drug policies have attempted.

To evaluate the effectiveness of the Nation's drug policy efforts, and assess the progress in implementing the *Strategy*, the Biden-Harris Administration established seven goals to be achieved by 2025. These goals, measured against a baseline of 2020, cross the gamut of drug policy issues, including a general goal to reduce illicit substance use, as well as other specific public health and supply reduction issues. Each of these long-range, comprehensive goals are accompanied by quantifiable and measurable objectives, with specific annual targets.

The following are the specific strategic goals and objectives for the Nation to reduce the demand for and availability of illicit drugs and their consequences:

### 1. Illicit substance use is reduced in the United States.

- Objective 1: The number of drug overdose deaths is reduced by 13 percent by 2025.
- Objective 2: The percentage of people meeting criteria for cocaine, opioid, and methamphetamine use disorders are each respectively reduced by 25 percent by 2025.

### 2. Prevention efforts are increased in the United States.

- Objective 1: Past 30-day alcohol use among young people aged 12-17 is reduced by 10 percent by 2025.
- Objective 2: Past 30-day use of any vaping among youth aged 12-17 is reduced by 15 percent by 2025.

### 3. Harm Reduction efforts are increased in the United States.

- Objective 1: The number of counties with high overdose death rates which have at least one Syringe Service Program (SSP) is increased by 85 percent by 2025.
- Objective 2: The percentage of SSPs that offer some type of drug safety checking support service, including, but not limited to Fentanyl Test Strips, is increased by 25 percent by 2025.



#### **4. Treatment efforts are increased in the United States.**

- Objective 1: Treatment admissions for the populations most at risk of overdose death is increased by 100 percent by 2025.
- Objective 2: The projected shortfall in the qualified workforce of behavioral health providers (including addiction professionals) funded by federal programs in the United States is reduced by 70 percent by 2025.

#### **5. Recovery efforts are increased in the United States.**

- Objective 1: The number of states operating a recovery-ready workplace initiative is increased 75 percent by 2025.
- Objective 2: The number of peer-led recovery community organizations is increased by 25 percent by 2025.
- Objective 3: The number of recovery high schools is increased by 10 percent by 2025.
- Objective 4: The number of collegiate recovery programs is increased by 25 percent by 2025.
- Objective 5: The number of certified recovery residences is increased by 25 percent by 2025.

#### **6. Criminal Justice reform efforts in the United States include drug policy matters.**

- Objective 1: Eighty percent of all treatment courts will be trained and will implement practices to increase equity by 2025.
- Objective 2: The percentage of Federal Bureau of Prisons (BOP) inmates diagnosed with an opioid use disorder who are given access to medications for opioid use disorders (MOUD) is increased to 100 percent by 2025; the percentage of both state prison programs and local jail facilities offering MOUD is increased by 50 percent.

#### **7. The supply of illicit substances into the United States is reduced.**

- Objective 1: The number of targets identified in counternarcotics Executive Orders and related asset freezes and seizures made by law enforcement is increased by 365 percent by 2025.
- Objective 2: The number of defendants convicted in active OCDEF investigations that incorporate FinCEN/SAR data is increased by 14 percent by 2025.
- Objective 3: The percentage of active priority OCDEF investigations linked to the Sinaloa or Jalisco New Generation (CJNG) cartels, or their enablers (such as illicit financiers) is increased by 25 percent by 2025.
- Objective 4: Potential production of cocaine is decreased by 10 percent, and heroin is decreased by 30 percent by 2025.
- Objective 5: The number of incident reports for precursor chemicals sourced from China or India reported by North American countries increases by 125 percent by 2025.



The *Performance Review System (PRS) Report* is a performance assessment tool for evaluating the effectiveness of the Nation's efforts. Future *PRS Reports* will provide assessments of progress toward achieving the *Strategy's* goals and objectives, and will inform the interagency, Congress, and the public on the performance of drug control programs. Utilization of the *PRS* will allow the Administration to adjust the *Strategy's* policy and program actions accordingly to achieve its goals and objectives.

## Introduction

The Office of National Drug Control Policy's (ONDCP) authorization (detailed in 21 U.S. Code § 1705, "Development, submission, implementation, and assessment of National Drug Control Strategy") includes the following requirements:

- Comprehensive, research-based, long-range, quantifiable goals for reducing illicit drug use, and the consequences of illicit drug use in the United States.
- Annual quantifiable and measurable objectives and specific 2-year and 5-year targets to accomplish the *Strategy's* long-term quantifiable goals.
- A description of how each *Strategy* goal was determined, as well as a discussion of any anticipated challenges to achieving them.
- The sources of information and data that will be used for each goal and objective.
- A list of the relevant stakeholders and each such stakeholder's role in achieving the *Strategy's* goals.
- A list of the existing or new coordinating mechanisms needed to achieve the *Strategy's* goals.

As noted earlier, the *PRS* is a tool that serves as an indicator, alerting when the *Strategy* is on track, and when and where further attention or efforts are needed. However, the *PRS* is just one part of the broader Performance Measurement System, as required by 21 U.S. Code § 1705(h). Besides the *PRS*, this includes the *National Drug Control Assessment (Assessment)*, and the *Strategy's* annual *Budget Summary*.

The *PRS* focuses on the overall progress toward achieving the goals and objectives of the *Strategy*; it is complemented by the *Assessment*, which is a summary of the progress of each National Drug Control Program agency's (NDCPA) efforts towards meeting the *Strategy's* goals. The *Assessment* establishes each NDCPA's specific performance measures and includes an evaluation of the progress of meeting the annual targets of those performance measures.

Additionally, the *Budget Summary* ensures that each agency's goals and budgets support and are fully consistent with the *Strategy*. It identifies the major programs and activities of the NDCPAs that support the goals and objectives of the *Strategy*, and includes the related programs, activities, and available assets, discusses the role of each such program, activity, and asset in achieving the *Strategy's* goals, and provides an estimate of Federal funding and other resources needed.



# Goals, Objectives and Targets

## Goal 1: Illicit substance use is reduced in the United States.

As established in ONDCP’s Congressional authorization, the *Strategy’s* (and hence, ONDCP’s) main purpose is to reduce illicit drug use and the consequences of such illicit drug use in the United States. Since 2015, overdose deaths grew 75 percent in just five years, reaching an all-time high of 91,799 deaths in 2020. Meanwhile, substance use disorders (SUD) affect the health, social, and educational systems of our Nation. This first *Strategy* goal reflects the culmination of all of the Nation’s efforts reflected in the *Strategy*. Every private and each local, State, Tribal and federal stakeholder shares the same desire to see a sustained reduction in illicit substance use. Achievement of the other *Strategy* goals and objectives should significantly reduce the number of drug-related deaths and the number of adults with a substance use disorder in the United States.

### Objective 1: The number of drug overdose deaths is reduced by 13 percent by 2025.

Over the past two decades, the number of drug overdose deaths has risen steadily, but it especially spiked in the past five years. Undoubtedly, the COVID pandemic exacerbated the problem, creating an environment (forced isolation, interrupted access to SUD treatment, increased mental health strains, and severe financial concerns) that increased the number of deaths.

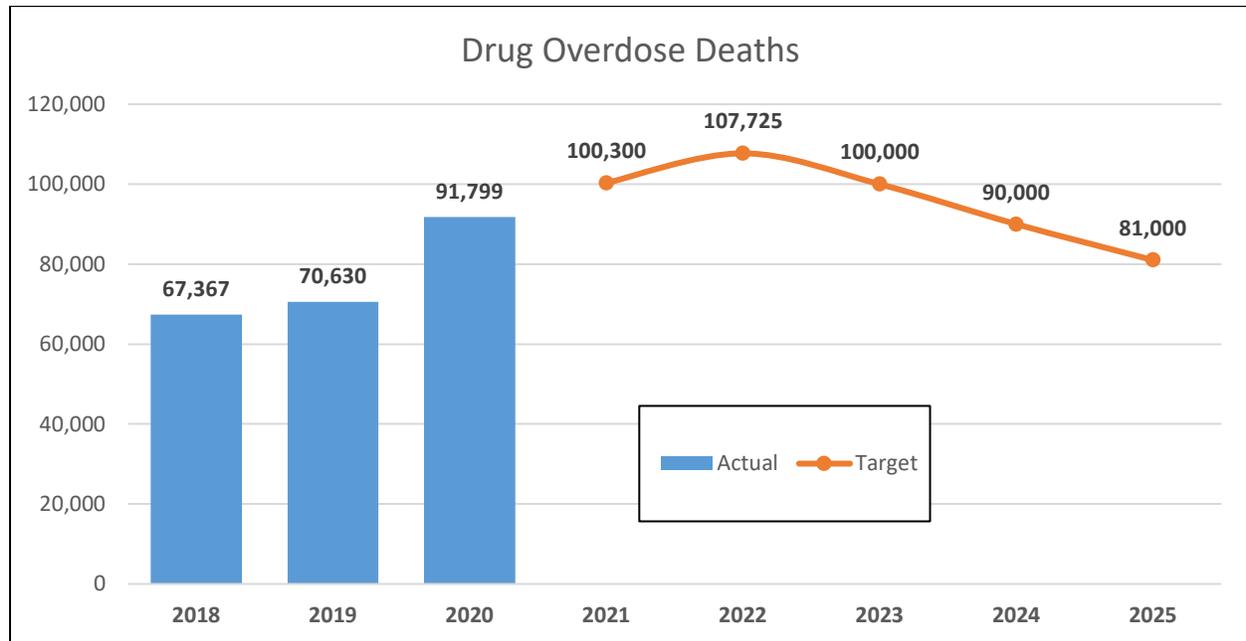
Farr’s law is an observation that infectious disease epidemics often behave in a predictable fashion, eventually leveling off and declining as populations are exposed, infected, and gain immunity.<sup>i</sup> As it has been evident from COVID, researchers have had some success modeling infectious disease epidemic curves<sup>ii</sup>. In contrast, modeling the future of the overdose epidemic may be in its infancy with much room for improved accuracy.<sup>iii</sup> Past public health experts used an epidemic analogy to describe the exponential growth trajectory early in the prescription opioid epidemic<sup>iv</sup> and at least one team applying Farr’s law predicted the epidemic would burn itself out by this time.<sup>v</sup> This model did not consider that dealers would begin importing more lethal forms of opioids such as fentanyl and its analogues, the resurgence of methamphetamine, or the contamination of the supply chain leading to overdoses in instances of polysubstance use. At least one research team examining forty years of past overdose data showed that the curve of America’s overdose death epidemic over a 40-year timespan is unique, and it does not appear to follow a traditional “Farr’s Law type” trajectory.<sup>vi</sup> Rather than leveling off and declining like infectious disease epidemic, it has been increasing exponentially with no signs of dropping substantially, barring a drastic intervention and infusion of resources.

This objective’s measure is the number of illicit drug overdose deaths. The objective seeks to reduce drug overdose deaths by 13% between 2020 and 2025. Initial projections for 2021 and 2022 will see the number of deaths continue to rise, but at that point will begin to decrease. The data is from the Multiple Cause of Death, 1999-2020 set, from the Centers for Disease Control and Prevention’s (CDC) National Center for Health Statistics. The Biden-Harris Administration is letting science and data guide its policy making. That is why these targets reflect a more realistic projection. Our ultimate policy goal is to reduce overdoses and overdose deaths, and our



Administration needs to join forces with State, local, and Tribal governments, external stakeholders in the public and private sectors, and Congress to deploy major interventions to bend the curve of this overdose epidemic.

The *Strategy* outlines a courageous approach to reduce overdoses, but these interventions will not begin to take immediate effect on reducing overdoses. This is a long-term, epidemic issue—meeting our marks on reducing overdoses will require full implementation of the *Strategy*, a substantial increase in public health and public safety investments, and a long-term commitment to follow the evidence on what works to help keep people alive.



Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death, 1999-2020 on CDC WONDER Online Database, released December 2021.

## **Objective 2: The percentage of people meeting criteria for cocaine, opioid, and methamphetamine use disorders are each respectively reduced by 25 percent by 2025.**

According to the American Psychiatric Association, SUD is a cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues using the substance despite significant substance-related problems.<sup>vii</sup> SUD affects not only an individual but also their family and the community. Reducing the number of adults with SUD will improve productivity, increase employment, improve physical and mental health, and improve the quality of life. However, reducing SUD will not occur simply by treating addiction, but by reducing substance use initiation, increasing primary prevention efforts, and reducing the supply of illicit drugs—all efforts central to the *Strategy*.

As the *Strategy* works to increase treatment for SUD, the percentage of those meeting the criteria for cocaine, opioid, and methamphetamine use disorders should decrease. ONDCP will work

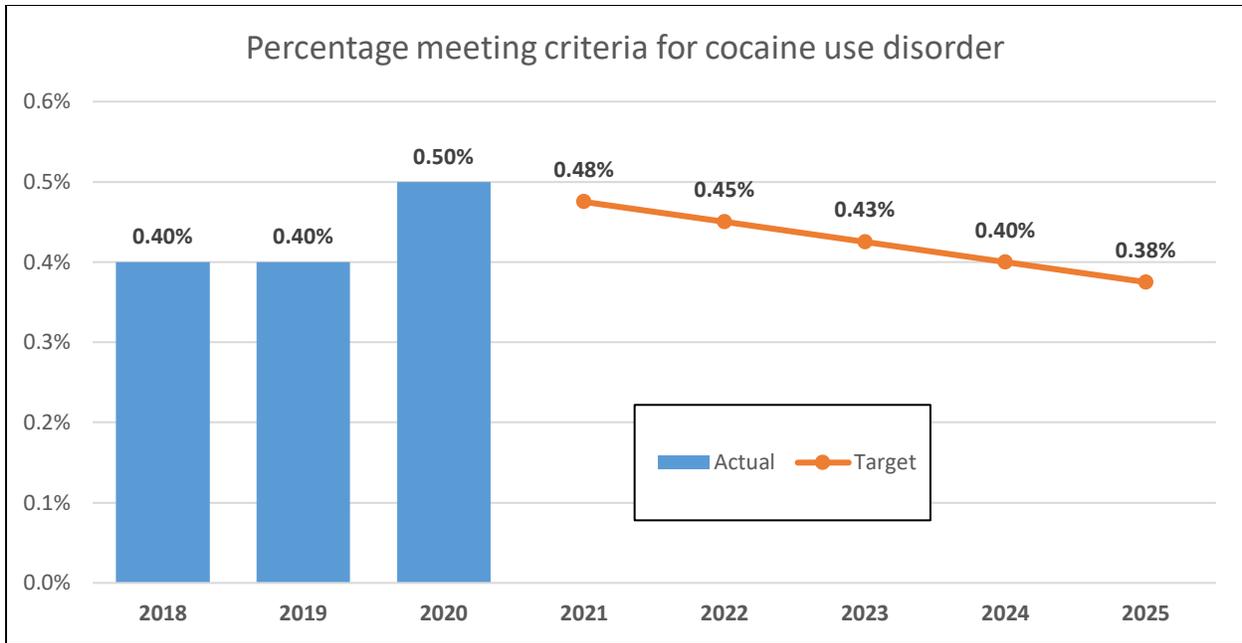


with the new federal Waiver Guidelines Data sub-interagency policy committee (IPC) and the Overdose IPC to develop approaches to increasing treatment access without diversion and will work with states on spending opioid settlement funds, including expanding EBTs to their residents. ONDCP will also explore possible statutory and regulatory reforms.

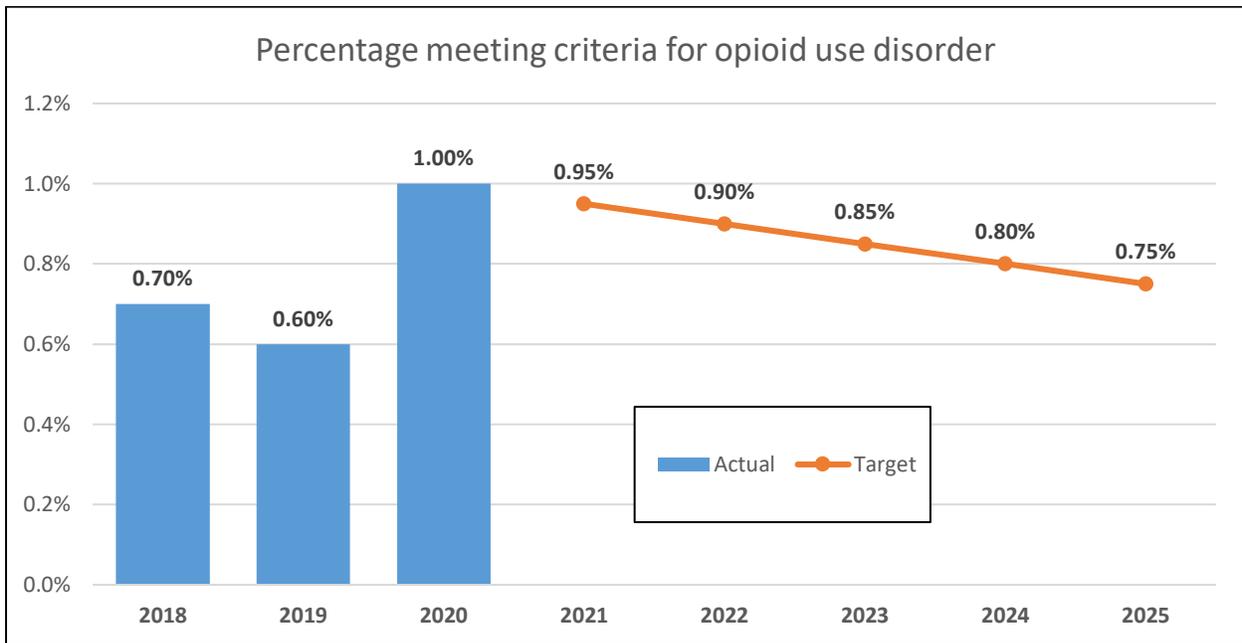
The data for this objective comes from the National Survey on Drug Use and Health (NSDUH), which provides the annual percentages for persons meeting criteria for cocaine, opioid and methamphetamine use disorders. In 2020, the percentage of those meeting the DSM-5 diagnostic criteria for cocaine use disorder was 0.5 percent; for opioid use disorder, it was 1.0 percent, and for methamphetamine use disorder, it was 0.6 percent. This objective seeks to reduce each prevalence by 25 percent by 2025. It should be noted that in 2020, NSDUH changed not only the diagnostic criteria from DSM-IV to DSM-5 for classifying SUDs but also the data collection modes during the COVID pandemic. Thus, the prevalence estimates based on the 2019 or earlier NSDUH data are not comparable to those from the 2020 and later NSDUH surveys. Estimates based on the 2018 and 2019 NSDUH data included in the tables below are for illustrative purposes only.

There are several challenges in meeting this objective, including that many of the changes that need to happen could involve new rulemaking, which in turn requires consensus on items with inherent tensions (expanding treatment with agonist medication, which could raise concerns over diversion and privacy; creating opportunities to bill for incentive treatment may be perceived as creating opportunities for fraud and abuse, etc.). Furthermore, given that some social determinants of health (such as housing stability and poverty) may be related to substance use treatment access, addressing these important factors will take long-term initiatives.

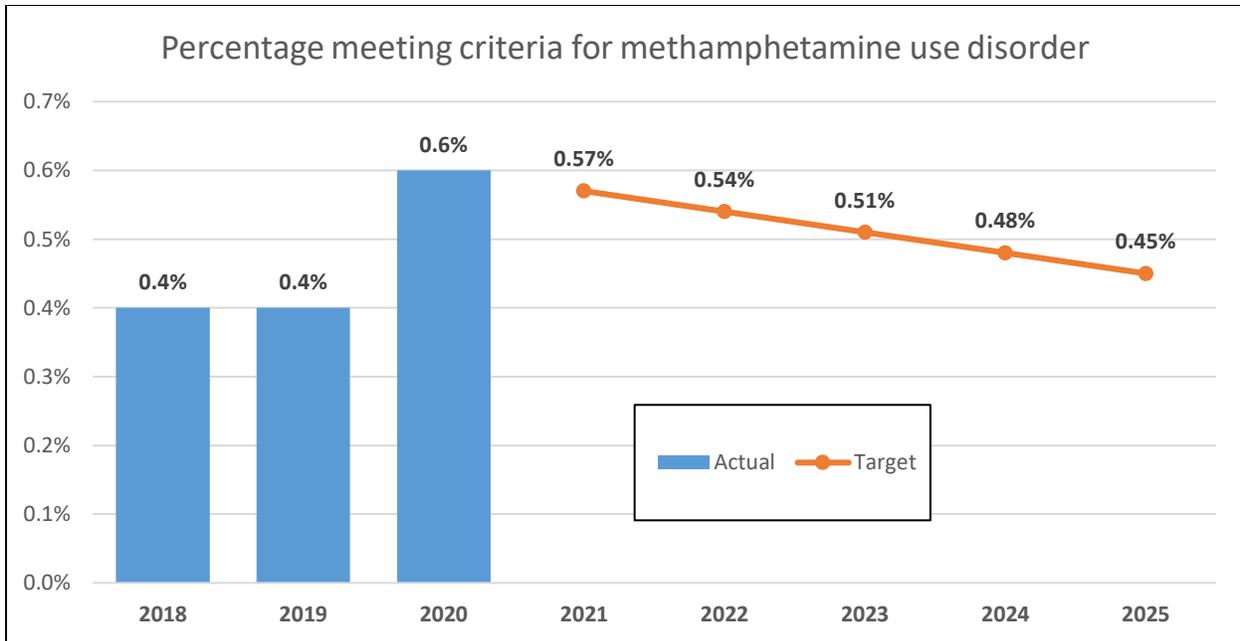
Additionally, CDC's opioid prescribing guideline revision, out for public comment at the time of this writing and expected in 2022, may include updated recommendations for clinical practice. Other elements of the *Strategy* that involve actions including flooding communities with treatment and working actively to get people into treatment through widespread screening should decrease second generation transmission of drug use behavior to children and siblings, and thereby decrease the rates of people qualifying for cocaine, opioid and methamphetamine UDs.



Source: Table 5.1B Substance Use Disorder for Specific Substances in Past Year: Among People Aged 12 or Older. Center for Behavioral Health Statistics and Quality. (2021). Results from the 2018-2020 National Surveys on Drug Use and Health: Detailed tables. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>



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## Goal 2. Prevention efforts are increased in the United States.

Research supported by HHS’s National Institute on Drug Abuse (NIDA), National Institute on Alcohol Abuse and Alcoholism (NIAAA), and CDC have shown that preventing drug use before it starts is an essential element of a comprehensive approach to protect school aged children and young adults from the dangerous consequences of drug use. Data sets such as the NSDUH, the Monitoring the Future, the Youth Risk Behavior Surveillance System, and the National Youth Tobacco Survey provide useful information in understanding youth use patterns and trends. During consultations with organizations such as Community Anti-Drug Coalitions of America, National Association of State Alcohol and Drug Abuse Directors (NASADAD), the Singles State Agencies (SSAs) for SUD prevention services, the Drug Free Community (DFC) and Comprehensive Addiction and Recovery Act (CARA) grant recipients, and other community stakeholders, ONDCP confirmed that they will be essential in assessing state and local circumstances and developing responsive initiatives. ONDCP will work with its federal stakeholders, including HHS and the Department of Education, to provide funding and programmatic support, and will conduct and disseminate continuing research.

### Objective 1: Past 30-day alcohol use among young people aged 17-20 is reduced by 10 percent by 2025.

In order to effectively increase prevention efforts across the United States, evidence-based prevention strategies focused on youth must be implemented, and the substances most commonly used by them addressed. By 12th grade, about two-thirds of students have tried alcohol, and although it is illegal for people under 21 years of age to drink alcohol, the findings show that

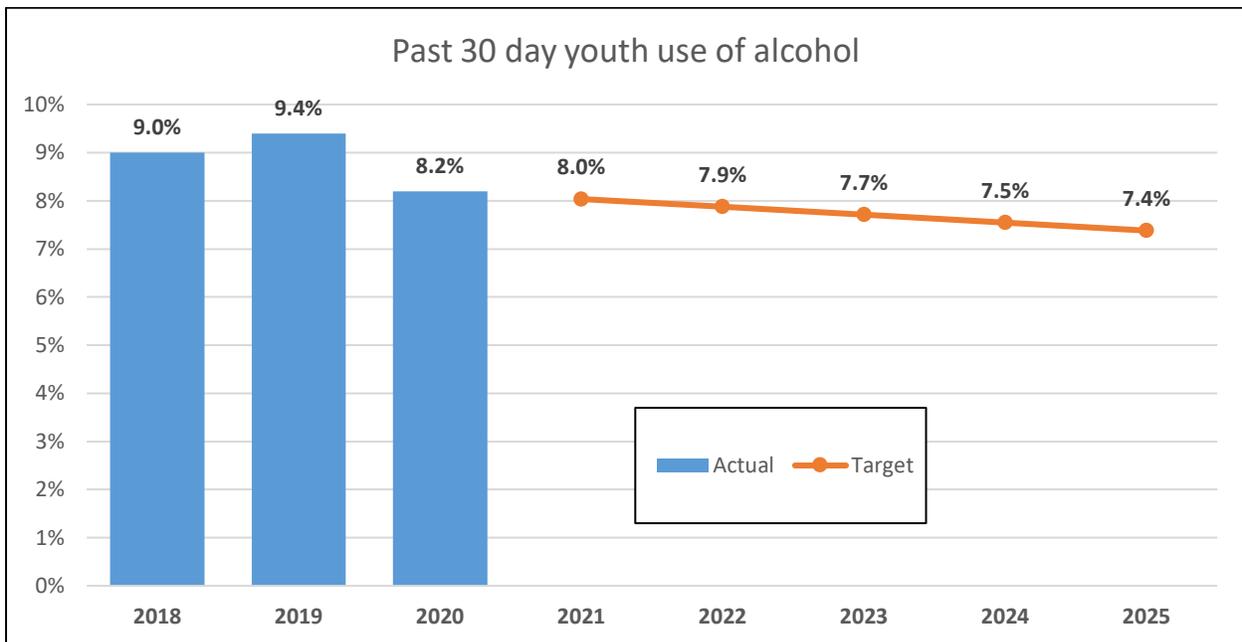


people from 12 to 20 years of age consume about one-tenth of all alcohol consumed in the United States.

ONDCP will continue to work with external stakeholders and federal partners to reach school-aged children at their most critical period for substance use initiation. Through its DFC Support Program, ONDCP administers, in partnership with CDC, the Nation’s leading effort to mobilize communities to prevent youth substance use. 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, including alcohol.

Data for this measure comes from the NSDUH, which is sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA) and provides nationally and state representative data on use of tobacco, alcohol, and illicit drugs, misuse of prescription medications, use disorders, mental health status, and related treatments among the civilian, noninstitutionalized population aged 12 or older in the United States. In 2020, the percentage of youth aged 12-17 who used alcohol in the past 30 days was 8.2 percent. The objective seeks to reduce past 30-day youth alcohol use by 10 percent by 2025.

One of the significant challenges for reducing youth use of alcohol is that alcohol is widely marketed and commonly available in the United States. Research supported by NIAAA has provided valuable information about how to effectively prevent underage use and intervene if underage use has been initiated. A range of efforts at the community, family, institutional, academic, and individual levels will need to be implemented to reduce underage alcohol use.



Source: Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. 2018-2020 National Surveys on Drug Use and Health, Rockville, MD: U.S. Department of Health and Human Services. Table 2.1B—Tobacco Product and Alcohol Use in Lifetime, Past Year, and Past Month among Persons Aged 12 or Older, by Age Group: Percentages, 2018-2020



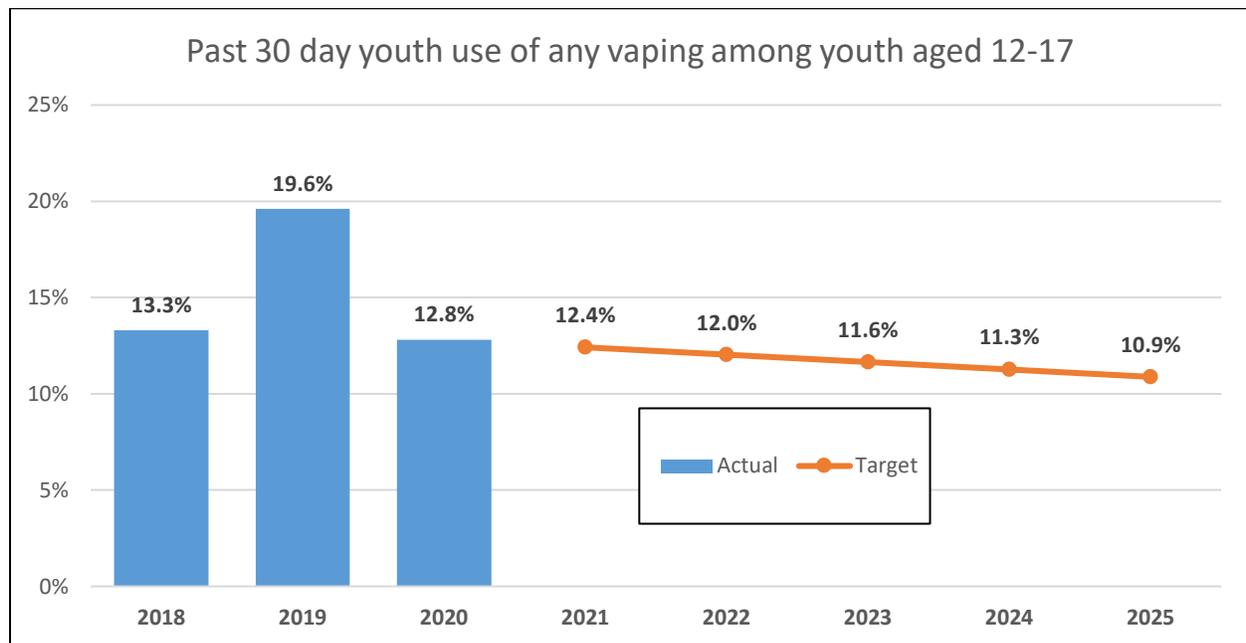
## Objective 2: Past 30-day use of any vaping among youth aged 12-17 is reduced by 15 percent by 2025.

Most e-cigarettes contain nicotine—the addictive drug in regular cigarettes, cigars, and other tobacco products. Nicotine is highly addictive, and can harm adolescent brain development, which continues into the early to mid-20s. Additionally, young people who use e-cigarettes may be more likely to smoke cigarettes in the future.<sup>viii</sup>

Similar to the other youth use objectives, ONDCP will continue to work with external stakeholders and federal partners to reach school-aged children, and to mobilize communities to prevent youth vaping.

Data for this measure is from the National Youth Tobacco Survey. In 2020, the percentage of past 30-day use of any vaping among youth aged 12-17 was 12.8 percent. The objective seeks to reduce past 30-day of any vaping by 15 percent by 2025.

The challenge to reducing vaping is similar to that for alcohol. Marketing for vaping has at times been directed toward youth, attempting to normalize vaping behavior among youth and make the vaping seem appealing.<sup>ix,x</sup> Tobacco product advertising for e-cigarettes has increased rapidly since 2011. About 69 percent of middle and high school students were exposed to e-cigarette advertisements in retail stores, on the Internet, in magazines/newspapers, or on TV/movies.<sup>xi</sup> In addition, vaping devices are commonly available, generally inexpensive, and easily disguised to look like everyday products.



Source: Office on Smoking and Health. 2018-2020 National Youth Tobacco Surveys: Methodology Report. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2018 - 2020.



## **Goal 3. Harm Reduction efforts are increased in the United States.**

By increasing harm reduction efforts, the *Strategy* will increase engagement in substance use disorder treatment and reduce the number of Americans consuming drugs. There is strong evidence that SSPs increase treatment entry,<sup>xiii,xiiii</sup> reduce the transmission rates of infectious diseases (e.g., HIV, hepatitis B and C), function as cost-effective prevention intervention,<sup>xiv</sup> and serve as an effective platform to link people who use drugs to health care and social services.<sup>xv</sup>

Stakeholders for this goal include federal departments, law enforcement organizations, harm reduction advocates, persons with lived experiences of substance use and infectious diseases such as HIV and hepatitis, and treatment and recovery organizations. The major federal partners include AmeriCorps, HHS, and the Departments of Veterans Affairs (VA), Justice (DoJ), and Housing and Urban Development (HUD). Law enforcement organizations with an interest include the International Association of Chiefs of Police (IACP), the National Sheriff's Association (NSA), the Police Executive Research Forum (PERF), the Police, Treatment, and Community Collaborative (PTACC), the Police Assisted Addiction and Recovery Initiative (PAARI), Treatment Alternatives for Safe Communities (TASC) and the National Association of Drug Court Professionals (NADCP). Harm Reduction organizations include the National Harm Reduction Coalition, Housing Works, the Center for Optimal Living, the Levenson Foundation, and the National Coalition for Harm Reduction Funding. Finally, treatment and recovery organizations include NASADAD, the National Alliance of State and Territorial AIDS Directors, the National Center for Well-Being, the Pew Charitable Trusts, the SAFE Project, the National Association of Addiction Professionals (NAADAC), and the National Association of Addiction Treatment Providers.

Consultations were held informally and formally with these agencies and institutions. Discussions included the importance of incorporating specialized case management to foster pre-arrest diversion and deflection, and reimbursement for harm reduction services.

The law enforcement, harm reduction, and treatment organizations are all important partners in communicating the importance of working with and supporting harm reduction programs, organizations, and initiatives. Engagement and collaboration with them will facilitate a more rapid acceptance of harm reduction interventions. HHS (through the CDC) plays a critical role in directly funding harm reduction services and collaborating with the syringe services programs to collect data needed to assess progress towards the objective, as well as additional information about services provided by specific SSPs around the country. SAMHSA, in addition to serving as the lead for the distribution of harm reduction funding, administers the two large federal SUD grant programs (the Substance Abuse Prevention and Treatment (SAPT) block and State Opioid Response (SOR) grants). It will be important for SAMHSA to work with state drug and alcohol directors closely to increase utilization of harm reduction programs through these grants.

### **Objective 1: The number of counties with high overdose death rates which have at least one Syringe Services Program (SSP) is increased by 85 percent by 2025.**

Increasing the number of counties with SSPs will extend the benefits of disease prevention intervention and health care and social services to much more people who use drugs (PWUD),



while concurrently offering new treatment entry points to those ready to initiate some level of SUD treatment. Although many PWUD actively seek addiction treatment, the majority do not. These individuals benefit from not just the health and disease prevention services provided by SSPs, they also benefit from the relationships built with SSP staff and volunteers. This connectivity to current drug users allows SSPs to offer additional services, including substance use disorder treatment, including medications for opioid use disorders. Thus, SSPs do not just reduce overdoses and improve health, they also serve as a vital platform for entry into evidence-based substance use disorder treatment. There are some states without any SSPs, and some regions of the country that are vastly underserved. This reality undermines the entire country's capacity to reduce overdoses, improve the health of people who use drugs, reduce infectious complications of injection drug use, and expand the ways in which individuals can initiate treatment.

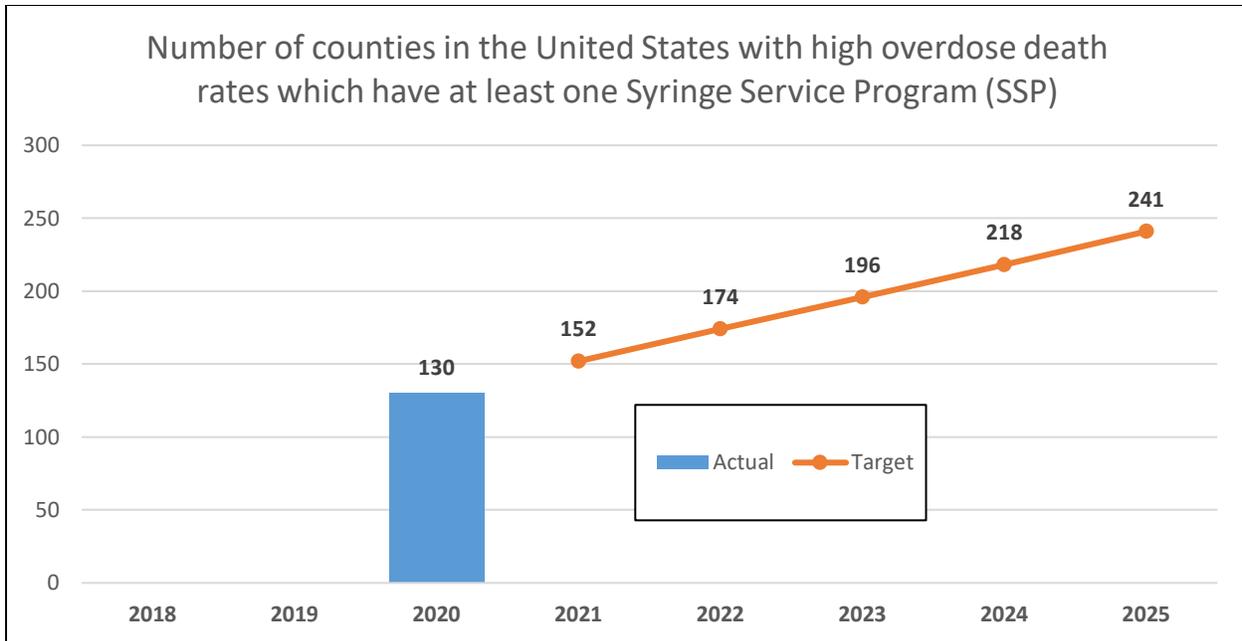
The Harm Reduction chapter in the *Strategy* calls for the creation of several new coordinating and communication mechanisms and partnerships designed to foster increased utilization of a harm reduction approach to help those PWUD. All of these efforts would support SSPs as the key platform for providing harm reduction and related substance use and mental health services to those who are not enrolled in formal treatment programs yet.

A new interagency working group, co-chaired by ONDCP and HHS, will develop plans for a national Harm Reduction conference—which would include a major federal presence and would be designed to be complementary to existing meetings organized by advocacy organizations; the formation of an advisory group on harm reduction; the development of dialogues on harm reduction with law enforcement associations and the 12-step recovery community; and a continued collaboration with HHS (especially CDC and SAMHSA) to support SSPs to provide a robust range of services.

ONDCP will utilize its convening power to host exchanges, meetings, and dialogues that explain the value of harm reduction, in particular focusing on research that shows the effectiveness of SSPs. ONDCP will work with key constituency groups to address or mitigate any concerns they have about harm reduction.

Although the overdose epidemic is a national priority, some counties in the country face greater challenges. Ensuring that SSPs are established and able to operate effectively in these high-risk counties will drive down overdose rates nationally. The CDC's National Center for Health Statistics' (NCHS) small area estimates (which are modeled drug overdose death rates by county) served as the basis for identifying the counties most at risk. ONDCP used a publicly available database that specifically lists the number of SSPs in the country as well as the services they provide to establish a baseline. In 2020, the number of high-risk counties in the United States with at least one SSP was 130; the objective seeks to raise this by 85 percent by 2025.

Objections to SSPs at the State and local levels is one of the biggest obstacles to achieving the objective's targets. The *Strategy* works to mitigate this problem and encourage adoption of SSPs. The increasing availability of Federal funds should allow SSPs to upgrade their capacity across the board, improve their communications strategies, and increase their ability to engage more PWUD both in harm reduction programs and in SUD treatment programs.



Sources: University of Washington; CDC WONDER Online Database

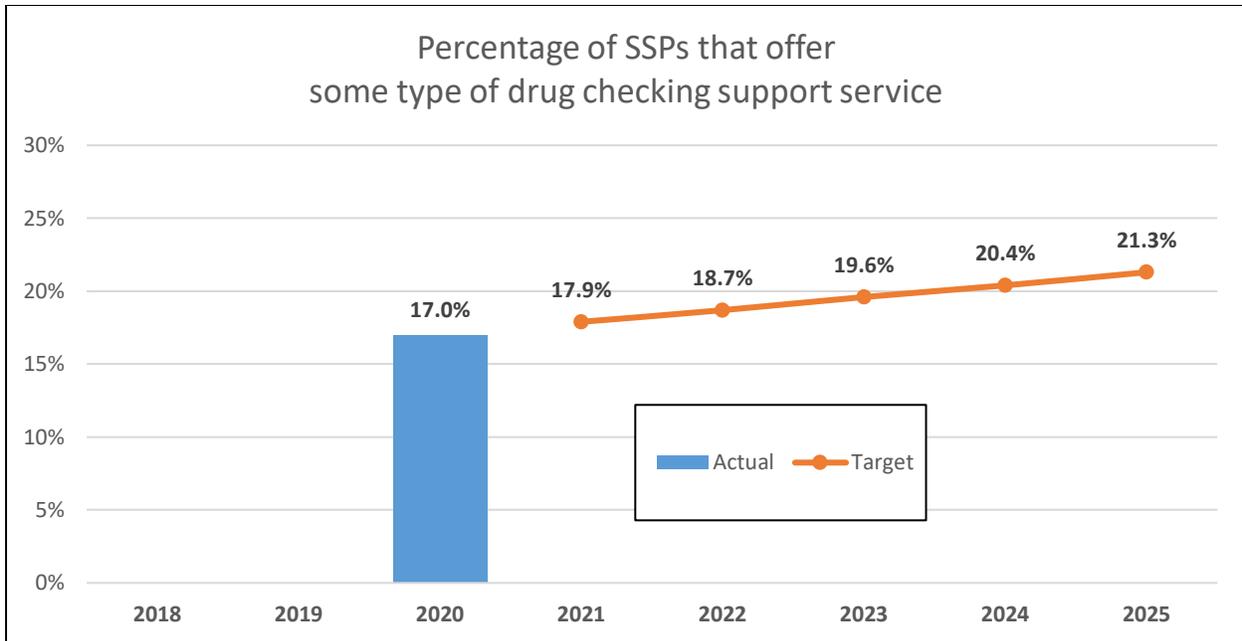
**Objective 2: The percentage of SSPs that offer some type of drug safety checking support service, including, but not limited to Fentanyl Test Strips, is increased by 25 percent by 2025.**

Increasing the percentage of SSPs, which offer drug checking support services, including Fentanyl Test Strips (FTS), will contribute to reducing overdoses. PWUD who have access to FTS can prevent overdoses by either refusing to consume the drug once synthetic opioids (other than methadone) are detected or altering how they consume the drugs to protect themselves. Simple behavior changes, such as using more slowly, or making sure they are not using alone and have naloxone nearby, can literally save lives. FTS are a simple, inexpensive tool that needs to be in the hands of those who can benefit from them.

As noted above, the *Strategy* calls for the creation of several new coordinating or communication mechanisms designed to foster increased utilization of harm reduction programs, including the formation of an advisory group on harm reduction. Due to the high penetration of synthetic opioids (other than methadone) in the drug supply, providing drug checking services is an increasingly urgent priority.

The NASEN database lists the number of SSPs in the country providing drug checking services. In 2020, 17 percent of SSPs offered some type of drug checking support services.

Challenges for this objective will center on State and local objection to drug checking services (e.g., FTS). ONDCP and the interagency will work with provider organizations to help them communicate the need for drug checking services.



Source: University of Washington

## Goal 4. Treatment efforts in the United States are increased.

Evidence-based treatments for addiction (EBTs) have been shown to reduce overdose risk and mortality. However, many treatment programs have not implemented EBT, many people who need EBTs do not go to treatment, and many communities lack treatment options. The social determinants of health (such as housing instability) can play important roles in lack of sustained access to needed treatment services.

CDC's mortality data from 2020 shows that most drug involved deaths involved opioids, cocaine, or psychostimulants. The *Strategy* emphasizes that EBTs, including Medications for Opioid Use Disorder (MOUD), contingency management, and other behavioral & psychosocial treatments like the Therapeutic Education System (a form of Cognitive Behavioral Therapy) are all intended for treating the SUD that put people most at risk for overdose.

ONDCP coordinates action on this objective with a number of federal partners including numerous agencies within HHS and DOJ. Non-governmental stakeholders include NASADAD, the American Medical Association, the American College of Emergency Physicians, the American Society of Addiction Medicine (ASAM), and the National Academies of Sciences, Engineering, and Medicine (NASEM). ONDCP held listening sessions during the 2021 Policy Priority development process, which informed these goals and had a variety of contacts to better understand possible policy barriers.

Interagency partners will assist in developing and requesting authorities to increase access to EBTs. They also will be involved in exploring the benefit of continuing initiatives for opioid treatment medication begun during the COVID pandemic public health emergency. ONDCP will work with NASEM to review methadone regulations.



## **Objective 1: Treatment Admissions for the populations most at risk of overdose death is increased by 100 percent by 2025.**

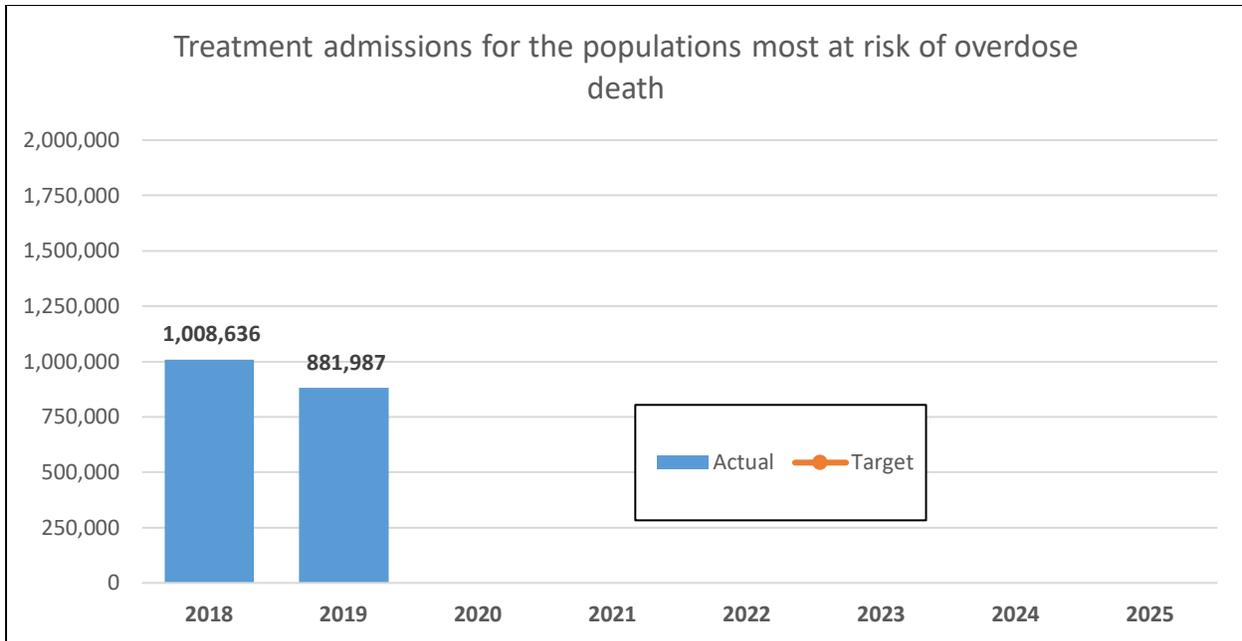
The *Strategy's* efforts to reduce overdoses includes access to overdose prevention skills training and naloxone. Additionally, it includes initiatives to ensure that more of the people at most risk of overdose (e.g., people with opioid, methamphetamine, and/or cocaine use disorder) receive treatment that should help reduce their overdose risk.

The coordinating mechanisms for this objective are similar to those for Goal 1, Objective 2 (“The percentage of people meeting criteria for cocaine, opioid, and methamphetamine use disorder are each respectively reduced by 25 percent by 2025.”). ONDCP will work with the Waiver Guidelines Data IPC and the Overdose IPC to develop approaches to increasing treatment access without diversion, will work with states on spending opioid settlement funds, including expanding EBTs to their residents, and will explore possible reforms. The objective seeks to increase treatment admissions by 100 percent by 2025.

The data for this measure come from the SAMHSA's Treatment Episode Data Set (TEDS). TEDS collects demographic and substance use data on admissions to and discharges from primarily publicly-funded substance abuse treatment facilities. To assess the population at most risk of overdose death, this objective measures the total number of primary opioid, cocaine, and methamphetamine admissions to substance use treatment facilities in the past year.

As discussed in the *Strategy's* Data Systems and Research Chapter, “our data systems have not kept up and lack the timeliness, scope and precision required for the most impactful national response” to the current addiction epidemic. TEDS is typically only available with an 18 month lag because, in part, measuring involvement in treatment participation occurs over time. Therefore, the 2020 TEDS data required as the baseline is not yet available. After it is released, ONDCP will revise this *PRS* to reflect the baseline and the targets.

The challenges for this objective are also similar to those of Goal 1, Objective 2. Most of the changes will involve new rulemaking, and will require consensus amongst all stakeholders. Furthermore, addressing social determinants of health will require long-term proposals.



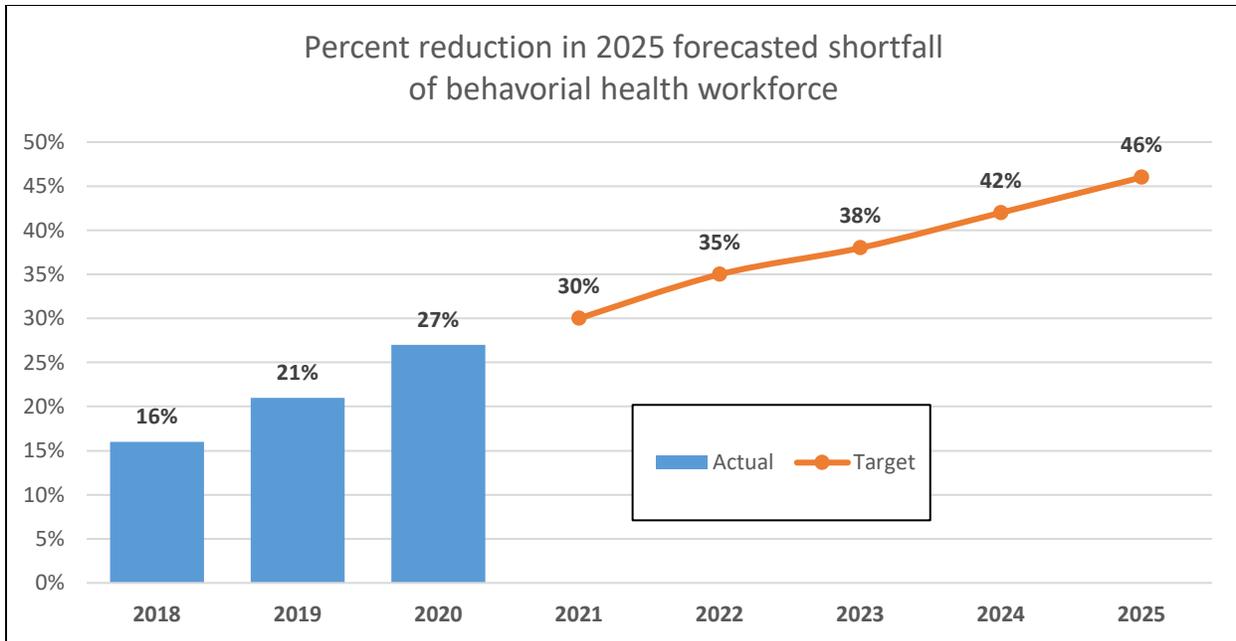
Source: Table 1.1A TEDS Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. Treatment Episode Data Set (TEDS):2019. Admissions to and Discharges From Publicly Funded Substance Use Treatment. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2021.

## **Objective 2: The projected shortfall in the qualified workforce of behavioral health providers (including addiction professionals) funded by federal programs in the United States is reduced by 70 percent by 2025.**

A properly trained workforce of addiction professionals is needed to increase treatment access in the United States. In the 2016 National Behavioral Health Practitioner Projections Report, HHS's Health Resources and Services Administration (HRSA) estimated that by 2025, there will be significant shortages of psychologists, social workers, school counselors, and marriage and family therapists that equal over 41,000 behavioral health FTEs, regardless of employment setting.<sup>xvi</sup> Since the release of this report, HRSA has reduced this projected shortage by 27 percent, and the objective seeks to eliminate 46 percent of the projected national shortfall of behavioral health providers by 2025.

Data for this measure is from HRSA's Behavioral Health Workforce Education and Training (BHWET) Program. The BHWET program contributes thousands of new paraprofessionals and professionals to enhance the Nation's behavioral health workforce capacity in critical areas of need.

The main challenge to meeting the objective is a steady program, which will contribute thousands of new professionals and paraprofessionals to enhance the Nation's behavioral health workforce capacity in critical areas of need. ONDCP will work with HHS and HRSA to ensure this program is adequately supported.



Source: Health Professions Training Programs Dashboards (available at <https://data.hrsa.gov/topics/health-workforce/training-programs>)

## Goal 5. Recovery efforts in the United States are increased.

While addiction is a chronic condition, treatment other than MOUD tends to be delivered in an episodic fashion, as though addiction could be cleared or cured, like an infection or a fractured bone. Recovery support services can provide ongoing support after treatment to increase the likelihood of successful long-term recovery, reducing substance use-related morbidity, mortality, and criminal justice system involvement and associated costs. Additionally, when employed by recovery community organizations (RCO) and other community-based peer-led organizations, peer workers can participate in the full continuum of interventions, from primary prevention and harm reduction, to engagement of overdose survivors, linkage to treatment and ongoing recovery support.

Peer recovery support services not only link the various components of care systems but also provide a flexible, bi-directional bridge between community-based supports such as mutual aid or faith groups, family, and supportive peer networks and formal systems, such as the specialty SUD treatment and broader healthcare sector, law enforcement, and the criminal justice and child welfare systems. Moreover, the majority of people with a past-year SUD report not having received treatment in the past year<sup>xvii</sup>, whereas the majority of people who report having received treatment in the past year resolved an alcohol or other drug problem. This underscores the importance of ensuring access to the resources needed to support multiple pathways to recovery and remission, including those that do not involve treatment. The recovery support services infrastructure is indispensable to accomplishing this.

This goal is especially important because, compared to our specialty treatment and broader healthcare sectors, our Nation's peer recovery support services infrastructure is still nascent and unevenly available. In fact, the traditional prevention and treatment funding categories do not



even recognize it. While there are no data available to routinely estimate local recovery support services' needs or capacity, it is clear that these services are unevenly available and receive an extremely small percentage of government and private sector substance use services funding. While still limited, research on recovery support services has yielded promising results. For example, one study found that receipt of services at a recovery community center (RCC) is associated with greater duration of abstinence, reduced substance use problems, and improved psychological well-being and quality of life.<sup>xviii</sup>

Stakeholders in this goal include both federal Departments and treatment and recovery-related groups and associations. The Departments of Commerce, Labor, State, Education, HHS, DoJ, VA, and HUD, AmeriCorps, and the Equal Employment Opportunity Commission will all have a role in achieving the objectives, as well as non-governmental organizations such as NASADAD, NAADAC, Faces and Voices of Recovery, the Global Recovery Initiatives Foundation, the Foundation for Opioid Recovery Efforts, the National Alliance for Recovery Residences, Oxford House, Inc., the Association of Recovery in Higher Education, the Association of Recovery Schools, the Association of Alternative Peer Groups, the International Certification and Reciprocity Consortium, the Global Centre for Credentialing and Certification, the International Society of Substance Use Professionals, the Addiction Policy Forum, the Legal Action Center (LAC), and diverse institutions of higher education as well as research centers, such as the Harvard/Massachusetts General Recovery Research Institute and the Virginia Tech Addiction Recovery Research Center. ONDCP reached out to all of these partners, conducting individual and group consultations (including with those people with lived experiences), and consolidating their input into both the *Strategy* and these goals.

### **Objective 1: The number of states operating a recovery-ready workplace initiative is increased 75 percent by 2025.**

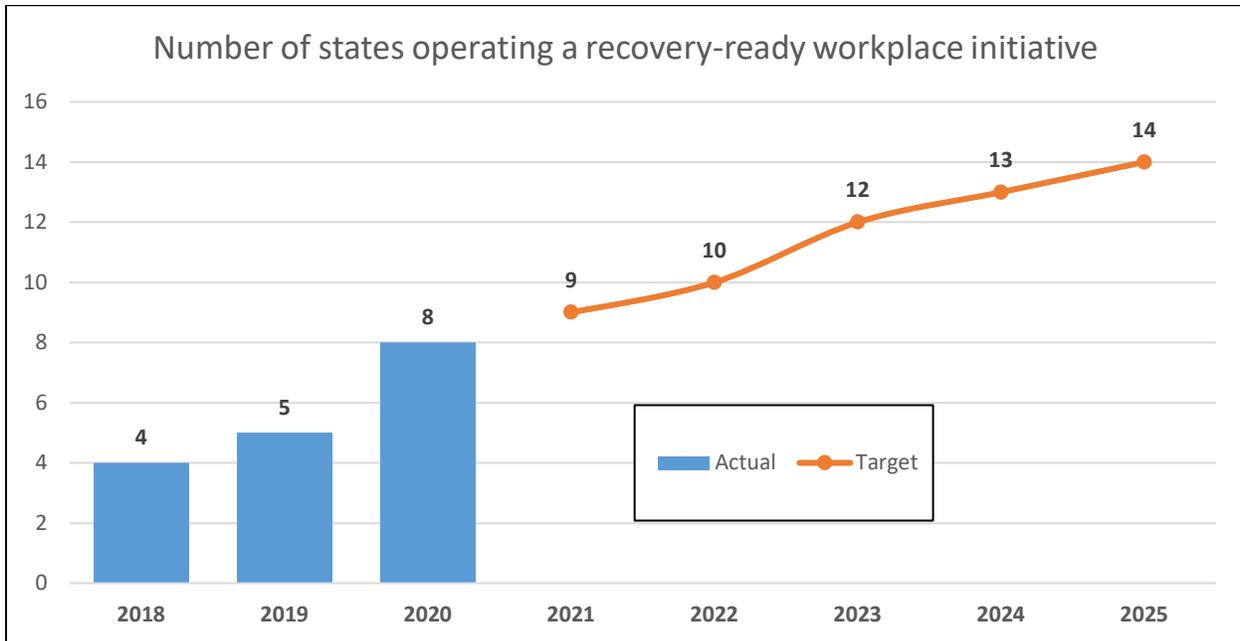
The majority of Americans with SUD are employed. Employment is critical to successful long-term recovery, and many people in recovery face barriers to employment due to periods of unemployment and/or substance use-related criminal justice system involvement. Workplace policies that encourage help-seeking and foster cultures that are supportive of recovery will reduce substance use, increase the number of Americans in recovery, and improve the bottom line of employers that adopt such policies.

Accomplishing this objective will require outreach to both the federal and private/non-federal sectors. ONDCP will create an interagency policy committee with subgroups dedicated to the external and internal components of this task. While there is no single data source available, most state-level recovery-ready workplace initiatives offer a certification, as such certification may qualify the employer for tax credits or other benefits.

Monitoring of progress toward this goal is challenging, as there is no central list of employers or facilities adopting recovery-ready workplace policies, nor nationally recognized criterion for achieving certification or other official recognition as a recovery-ready workplace. It is for this reason that ONDCP has chosen to track the number of states that certify or otherwise formally recognize employers or workplaces that meet predetermined criteria through their policies and practices. In 2020, 8 states had a recovery-ready workplace initiative; working with the Departments of Labor, Commerce and HHS, the objective proposes increasing that by 75 percent by 2025.



The main challenge to meeting this objective is that where statute and regulation govern, the federal departments may not have the authority to make certain policy changes to advance toward recovery-ready workplace goals and—even where it has such authorities—it may take significant time, and potentially, new regulatory revisions.



Source: ONDCP survey of State recovery organizations

## Objective 2: The number of peer-led recovery community organizations is increased by 25 percent by 2025.

Peer-led RCOs are key components of recovery-ready communities. Their mission “is to mobilize resources within and outside of the recovery community to increase the prevalence and quality of long-term recovery from alcohol and other drug addiction.” The recovery community that is engaged and mobilized by RCOs is broadly defined, including “people in long-term recovery, their families, friends and allies, including recovery-focused addiction ... professionals.”<sup>xix</sup> Through education, advocacy, and recovery support services, they can help create more resilient communities that welcome people in or seeking recovery. As recovery support service hubs, these entities bridge formal systems and community-based supports, such as family, a community of recovering peers, and mutual aid groups. These services can be provided prior to, during, after, and in lieu of treatment, and can include assistance securing housing and employment.

Because they can be flexibly staged and do not need to be limited to reimbursable treatment episodes, peer recovery support services provide an indispensable mechanism for engaging and supporting people with or in recovery from SUD, tailoring services and supports to their needs. Additionally, they provide a connective tissue linking various sectors and systems, facilitating a comprehensive and well-coordinated approach to substance use and SUD at the local and state levels. Long-term recovery and social reintegration take place in the community, and these entities help countless individuals find and sustain a pathway to recovery, including when

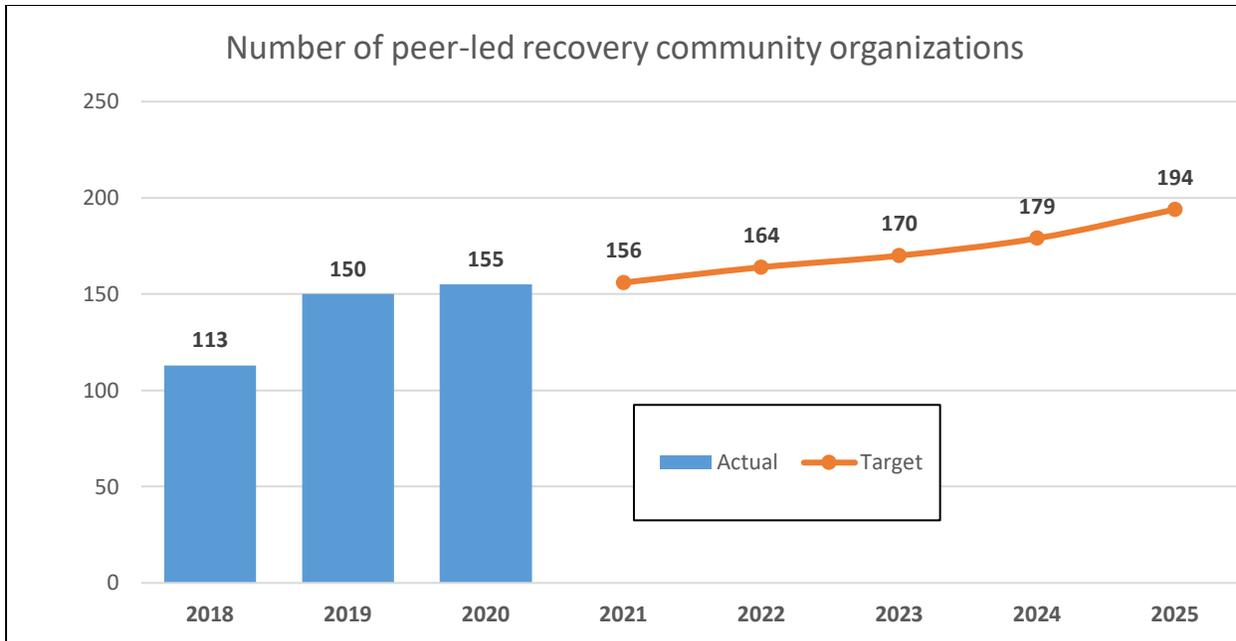


treatment is not available or is declined. Peer specialists employed by RCOs are playing an expanding role in engaging individuals with SUD, providing harm reduction services,<sup>xx</sup> engaging overdose survivors in emergency departments,<sup>xxi,xxii</sup> offering overdose prevention education, distributing naloxone,<sup>xxiii</sup> linking those they serve to treatment, facilitating access to housing and employment, and providing ongoing support during and after care.<sup>xxiv</sup> Peers employed by RCOs work in and bridge the criminal justice, child welfare and other systems with community-based services and supports. Embracing all pathways to recovery, RCOs also conduct outreach and provide services to individuals receiving MOUD through general medical settings and specialty SUD treatment settings, including opioid treatment programs. RCOs and their staffs also provide recovery coaching, mentoring, support groups, drug- and alcohol-free social and recreational events, and social support and engagement through a community of recovering peers. These services at once serve to build recovery capital,<sup>xxv</sup> the internal and external resources needed to achieve and sustain recovery from substance use disorder,<sup>xxvi</sup> and to address key social determinants of health that are central to achieving and sustaining recovery, health, and wellbeing. Unfortunately, these services are nascent or non-existent in many communities. It is for this reason that the *Strategy* seeks to expand peer-led RCOs.

ONDCP will continue to work with the interagency to coordinate efforts to expand the number of peer-led organizations. Increasing the number of peer-led RCCs will require a combination of block and discretionary grant funding, training and technical assistance for emerging and established organizations, outreach to states and local governments to identify and highlight promising approaches for providing sustainable funding at the state and local levels. Secondly, it will involve work to improve quality and facilitate cross-jurisdictional funding by encouraging greater consistency in standards from state-to-state. This work will involve relevant accreditation and certification bodies and public and private payers, including states.

As there is no previously existing regularly updated tally of such organizations, ONDCP developed a data set by summing the number of recovery community centers operated by organizations belonging to the Association of Recovery Community Organizations (ARCO); the number of RCOs belonging to ARCO that do not operate recovery community centers, and the number of sites accredited by the Council on Accreditation of Peer Recovery Support Services operated by organizations that are not ARCO members. Selecting these proxies ensures that the tally consists of quality organizations. In 2020, there were 155 RCCs.

The primary challenge to meeting this objective will be ensuring the set-aside for recovery support services is provided; without the dedicated resources, achieving the 25 percent increase in facilities may be challenging. In the future, ONDCP will explore the possibility of expanding the tally to include the number of such organizations receiving discretionary grants from SAMHSA through discretionary grants and through the SAPT Block grant. If Congress enacts the 10 percent SAPT Block grant recovery support services, ONDCP will work with SAMHSA to determine whether states can be required to report on the number of peer-operated recovery community centers they fund through the set-aside.



Source: *Faces and Voices of Recovery—List of ARCO Members*

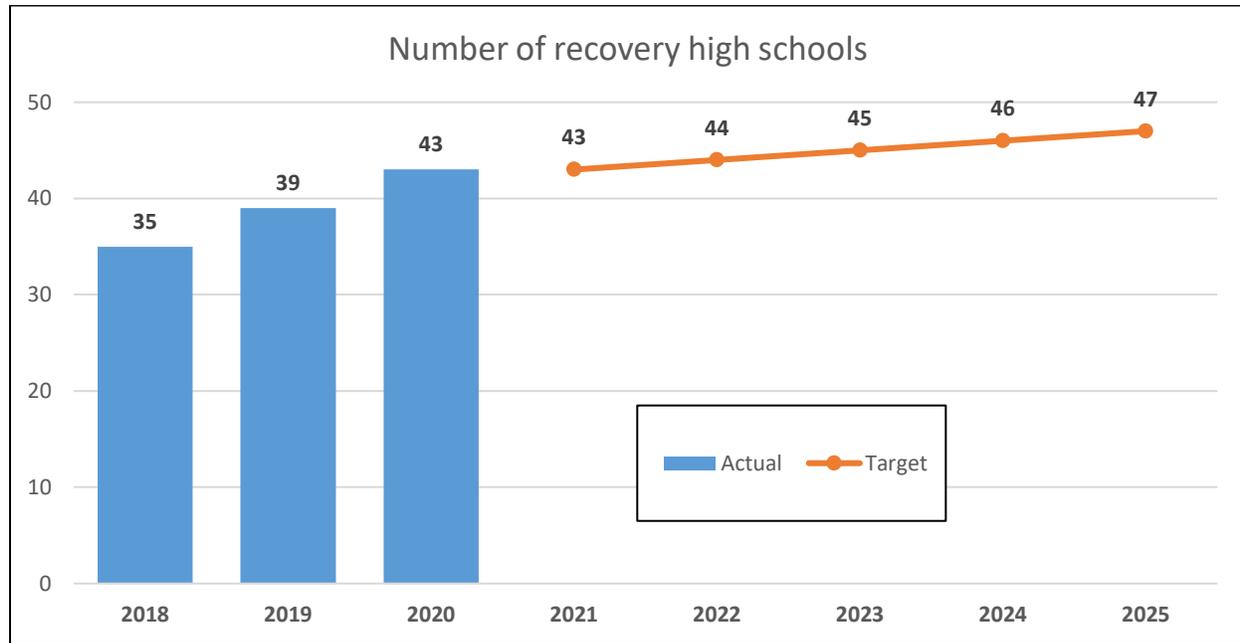
### Objective 3: The number of recovery high schools is increased by 10 percent by 2025.

SUD has developmental dimensions. An analysis of data from the NSDUH found that the average age of initiation of any substance use was 15. Among youth age 12 to 18, this analysis found that past-month rates of alcohol, tobacco, and marijuana use were 12.7, 7.0, and 15.6 percent respectively.<sup>xxvii</sup> Moreover, age of initiation of substance use disorder is associated with likelihood an individual will develop SUD and encounter severe problems associated with their substance use.<sup>xxviii,xxix</sup> According to the 2020 NDSUH, 6.3 percent of youth ages 12-17 had a substance use disorder. Unfortunately, interventions typically do not occur until much later. Moreover, secondary students who develop SUD and receive treatment often have to return to the same school milieu in which they used substances with peers. This makes a return to substance use highly likely—sometimes with deadly consequences. Recovery high schools provide a combination of clinical and peer services to youth in recovery from SUD, offering them a structured environment, counseling, and mentoring, and a supportive network of recovering peers. Recovery high schools provide adolescents with SUD a unique opportunity to achieve and sustain recovery. Unfortunately, there are only a small number of recovery high schools nationally. ONDCP will work with HHS, Education, and other federal partners to explore mechanisms for potential federal funding of recovery high schools.

Data from the Association of Recovery Schools indicates that there was a total of 43 recovery high schools in 2020. While the goal of a 10 percent increase in the number of recovery high schools may seem modest, there are special challenges associated with launching a recovery school, whether they are established as a charter school, a separate campus in a school district, or an embedded program on a campus. Because of their small size and need for specialized staff, recovery high schools can be expensive to operate, especially using standard per capita funding



mechanisms. Additionally, a SUD does not qualify students for an Individual Education Plan (IEP) under the Individuals with Disabilities Education Act (IDEA).



Source: Association of Recovery Schools

#### **Objective 4: The number of collegiate recovery programs is increased by 25 percent by 2025.**

Students in recovery who participate in collegiate recovery programs (CRPs) have annual abstinence rates ranging from 75 to 100 percent, and average 92 percent. About five percent of CRP students reported past year alcohol or other drug use, a much lower rate than is found among age group peers in the first year following treatment.<sup>xxx,xxxii</sup> CRP members have been found to have high graduation rates and consistently higher grade-point averages than the student population as whole.<sup>xxxii,xxxiii,xxxiv</sup>

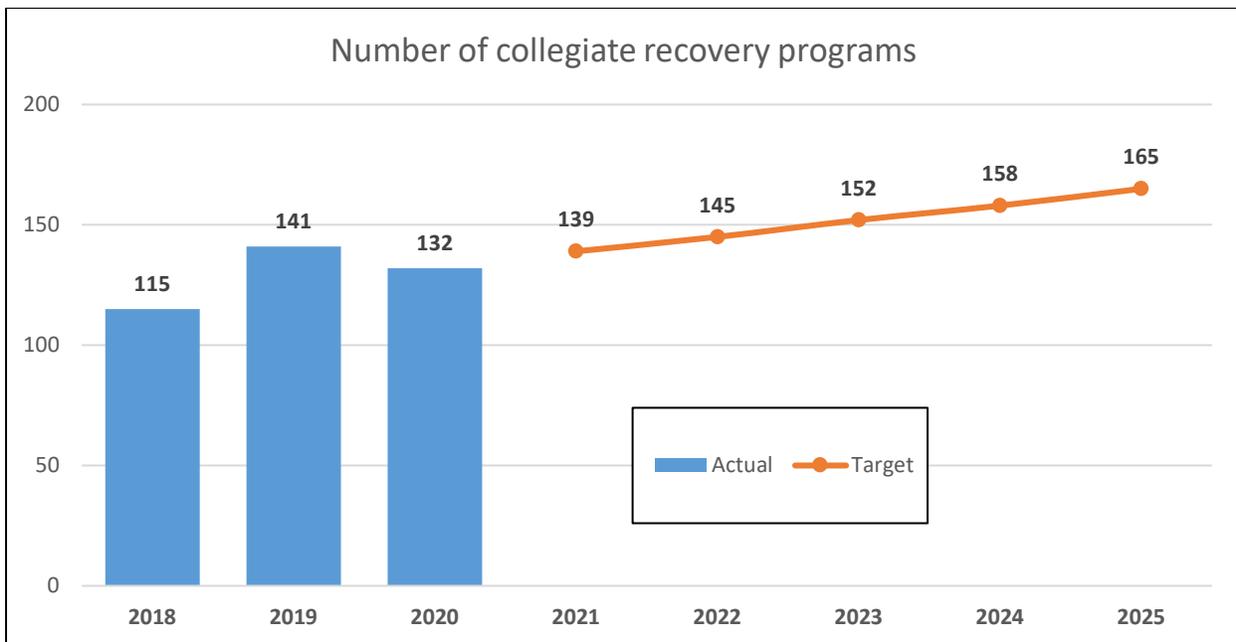
CRPs vary widely in their structure and cost. Some are student associations, while some are operated by counseling, health, or student affairs departments. Some have pre-admission requirements, such as completion of treatment and documentation of at least six months in recovery, (e.g., Texas Tech University) while others are open to any interested student on campus (e.g., campuses in the University of Texas System). Some offer optional drug- and alcohol-free housing to interested members, some do not offer housing, and some require that members live in a dedicated housing unit that is akin to a recovery residence (e.g., Syracuse University and Augsburg University). Some may have credentialed clinical staff, while others may not.

ONDCP is working with Education and HHS, along with key stakeholders in the higher education and collegiate recovery sectors to increase the number of CRPs by 25 percent by 2025.



Based on data from the Association of Recovery in Higher Education, there were 132 collegiate recovery programs in 2020.

Although the rate of uptake among campuses appears to have increased in recent years, challenges remain in meeting the objective. Historically, some institutions have pushed back on having a CRP, saying they did not have an alcohol or drug problem on campus, or expressing the concern that actively addressing the problem would suggest to external stakeholders and prospective students and staff that there was a problem, tarnishing their reputation. In the context of the overdose epidemic, this objection seems less common. Moreover, surveillance data makes clear that any institution serving adolescents and young adults will have such a problem. A cross-sectional study of young adult behavioral health during COVID-19 found that 30 percent reported harmful levels of alcohol use while 22% reported using drugs. Of these, 38% rated their drug use severe.<sup>xxxv</sup> In 2020, the Monitoring the Future study found that 7.9 percent of college students reported daily marijuana use while 6.8 percent reported past-year cocaine use while the past-year use of prescribed the past-year use of stimulants without medical supervision was also common. Past-year amphetamine use was reported by 6.5 percent of students, while Adderall use was reported by 7.2 percent, and Ritalin use was reported by 1.5 percent. In addition, 24 percent of college students reported binge drinking in the past two weeks and 12 percent reported high-intensity drinking (10 or more drinks in a row).<sup>xxxvi</sup>



Source: Association of Recovery in Higher Education

### **Objective 5: The number of certified recovery residences is increased by 25 percent by 2025.**

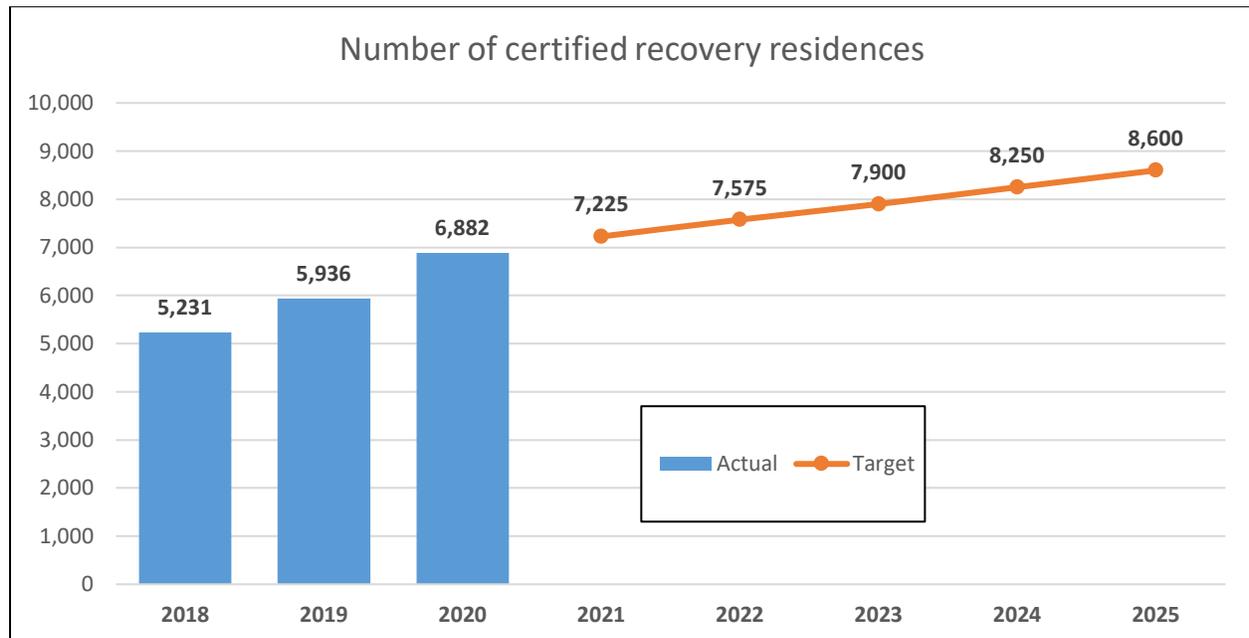
Recovery residences provide a supportive environment for individuals in early recovery who are seeking to sustain recovery and rejoin the community. Residents are part of a supportive peer community to which they are accountable. In addition to supporting recovery in the community,



recovery residences can provide safe, supportive housing for individuals in recovery who are exiting homelessness or whose home environment is unsafe for them due to familial substance use, neighborhood triggers, or other factors.

Inconsistent standards or lack of regulations and standards in some states has resulted in fraud by parties holding themselves out to be recovery home operators, including patient brokering. However, research has found that recovery home residents achieve significant improvements in alcohol and drug use, employment, psychiatric symptoms, and criminal justice system involvement.<sup>xxxvii</sup> To ensure that federal efforts support residences that are safe and meet recognized standards, this objective seeks to increase the number of recovery residences that are certified by a nationally recognized recovery housing entity by 25 percent by 2025. The data for this objective are based upon the number of recovery residences certified by the National Alliance for Recovery Residences or chartered Oxford House; there were 6,882 such residences in 2020.

Historically, recovery residences have received limited federal, state, and local government funding. This is likely because they are both a form of housing and a service. Funding systems for housing and services are generally distinct, with very different requirements and priorities. For example, housing funding streams may require compliance with federal housing regulations, which may not be compatible with maintaining a safe and substance-free environment for residences. Similarly, service funding streams may prohibit or strictly limit funding for housing or “room and board.” ONDCP will work with HUD, HHS, DoJ, VA, and Labor to increase the number of recovery residences. ONDCP will also work these agencies, states, and other stakeholders to foster the adoption of more consistent recovery housing standards from state-to-state and to modify the various laws, regulations and policies currently create barriers to the funding of residences.



Source: National Alliance for Recovery Residences/Oxford House



## **Goal 6. Criminal Justice reform efforts include drug policy matters.**

Incarcerating individuals for substance use alone is a costly and ineffective way of addressing SUD and preventing overdose. The evidence is clear that such incarceration disproportionately impacts racial and ethnic minority communities; this fact must be addressed if the Biden Harris Administration goal of advancing equity is to be advanced.

There are other needs for reform. When appropriate in light of the fact-specific characteristics of the individual and circumstance, programs that offer individuals the opportunity to meaningfully engage in social and medical services instead of arrest without negatively impacting public safety are overwhelmingly successful, and participants are less likely to be rearrested.

Additionally, for individuals with an opioid use disorder who do face incarceration, treatment with MOUD has been correlated with an 85 percent lower likelihood to die of a drug overdose in the month following their release.<sup>xxxviii</sup> Increasing access to evidence-based treatment for SUD for incarcerated individuals in state and local jails, state prisons, and providing evidenced-based treatment in the federal Bureau of Prisons (BOP) addresses public health, public safety, and criminal justice reform goals.

ONDCP will work with a variety of federal, state and local government public health and public safety partners and NGOs. DoJ, HHS, as well as law enforcement and prosecutor associations will be critical to pushing reform. Consultations with local prosecutors such as the Staten Island District Attorney's Office or stakeholders such as the Center for Court Innovation and the LAC demonstrated how they will be essential to success as they operate the systems that we are trying to impact or they regulate the activities that we are trying to change.

### **Objective 1: Eighty percent of all treatment courts will be trained and will implement practices to increase equity by 2025.**

Racial/ethnic minority communities have been historically treated inequitably throughout all aspects of the criminal justice system, leading to the disruption of families and communities. The Biden-Harris Administration has emphasized the need to eradicate racial inequities in the criminal justice system and has stated that people should not be incarcerated for substance use alone and should be offered treatment instead. Compared to White people, racial/ethnic communities not only are disproportionately targeted for low-level drug arrests but also serve longer prison sentences for the same drug crimes.<sup>xxxix</sup>

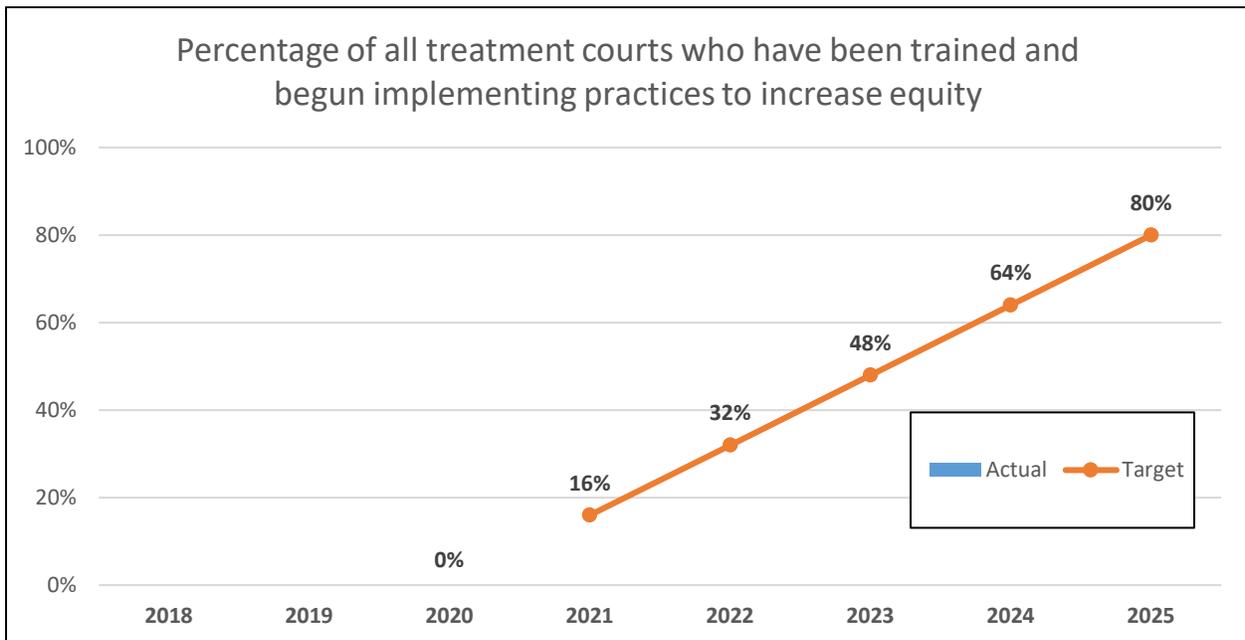
This is particularly striking because research shows that Black and White people generally use drugs at similar rates.<sup>xi</sup> Additionally, in every state, Black people are arrested at higher rates than White people for cannabis possession—in 2018, Black people were about four times more likely to be arrested for cannabis possession than White people.<sup>xii</sup> One study found that this racial disparity in drug arrests was not related to differences in drug offending or neighborhood police presence, but it was rather disparities in sentencing.<sup>xiii</sup> Training the key decision-makers within the criminal justice system, such as the prosecutor and judge will advance the Administration's goal to advance equity by enhancing public health and public safety in the criminal justice system.

ONDCP will work to achieve this objective principally through its grantmaking authority and oversight role for the Drug Courts Training and Technical Assistance grant. The incumbent



grantee, the National Association of Drug Court Professionals (NADCP) through the National Drug Court Institute (NDCI) will be launching new training to treatment courts that will acquaint the administrators of those courts with practices and approaches that increase racial equity and reduce racial disparity among clients of those courts. The collaborative relationship between ONDCP, NADCP, and NDCI is not new; however, the planned training is a new initiative.

The objective seeks to ensure that 80 percent of all treatment courts will be trained and begin implementing practices to increase equity by 2025. Because the initiative described above is new, the 2020 baseline was zero. No significant challenges are anticipated in meeting the objective. The ONDCP grant manager is working closely with the incumbent to implement, and it is believed the target is reasonable and achievable.



Source: National Association of Drug Court Professionals

**Objective 2: The percentage of BOP inmates diagnosed with an opioid use disorder who are given access to medications for opioid use disorders (MOUD) is increased to 100 percent by 2025; the percentage of both state prison programs and local jail facilities offering MOUD is increased by 50 percent.**

For those individuals in custody with an opioid use disorder, MOUD are an especially important part of treatment. The First Step Act requires that the federal BOP assess the availability of and capacity to treat OUDs through evidence-based programs. The objective seeks to increase the percentage of BOP inmates diagnosed with an OUD who are given access to MOUD to 100 percent by 2025; the percentage of Residential Substance Abuse Treatment (RSAT) funded state prison programs offering MOUD is increased by 50 percent, and local jail facilities offering MOUD is also increased by 50 percent.

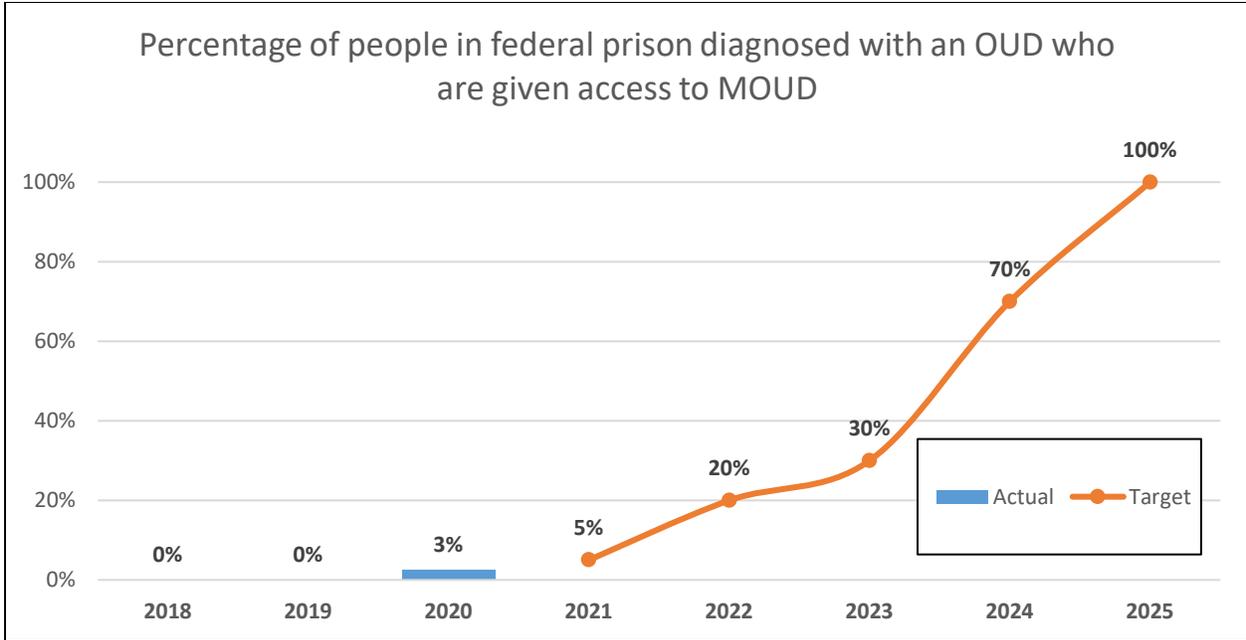


Key in achieving this objective will be cooperation and problem solving among DoJ and HHS. The current ONDCP Treatment Workgroup and the Domestic Policy Council's Interagency Policy Committee on Overdose Prevention are engaged on BOP's MOUD effort. ONDCP is engaged regularly with DoJ's Bureau of Justice Assistance (BJA), the National Institute of Corrections (NIC), and NIDA to ensure movement in the state prisons and local jails, as well as pursuing legislative opportunities to support expansion of MOUD directly to local jails. BJA's RSAT program funding, SAMHSA SOR grants, some opioid settlement funds, and lawsuits against state prisons all serve as an impetus for the projected growth of inmates given MOUD in U.S. prisons and jails.

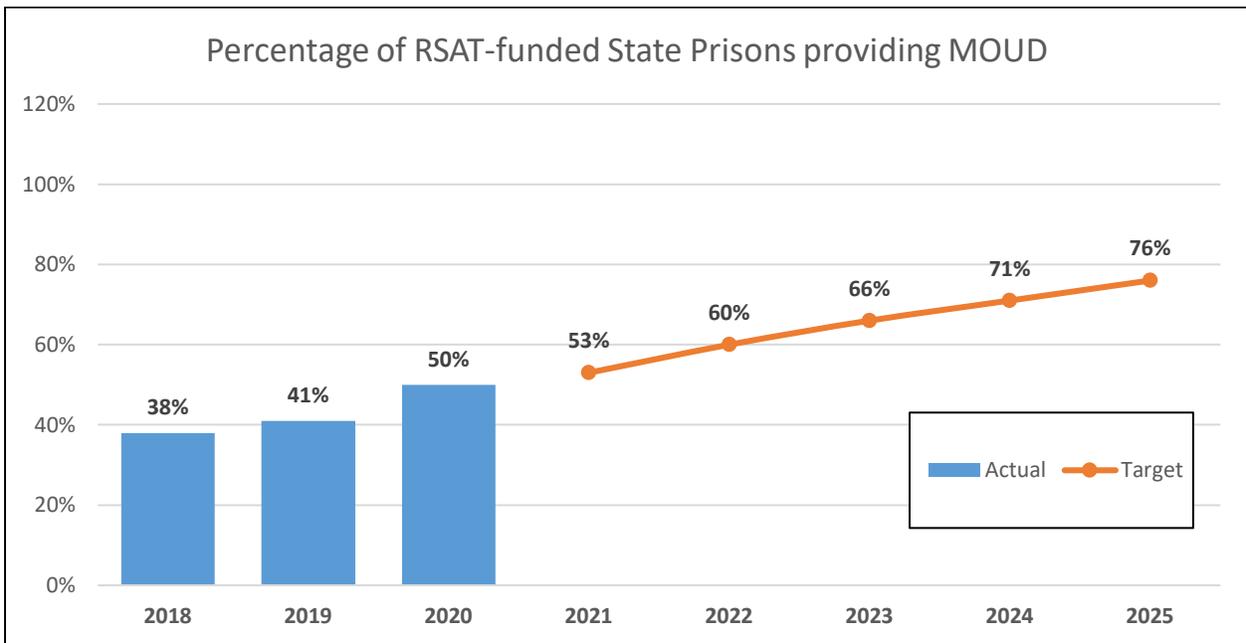
There are three measures for this objective—one measuring the federal response, a second measuring programs in state prisons, and a third measuring progress in local jails. The federal data is derived from BOP's internal data collections regarding patient care, which includes data collection for MOUD. The narrower representation of state prison facilities with program data that are funded by the BJA Residential Substance Abuse Treatment Program come from BJA's RSAT-funded Performance Measurement Tool (PMT), which includes programs offering MOUD. MOUD program data for local jails comes a survey of jails derived from NIC's Jails Compendium. Surveys are also funded by both NIC and NIDA's Justice Community Innovation Network, which is comprised of a group of researchers conducting research in local jails. In 2020, the federal percentage of inmates actually receiving MOUD was 2.6 percent; the percentage of state programs offering MOUD was 50 percent; and the local jail facilities percentage was 29 percent.

There are a number of challenges to achieving this objective, including the limitations of the x-waiver. Repeal of the x-waiver would eliminate the requirement that medical providers obtain a separate registration to treat opioid use disorders with buprenorphine outside of a certified Opioid Treatment Program. Implementation of a Hub and Spoke Model is needed for BOP to be able to provide access to MOUD for all eligible individuals. Under BOP's proposal the seven Federal Medical Centers would serve as hubs. All BOP institutions not designated as a hub would be assigned to a hub and would operate as spokes. This model would allow more individuals access to care without having to potentially travel hundreds of miles. This approach would also reduce the burden on safety and security staff who would have to facilitate transport and safety for patients and the general public.

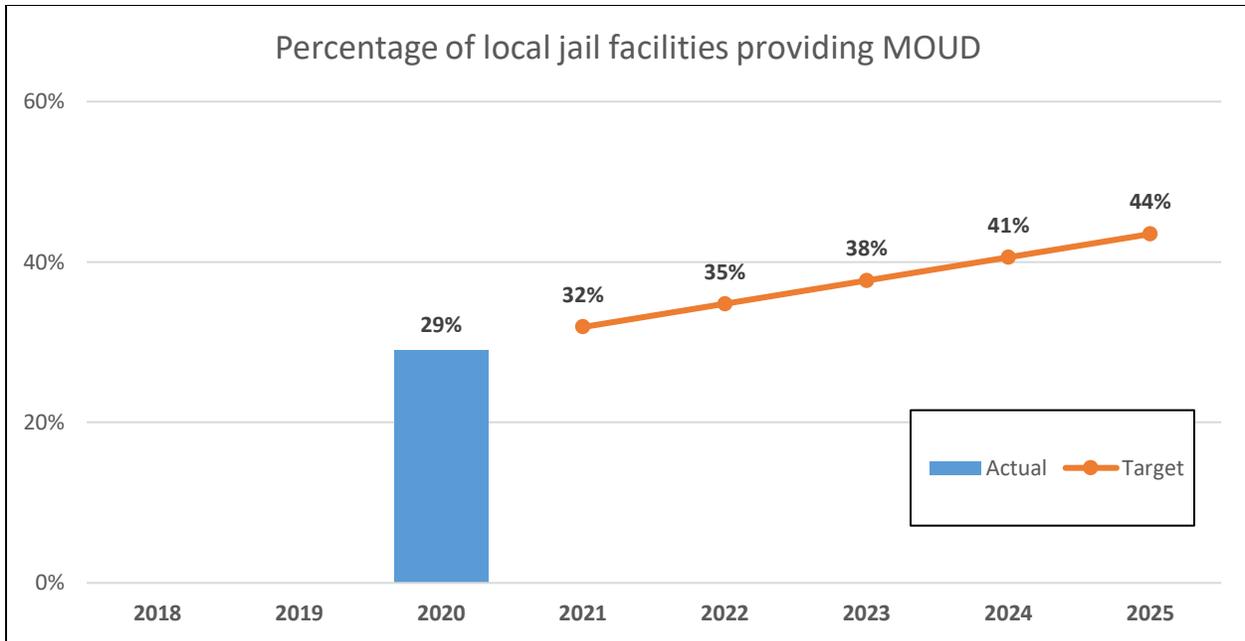
Additional challenges include the ability to extend telehealth flexibilities for prescribing buprenorphine without an in-person exam, and funding availability for state and local expansion, coupled with workforce shortages. Jail administrators and sheriffs report insufficient funding to conduct MOUD Programs; available funding does not reach local jails directly, and is typically subsumed by larger jails. BJA's Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP) grants support MOUD as a category for funding, and some RSAT funding goes to jails.



Source: Bureau of Prisons



Source: Residential Substance Abuse Treatment Program's Performance Measurement Tool.



Source: Survey of jails derived from National Institute of Corrections' Jails Compendium. 2018 and 2019 data not available.

## Goal 7. The supply of illicit substances into the United States is reduced.

The majority of the illicit drugs consumed in the United States are produced in foreign countries and smuggled into the United States. Therefore, reducing the supply of illicit drugs and their precursor chemicals to the United States makes acquiring these substances in American communities more challenging, riskier, and more expensive, limiting their overall availability. The continued increase in overdose deaths highlights the need to continually evaluate supply reduction efforts for efficiency and effectiveness. Additionally, the ability of Transnational Criminal Organizations (TCOs) to successfully adapt to law enforcement and regulatory pressure in order to maintain their illicit drug trafficking activities emphasizes the need to reduce the supply of illicit substances into the United States.

A number of federal agencies across the interagency (including the Departments of State, Justice, Defense, Homeland Security, Transportation, the Treasury, the Interior, the U.S. Postal Service, and the intelligence community) work together to limit this supply. ONDCP maintains continual daily contact with these interagency stakeholders to coordinate supply reduction efforts through a variety of working groups and regular policy and strategy discussions. Specific concerns are continuously addressed in order to achieve these goals and objectives. In addition, ONDCP works with its international partners, such as the United Nations' Office on Drugs and Crime (UNODC), and partner nations of the United States, including Canada, Mexico, Colombia, China, and India, through a wide variety of regular interchanges.

These partners serve a number of roles. U.S. federal law enforcement agencies disrupt supply chains, seize illicit substances coming into the country, and provide data on trends and emerging threats. The Department of State (with U.S. Embassies) provides funding and/or technical



assistance to improve dialogue and information sharing with and build the capacity of partner nations. These partner nations collaborate to share data and information on drug trends, best practices, and work on collaborative efforts to reduce the supply of illicit drugs. Finally, the U.S. intelligence community provides data and analysis on foreign drug trafficking and manufacturing to inform U.S. policy.

**Objective 1: The number of targets identified in counternarcotics Executive Orders and related asset freezes and seizures made by law enforcement is increased by 365 percent by 2025.**

TCOs are driven by economics, not by ideology. As long as illicit drugs continue to be economically beneficial, TCOs will manufacture and traffic them to the consumers willing to purchase them, even at great risk to their own safety and health.

Disrupting illicit financial activities serves two purposes. First, to disrupt the flow of financial benefits to individuals directly and indirectly involved in the illicit drug industry, reducing the incentive to engage in drug trafficking by eroding its profitability; and second, to deny drug producers and traffickers the operating capital they need to sustain their illicit activities.

The Office of Foreign Assets Control (OFAC) of the Department of the Treasury administers and enforces economic and trade sanctions based on United States foreign policy and national security goals against targeted foreign countries and regimes, terrorists, international narcotics traffickers, those engaged in activities related to the proliferation of weapons of mass destruction, and other threats to the national security, foreign policy or economy of the United States.

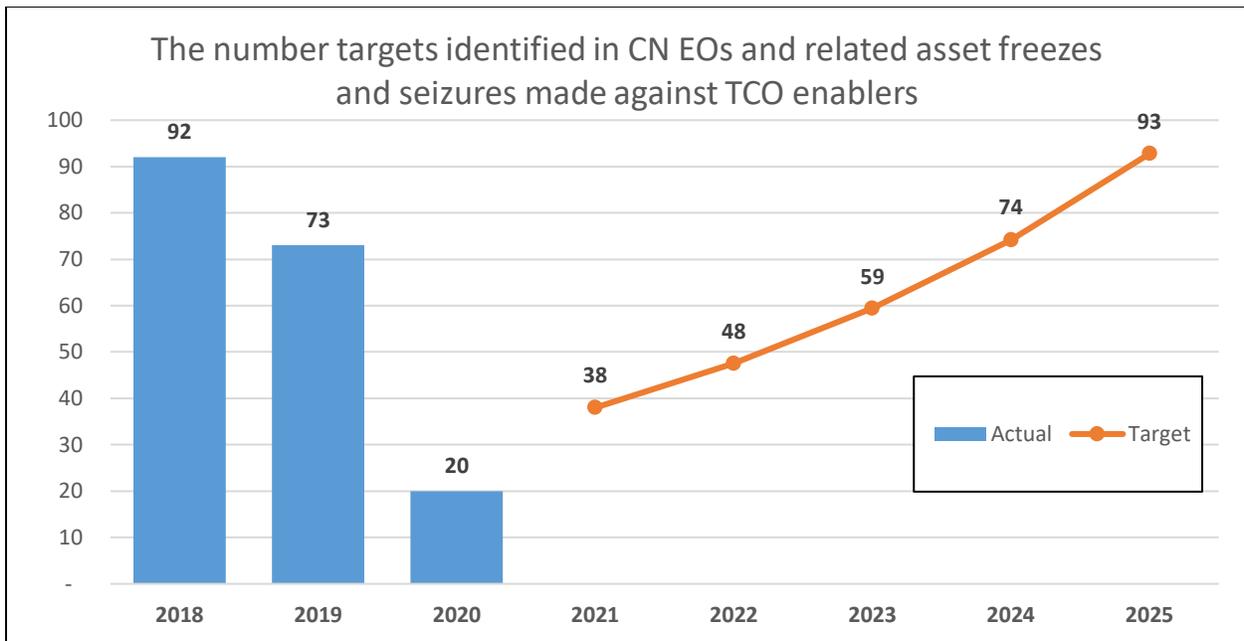
OFAC administers multiple sanctions programs, including programs that can target TCOs and their enablers. On March 5, 1997 OFAC issued the Narcotics Trafficking Sanctions Regulations (31 CFR Part 536) which implemented EO 12978, *Blocking Assets and Prohibiting Transactions with Significant Narcotics Traffickers*. On December 3, 1999, the Foreign Narcotics Designation Act (The *Kingpin Act*) was signed, to apply economic and other financial sanctions to significant foreign narcotics traffickers and their organizations worldwide. On July 5, 2000, OFAC issued the Foreign Narcotics Kingpin Sanctions Regulations (31 CFR Part 598) which implemented the Kingpin Act. In addition of the Narcotics Trafficking Sanctions Regulations, OFAC also administers the Transnational Criminal Organizations sanctions program. This sanctions program began in 2011 when the President issued Executive Order (EO) 13581 declaring a national emergency to deal with the unusual and extraordinary threat to the national security, foreign policy, and economy of the United States constituted by the growing threat of significant TCOs.

ONDCP will work with relevant departments and agencies through existing coordination mechanisms, including the Interdiction Committee, and well as new coordinating mechanisms, such as USCTOC, to address whole-of-government efforts against TCOs engaged in the manufacture and trafficking of illicit drugs and their illicit finance enablers. Additionally, ONDCP, working with the interagency, will support the Department of the Treasury's Office of Foreign Assets Control (OFAC) by identifying the Administration's highest priority issues, so that OFAC can continue to develop the most relevant targets under the Executive Order 14059 entitled *Imposing Sanctions on Foreign Persons Involved in the Global Illicit Drug Trade*, consistent with the Department of the Treasury's 2021 Sanctions Review.



The objective seeks to increase the number of individuals and entities targeted as TCO enablers through sanctions by 365 percent by 2025. Executive Order (EO) 14059, “Imposing Sanctions on Foreign Persons Involved in the Global Illicit Drug Trade” was signed on December 15, 2021 and builds on Treasury’s previous sanctions authorities, the “Foreign Narcotics Kingpin Designation Act” (The Kingpin Act).

2021 data will include sanctions under the Kingpin Act and under EO 14059, while 2018-2020 data only includes sanctions under the Kingpin Act. OFAC sanctions lists will be used as the definitive sources of data for assessing progress toward this objective. ONDCP will obtain access to OFAC sanctions data through interagency coordination.



Source: OFAC

**Objective 2: The number of defendants convicted in active OCDEF investigations that incorporate FinCEN/SAR data is increased by 14 percent by 2025.**

TCOs exist primarily to make money. Pursuing illicit finance engages the root of the organizations and disrupts the working capital needed for them to operate. Furthermore, the majority of TCOs are poly-crime. Attempting to reduce their trafficking of illicit drugs affects only one aspect of what drives these organizations, while their attacking illicit finance has the potential to disrupt all of their activities and will be more effective at exposing previously unknown associates and enablers and could further aid in dismantling these organizations.

The Financial Crimes Enforcement Network (FinCEN) administers the Bank Secrecy Act (BSA), our nation's first and most comprehensive anti-money laundering statute. The BSA requires financial institutions, including depository institutions, and other industries vulnerable to money laundering to take a number of precautions against financial crime. This includes filing and



reporting certain data about financial transactions, including cash transactions over \$10,000 and suspicious transactions, providing a wealth of potentially useful information to agencies whose mission is to detect and prevent money laundering, other financial crimes, and terrorism.

On January 1, 2021, Congress enacted the FY2021 National Defense Authorization Act, which included significant reforms to the U.S. anti-money laundering (AML) regime by way of the Anti-Money Laundering Act of 2020 (AML Act) and, within the AML Act, the Corporate Transparency Act (CTA). The AML Act seeks to strengthen, modernize, and streamline the existing AML regime by promoting innovation, regulatory reform, and industry engagement through forums, such as the BSA Advisory Group (BSAAG) and FinCEN Exchange. The Act also calls for FinCEN to work closely with our regulatory, national security, and law enforcement partners to identify risks and priorities and provide valuable feedback to our industry partners.

The CTA establishes uniform beneficial ownership reporting requirements for certain types of corporations, limited liability companies, and other similar entities formed or registered to do business in the United States. The CTA authorizes FinCEN to collect that information and share it with authorized government authorities and financial institutions, subject to effective safeguards and controls. Certain provisions of the AML Act provide for new coordinating mechanisms. FinCEN published AML/countering the finance of terrorism (CFT) priorities in June of 2021 to assist regulated institutions in their efforts to meet their obligations under laws and regulations designed to combat money laundering and terrorist financing.

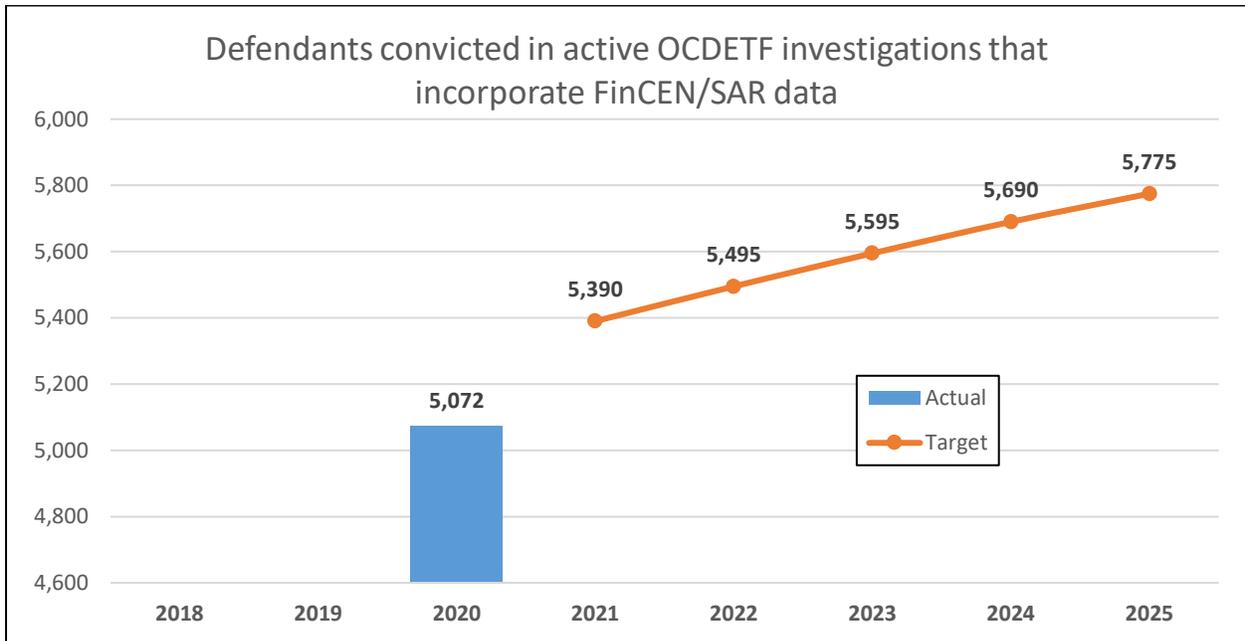
ONDCP will work with relevant departments and agencies through existing coordination mechanisms, including the Interdiction Committee, and well as new coordinating mechanisms, such as USCTOC, to address whole-of-government efforts against TCOs engaged in the manufacture and trafficking of illicit drugs and their illicit finance enablers. Additionally, ONDCP, working with the interagency, will support the establishment of a sustainable and repeatable mechanism for implementing the executive order entitled *Imposing Sanctions on Foreign Persons Involved in the Global Illicit Drug Trade*. The objective seeks to increase the number of defendants convicted in active OCDETF investigations that incorporate FinCEN/SAR data by 14 percent by 2025.

OFAC and the Organized Crime Drug Enforcement Taskforces (OCDETF) management information system (MIS) will be used as the definitive sources of data for assessing progress toward this objective, along with input from FinCEN based on BSA data. ONDCP will obtain access to OFAC and DOJ data through interagency coordination. A now resolved MIS FinCEN/SAR data reporting issue prevented reporting on data prior to 2020. While the issue has been resolved establishing a baseline for 2018-2019 is not possible, and only the 2020 baseline is available.

Currently there is not a single source database that can track whole-of-government efforts against the illicit finance activities of the TCOs or their enablers. BSA data owned by FinCEN are shared with multiple agencies for analysis and use against TCOs and their enablers—including OCDETF. However, there is not an existing feedback mechanism to track all enforcement action and prosecutorial outcomes against the full FinCEN dataset. Individual agency case management systems can track agency work against illicit finance enablers and TCOs, but no coordinating mechanism between departments can track interagency coordination or collaboration. This



feedback mechanism was established by the AML Act of 2020, but Departments and agencies are still implementing solutions.



Source: OCDETF MIS

**Objective 3: The percentage of active priority OCDETF investigations linked to the Sinaloa or Jalisco New Generation (CJNG) cartels, or their enablers (such as illicit financiers) is increased by 25 percent by 2025.**

The Sinaloa and the CJNG cartels are broadly acknowledged as the two criminal organizations most responsible for the majority of flow of illicit drug flow into the United States, especially synthetic drugs. Since 88 percent of OCDETF investigations result in disruption and dismantlement;<sup>xliii</sup> focusing investigative efforts on these two organizations is the most effective way to disrupt and dismantle their operations and immediately reduce the supply of illicit drugs trafficked into the United States and reduce the number of overdose deaths.

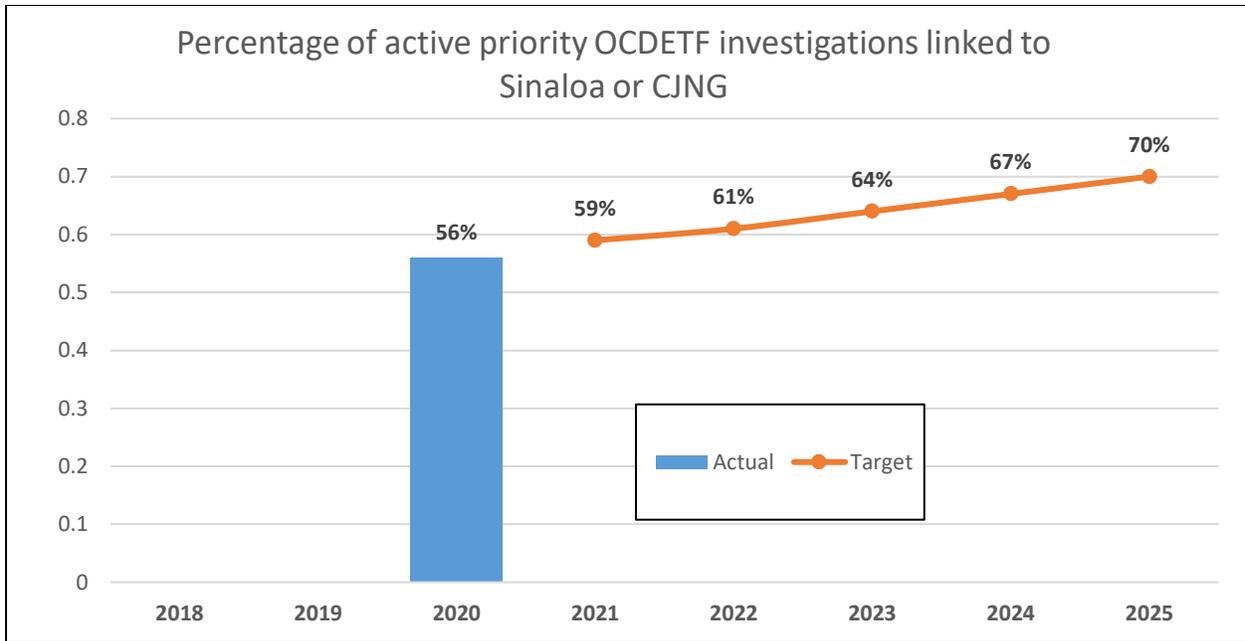
The U.S. Council on Transnational Organized Crime (USCTOC) will help develop an overall strategy to confront Sinaloa and CJNG, and the Interdiction Committee can support USCTOC by operationalizing portions of the strategy pertaining to interdiction and to links between interdictions and investigations will help achieve this objective. Additionally, the two executive orders, *Establishing the U.S. Council on Transnational Organized Crime* and *Imposing Sanctions on Foreign Persons Involved in the Global Illicit Drug Trade* will be leveraged in pursuit of this objective. ONDCP will work to optimize existing agency and interagency investigation coordination and information sharing mechanisms. This includes information sharing and collaboration between the intelligence community and law enforcement, interdictors and investigators, and federal-State-local-Tribal entities. ONDCP will also serve as a center for policy review, performance assessment, and budget oversight for agencies engaged in disrupting and dismantling drug trafficking organizations and their enablers.



The OCDETF MIS will serve as the definitive source for this objective. MIS is a live database, which limits the ability to reconstruct historical statistics. A historical baseline prior to 2020 does not exist, because MIS data for the purpose of this objective had not been archived prior to 2020. The objective seeks to increase the percentage of active priority OCDETF investigations linked to the Sinaloa or CJNG cartels or their enablers by 25 percent by 2025.

An active priority investigation is one that pursues the highest priority OCDETF targets. An organization is considered linked to Sinaloa or CJNG if credible evidence exists (i.e., from corroborated confidential source information, phone tolls, Title III intercepts, drug ledgers, financial records, or other similar investigative means) of a nexus between the primary investigative target and a Sinaloa or CJNG target, verified associate, or component of the organization. A disruption occurs when the normal and effective operation of the organization has been significantly curtailed. Evidence of “disruption” may be seen in changes in price/purity of the drug or changes in methods of operation; increases in fees paid to couriers or transporters; movement of the organization to a neighboring district; and/or a reduction in availability of a drug on the streets, even if only temporarily. A drug seizure, the execution of a search warrant or another enforcement activity, by itself, does not constitute a “disruption” unless the action truly results in the alteration of the organization’s operations or membership. Finally, a dismantlement occurs when the identified organization’s leadership, financial base, and drug supply network have been destroyed to the extent that the organization is incapable of operating and/or reconstituting itself.

A combination of factors may pose challenges to achieving this objective. Resource challenges and court closures due to the COVID-19 pandemic are the most pressing concerns because they can limit the number of agents, attorneys, and support staff available to initiate and conduct investigations. Similarly, travel restrictions impede the ability to travel for investigative purposes and court closures reduce the ability to adjudicate cases. To mitigate these effects, senior-level attention and advocacy will be required to obtain necessary resources and to set and maintain institutional priorities directed at achieving this objective.



Source: OCDETF MIS

#### **Objective 4: Potential production of cocaine is decreased by 10 percent, and heroin is decreased by 30 percent by 2025.**

A key factor in reducing the supply of illicit drugs into the United States is to prevent the cultivation and production of plant-based drugs, such as cocaine and heroin.

The U.S. and Colombian governments partner annually in a Counternarcotics Working Group followed by a High-Level Dialogue. These meetings are the culmination of ongoing conversations between a range of representatives across each government to continually assess the effectiveness of ongoing programs to ensure the needs of rural communities are being met while implementing programs to reduce coca cultivation and potential pure cocaine production.

The U.S. interagency created a holistic approach to complement Colombia's national counter-narcotics strategy released in December 2018. The holistic approach will provide and measure support in rural development, increased state presence, human rights protection, environmental remediation, eradication, interdiction, alternative development, crop substitution, and drug demand reduction.

ONDCP leads the Peru counter-narcotics small group, comprised of U.S. agencies, to coordinate interagency efforts on reducing coca cultivation in Peru, with a special emphasis on alternative development. ONDCP also engages with Peru's Commission for Development and Life without Drugs (DEVIDA), which handles the full spectrum of drug issues in Peru—including public health, eradication, and alternative development.

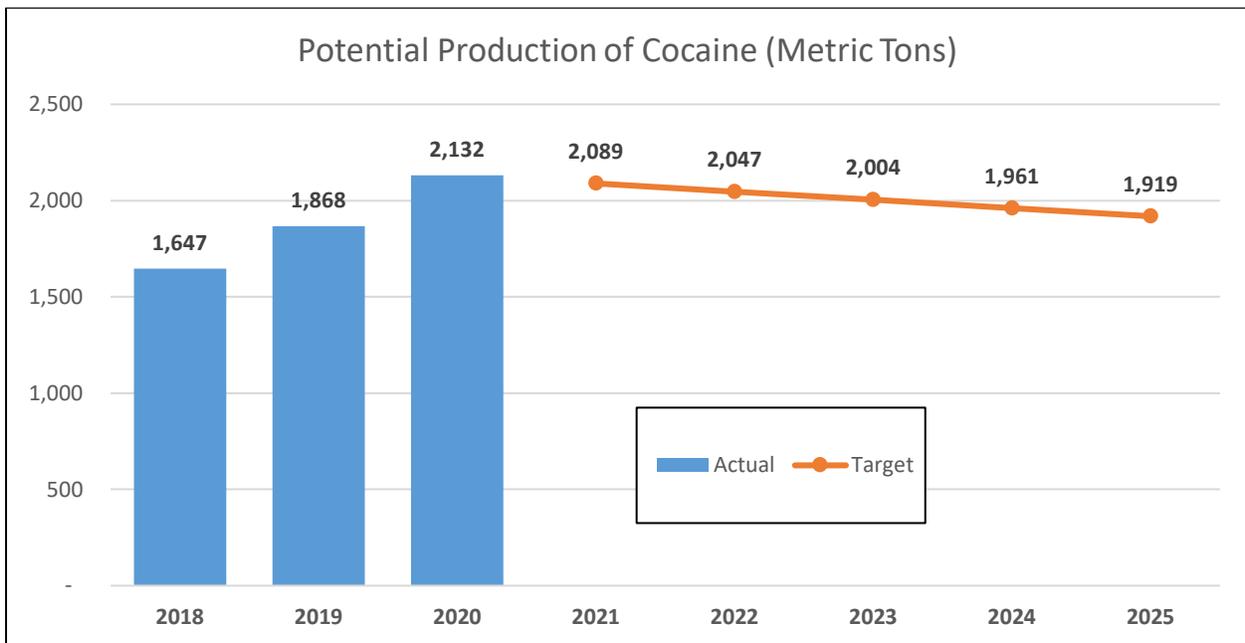
The UNODC assesses potential coca cultivation and production. Additionally, the U.S. publishes annual estimates of coca cultivation and potential pure cocaine production for Colombia, Peru, and Bolivia.



The Colombian and Peruvian governments remain committed to reducing coca cultivation and potential pure cocaine production, though current conditions in both of these countries present considerable challenges.

The June 2021 annual report revealed the 2020 Colombian pure cocaine production potential and coca cultivation to be the highest on record. Colombian military and law enforcement capacity to conduct eradication and interdiction activities has been negatively impacted by the COVID-19 pandemic. Additionally, Colombia's response to social and civil unrest has resulted in the diversion of Colombian government resources away from counterdrug activities. Aerial eradication has yet to be restarted, and the January decision by the Colombian Constitutional Court makes this unlikely in the near future. The U.S. government is developing a holistic approach to Colombia to ensure resources are directed towards programs that, combined with aerial eradication, will result in sustained reductions in coca cultivation.

COVID-19 restrictions have severely hampered Peru's eradication efforts. The U.S. government is working with Peru to develop a strategy that brings security, state services, and alternative livelihoods to the people of the region, and emphasizes the importance of addressing coca cultivation in the highest-yield areas of the country. In Bolivia, U.S. government agencies that are traditionally engaged in counterdrug activities do not currently have a presence. The U.S. is monitoring the situation in Bolivia for potential opportunities to engage in efforts to reduce coca cultivation and cocaine production. In 2020, the most recent year in which data were collected, Colombia was the world's top cocaine producer, with 1,010 metric tons (MT) of potential pure cocaine production, followed by Peru at 810 MT, and Bolivia at 312 MT. The objective seeks to reduce potential cocaine production in each country by 4 percent of the 2020 value in 2022 and by 10 percent in 2025.



Source: United States Government estimates measuring potential cocaine production for the Republic of Colombia, the Republic of Peru, and the Plurinational State of Bolivia

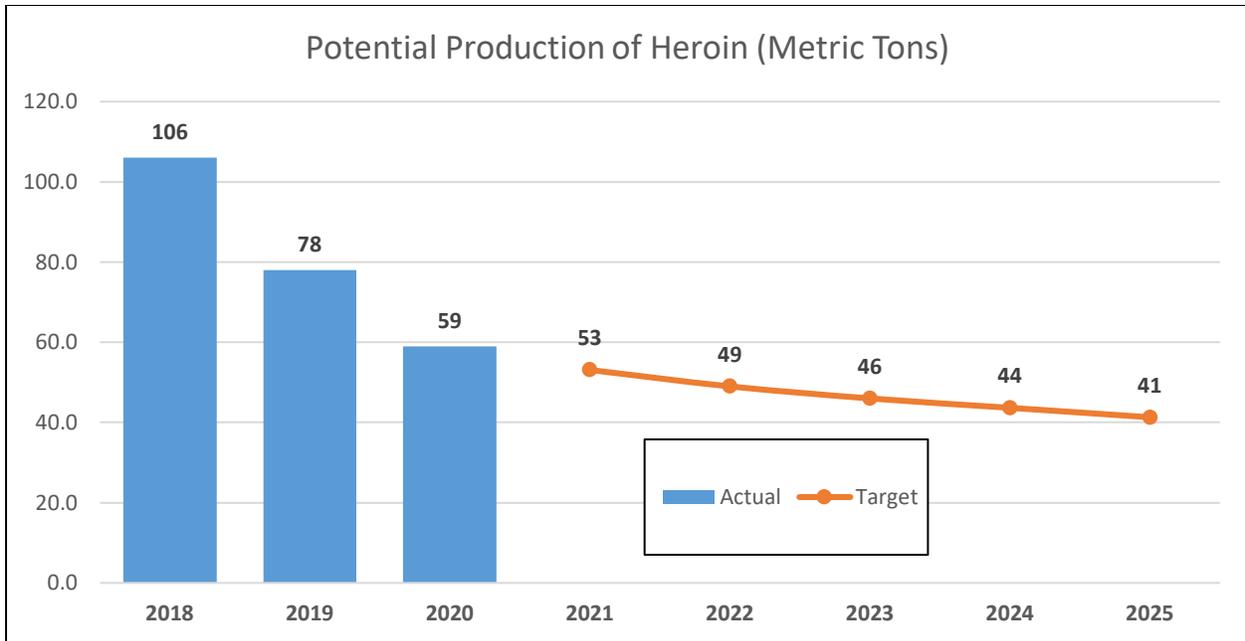


The Government of Mexico and U.S. interagency participate in robust dialogue throughout the year to assess and continually improve efforts to reduce heroin production in Mexico. These conversations occur through myriad staff and principal level bilateral exchanges and monthly working groups such as the Heroin-Fentanyl Working Group (HFWG).

ONDCP coordinates the HFWG every month with U.S. Embassy Mexico City and key stakeholders. This monthly forum has become the most effective tool for synchronizing policy formulation and implementation between Mission Mexico and ONDCP. The HFWG has enabled the U.S. government to speak with one voice and maintain critical security relationships with our Mexican partners. The HFWG has facilitated close coordination on efforts to develop accurate Mexican heroin yield estimates, improve the Mexican government's poppy eradication efforts, support investigations of fentanyl and methamphetamine seizures, track ongoing clandestine lab training, and reinforce interdiction efforts. ONDCP engages with Mexico government representatives both in Mexico City and the Mexican Embassy in Washington, D.C. to discuss efforts to reduce heroin production in Mexico.

The U.S. publishes estimates on Mexico's annual poppy cultivation and potential heroin production. The Government of Mexico and UNODC publish an annual opium poppy cultivation study (MEX-K54 program) on the UNODC website. It includes one-year estimates of the area under poppy cultivation, opium yield, potential production of dry opium gum, and the morphine concentration in opium gum. In addition, the report includes information provided by the Mexican Government on the eradication of poppy fields, destruction of clandestine laboratories used for heroin production, and seizures of opium gum products.

Prior years saw an increase in opium poppy cultivation, culminating with a record high in 2017. However, the Mexican government remains committed to addressing opium poppy cultivation and heroin production in Mexico and the 2020 U.S. government estimate of "Mexican Poppy Cultivation and Heroin Production" found cultivation decreased by 24 percent, from 30,400 hectares in 2019 to 23,200 hectares in 2020. Similarly, potential pure production decreased by 24 percent, from 78 MTs in 2019 to 59 MTs in 2020. The June 2021 report indicated poppy cultivation and potential heroin production in Mexico decreased for the third consecutive year, reaching the lowest totals since 2014. The objective seeks a 30 percent reduction by 2025. Continuing to strengthen our current relationships with our partners is key to maintaining the Mexican government's current commitment and help reduce the likelihood of potential future challenges.



Source: United States Government estimate of Mexican Heroin Production

**Objective 5: The number of incident reports for precursor chemicals sourced from China or India reported by North American countries increases by 125 percent by 2025.**

As the amount of synthetically produced drugs increases, seizing the precursor chemicals required to synthesize them disrupts the process necessary to produce them and thereby reduces the supply of drugs available to traffic into the United States.

Most synthetic drugs are produced outside the United States with the majority being trafficked from Mexico. For example, precursor chemicals are shipped into Mexico where fentanyl and its analogues are synthesized prior to being trafficked into the U.S. As such, collecting precursor seizure data from international partners will be key to measuring the effectiveness of supply reduction efforts. Incidents are voluntarily entered and include seizures, shipments stopped in transit, diversions and diversion attempts, illicit laboratory dismantlements, and seizures of illicit laboratory information.

Determining progress in the collective effort to disrupt the flow of synthetic drug precursor chemicals to drug producers outside the United States is central to the *Strategy*. Although this new objective presents some challenges, there are ways ONDCP can establish a baseline and measure progress over time. Maintaining a definitive precursor list; making valid assumptions about the intended use of uncontrolled chemicals likely to be diverted for illicit use; and accessing seizure data on a standardized, repeatable basis are all substantial challenges. To narrow the scope of the problem and make data acquisition and use most effective, the clear definition for the substances of interest for this objective is:



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**A chemical that is a recognized precursor for drug production and is controlled internationally, domestically in one or more North American countries, or is uncontrolled but has been identified by one of the countries as being a chemical of concern that requires increased scrutiny because of its potential for illicit diversion.**

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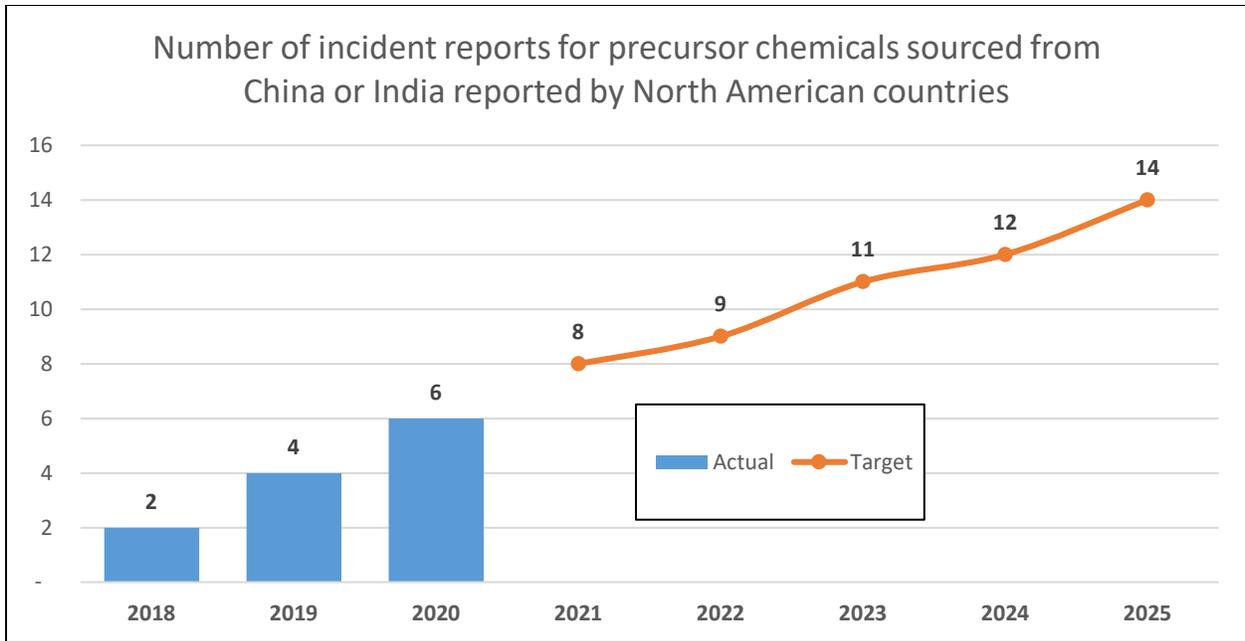
Few domestic and international databases exist where this information may be accessed. As this is a new measure, ONDCP will seek to continually refine the data collected and provide the best repeatable longitudinal information in order to most accurately determine trends and impacts of policy decisions.

Initial data was collected via the International Narcotics Board's (INCB's) Precursors Incident Communication System (PICS). PICS is a tool for enhanced information sharing between national authorities on precursor incidents worldwide. The initial pre-defined list of substances reportable through PICS includes all 30 internationally controlled precursors as well as the 52 substances from the Limited International Special Surveillance List (ISSL). Additional substances of international interest and control have also been added by PICS users in partner countries as they have been encountered. While this does not include all chemicals contained within the definition above, it provides an objective baseline from which to start.

According to PICS, in 2020, there were a total of six precursor incident reports in North America for chemicals sourced from China or India. Moving forward, this objective seeks to increase the number of precursor incidents by 125 percent by 2025.

As with many other aspects of drug policy, ONDCP leads efforts across the interagency and internationally to facilitate the collection of the best data available. In the northern hemisphere, ONDCP partners with Mexico and Canada at the NADD, ONDCP works directly with Canada in the bilateral U.S. – Canada Action Plan, and ONDCP leads interagency coordination through the Heroin-Fentanyl Working Group with U.S. Embassy Mexico City. Each of these venues provide opportunities to increase information sharing to help improve the fidelity and repeatability of information collected on the seizure of precursor chemicals.

Drug producers and traffickers continually adapt to law enforcement efforts in intercepting chemicals, a trend that will certainly continue. Attaining success in the seizure of synthetic drug precursors also leads drug trafficking organizations to turn to other precursor chemicals as existing ones become more difficult to acquire or are monitored heavily by law enforcement and customs agencies. Changes in manufacturing processes for illicit narcotics also change which precursor chemicals are being used. All these features of synthetic drug production will make establishing and examining longitudinal trends more difficult. Moreover, different chemicals are needed in different amounts to synthesize drugs, so these differences need to be appropriately normalized to ensure consistency. Measuring success in precursor chemical seizures is not only a function of overall supply but also the priorities and effectiveness of enforcement action and changing drug production patterns. Additionally, since an increasing number of precursor chemicals have both licit and illicit purposes, incorrectly including licit chemicals could incorrectly bias the data.



Source: International Narcotics Control Board, Precursors Incident Communication System (PICS) Online.



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