



Testimony

Before the Committee on Oversight and Reform, House of Representatives

For Release on Delivery
Expected at 10 a.m. ET
Thursday, March 7, 2019

DRUG POLICY

Preliminary Observations on the 2019 National Drug Control Strategy

Statement of Triana McNeil, Acting Director,
Homeland Security and Justice

and

Mary Denigan-Macauley, Acting Director, Health Care

Accessible Version

GAO Highlights

Highlights of [GAO-19-370T](#), a testimony before the Committee on Oversight and Reform, House of Representatives

Why GAO Did This Study

Over 70,000 people died from drug overdoses in 2017, according to the most recently available Centers for Disease Control and Prevention data. Overdoses have become the leading cause of death due to injuries in the United States, and most of these deaths involve opioids. GAO has a body of work on drug policy and ongoing work on ONDCP's efforts, including issuance of the National Drug Control Strategy. GAO also noted in its March 2019 High Risk report that federal efforts to prevent drug misuse is an emerging issue requiring close attention.

This statement includes preliminary GAO observations on the 2019 National Drug Control Strategy and related findings from select GAO reports on federal opioid-related efforts. It is based on ongoing GAO work, two reports that GAO issued in March 2018 and October 2017, and selected updates on recommendations from these reports as of February 2019. For ongoing work and recommendation updates, GAO assessed the 2019 National Drug Control Strategy against statutory requirements, reviewed ONDCP and HHS documents, and interviewed ONDCP officials.

What GAO Recommends

GAO has made prior recommendations to ONDCP, HHS, and other federal agencies to address drug misuse, including establishing performance measures with targets to better gauge progress toward achieving agency goals.

View [GAO-19-370T](#). For more information, contact Triana McNeil at (202) 512-8777 or McNeilT@gao.gov or Mary Denigan-Macauley at (202) 512-7114 or DeniganMacauleyM@gao.gov.

March 7, 2019

DRUG POLICY

Preliminary Observations on the 2019 National Drug Control Strategy

What GAO Found

The Office of National Drug Control Policy (ONDCP)—responsible for coordinating and overseeing efforts by more than a dozen federal agencies to address illicit drug use—issued the 2019 National Drug Control Strategy on January 31, 2019. ONDCP describes the strategy as a high-level vision of federal drug control efforts, focused on prevention, treatment and recovery. The strategy designates one overarching objective to reduce the number of lives lost to drug addiction, and provides some description of federal agencies' activities, including steps to reduce the availability of illicit drugs. However, it does not include certain information required by law, such as annual objectives that are quantifiable and measurable, or a 5-year projection for program and budget priorities. This required information could help prioritize activities across federal agencies and measure progress over time, which previous GAO work has shown to be important for achieving results. GAO will continue to assess the strategy as part of ongoing work, and make recommendations as appropriate.



Source: GAO. | GAO-19-370T

The lack of information in the 2019 National Drug Control Strategy on measuring progress toward its objective to reduce lives lost is particularly concerning in light of previous GAO reports. These reports found that individual agencies could do more to assess their particular efforts related to opioids. For example, GAO reported in March 2018 on five agency-specific strategies to combat illicit opioids, and also reported in October 2017 on the Department of Health and Human Services' (HHS) efforts to expand access to medication-assisted treatment for opioid use disorder. In these reports, GAO recommended, among other things, that federal agencies establish performance measures to better determine progress toward their goals. While federal agencies have taken some action to implement these recommendations, such as establishing performance measures for access to medication-assisted treatment, additional actions to measure the effectiveness of related drug control efforts would further help to gauge agencies' success, determine if new approaches are needed, and efficiently target resources.

Chairman Cummings, Ranking Member Jordan, and Members of the Committee:

We are pleased to be here today to discuss our ongoing work related to the Office of National Drug Control Policy (ONDCP), as well as two of our issued reports on federal opioid-related efforts that highlight the importance of assessing outcomes for the steps ONDCP and other agencies are taking to control illicit drug use and reduce deaths from drug overdoses.

While drug misuse in the nation is not a new phenomenon, the scale and impact of illicit drug use and prescription drug misuse has reached new levels, affecting individuals, their families, and the communities in which they live. Drug overdoses are at their highest ever-recorded level and, since 2011, have outnumbered deaths, respectively, by firearms, motor vehicle crashes, suicide, and homicide, according to the Drug Enforcement Administration. Over 70,000 people died from drug overdoses in 2017, according to the Centers for Disease Control and Prevention. Opioids—particularly highly potent synthetic opioids like fentanyl—are currently the main driver of these deaths.¹ The Council of Economic Advisers estimated that, in 2015, the economic cost of the opioid crisis alone was more than \$500 billion when considering the value of lives lost due to opioid-related overdoses.² Primarily due to increasing rates of opioid-related deaths and opioid use disorder, the Acting Secretary of the Department of Health and Human Services (HHS) declared the opioid crisis a public health emergency on October 26,

¹There were more deaths in 2017 involving synthetic opioids than from any other type of opioid, according to the Centers for Disease Control and Prevention. Synthetic opioids are highly potent drugs manufactured to mimic naturally occurring opioids such as morphine. See GAO, *Illicit Opioids: While Greater Attention Given to Combating Synthetic Opioids, Agencies Need to Better Assess their Efforts*, [GAO-18-205](#) (Washington, D.C.: Mar. 29, 2018).

²The Council of Economic Advisers, *The Underestimated Cost of the Opioid Crisis*, (Washington, D.C.: November 2017).

2017.³ We highlight these issues in our latest High-Risk report, which we issued on March 6, 2019. In that document, we identify federal efforts to prevent drug misuse as an emerging issue requiring close attention.⁴

Federal drug control efforts span a range of activities including prevention, treatment, interdiction, international operations, and law enforcement. These efforts also represent a considerable federal investment. According to the President's fiscal year (FY) 2019 budget, federal drug control funding for FY 2017 was \$28.8 billion. Multiple federal agencies have ongoing efforts to respond to the opioid crisis, including efforts to reduce the supply and demand for illicit drugs, to prevent misuse of prescription drugs, and to treat substance use disorders. As federal agencies engage in drug control efforts, ONDCP is responsible for, among other things, overseeing and coordinating the implementation of national drug control policy across the federal government.⁵ These responsibilities include the Director of ONDCP promulgating a National Drug Control Strategy,⁶ and assessing and certifying the adequacy of the National Drug Control Program agencies' budget submissions.⁷

In our testimony today, we will discuss our preliminary observations on the 2019 National Drug Control Strategy and how these observations relate to findings and recommendations from related, prior work. This testimony is based on our ongoing examination of ONDCP's strategies and programs. It is also based on two prior reports, which we issued in

³A public health emergency triggers the availability of certain authorities under federal law that enable federal agencies to take certain actions in response. In September 2018, we reported that the federal government had used three available authorities since declaring the public health emergency to: (1) quickly survey more than 13,000 providers to assess prescribing trends for a medication used to treat opioid use disorder and any barriers to prescribing it, (2) waive the public notice period for approval of two state Medicaid demonstration projects related to substance use disorder treatment, and (3) expedite research funding on medication development for opioid use disorder and overdoses. See GAO, *Opioid Crisis: Status of Public Health Emergency Authorities*, [GAO-18-685R](#) (Washington, D.C.: Sep. 26, 2018).

⁴Every two years at the start of a new Congress, GAO calls attention to agencies and program areas that are high risk due to their vulnerabilities to fraud, waste, abuse, and mismanagement, or are most in need of transformation. See GAO, *High-Risk Series: Substantial Efforts Needed to Achieve Greater Progress on High-Risk Areas*, [GAO-19-157SP](#) (Washington, D.C.: Mar. 6, 2019).

⁵21 U.S.C. § 1702(a)(2). See also, 21 U.S.C. § 1702(a)(2) (2017).

⁶21 U.S.C. § 1703(b)(2). See also, 21 U.S.C. § 1703(b)(2) (2017).

⁷ 21 U.S.C. § 1703(c)(3)(E). See also, 21 U.S.C. § 1703(c)(3)(E) (2017).

March 2018 and October 2017, that highlight the importance of assessing outcomes related to agency-specific efforts to address the opioid crisis.⁸

To develop our preliminary observations, we reviewed the 2019 National Drug Control Strategy, assessed it against relevant provisions of the Office of National Drug Control Policy Reauthorization Act of 2006 (ONDCP Reauthorization Act of 2006), and interviewed ONDCP officials. To perform our prior work, we reviewed and analyzed documents from ONDCP and other relevant agencies, reviewed relevant statutory provisions, and interviewed relevant agency officials. More detailed information on the scope and methodologies used to conduct our prior work can be found in each product cited in this statement. This statement also includes selected updates related to recommendations we have made in those reports. To conduct these updates, we reviewed documentation provided by agency officials in February 2019 about steps they have taken to address recommendations since the publication of each respective report.

We conducted the work on which this statement is based in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Background

More than a dozen federal agencies—known as National Drug Control Program agencies—have responsibilities for drug prevention, treatment,

⁸We are conducting our ongoing work in response to a provision in 21 U.S.C. § 1708a(b) that GAO routinely examine ONDCP's programs and operations, as well as in response to a 2018 congressional request. The two reports we reference are [GAO-18-205](#) and GAO, *Opioid Use Disorders: HHS Needs Measures to Assess the Effectiveness of Efforts to Expand Access to Medication-Assisted Treatment*, [GAO-18-44](#) (Washington, D.C.: Oct. 31, 2017). Other related work is listed in the Related GAO Products section.

and law enforcement activities.⁹ For example, the Department of Health and Human Services (HHS) has led efforts to expand access to drug treatment, and the Departments of Justice (DOJ) and Homeland Security (DHS) have taken lead roles in limiting the availability of illicit drugs through criminal investigations and prosecutions. The Anti-Drug Abuse Act of 1988 established ONDCP to enhance national drug control planning and coordination.¹⁰ In this role, the office is responsible for (1) leading the national drug control effort, (2) coordinating and overseeing the implementation of national drug control policy, (3) assessing and certifying the adequacy of National Drug Control Programs and the budget for those programs, and (4) evaluating the effectiveness of national drug control policy efforts.¹¹

Until its 2018 reauthorization, ONDCP had been operating under the provisions of the ONDCP Reauthorization Act of 2006 pursuant to annual appropriations acts.¹² In October 2018, the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients

⁹Currently under 21 U.S.C. § 1701(11), “the term ‘National Drug Control Program Agency’ means any agency (or bureau, office, independent agency, board, division, commission, subdivision, unit, or other component thereof) that is responsible for implementing any aspect of the National Drug Control Strategy, including any agency that receives Federal funds to implement any aspect of the National Drug Control Strategy, but does not include any agency that receives funds for drug control activity solely under the National Intelligence Program or the Joint Military Intelligence Program.” In addition to ONDCP, these agencies include the departments of Agriculture, Defense, Education, Health and Human Services, Homeland Security, Housing and Urban Development, Interior, Justice, Labor, State, Transportation, Treasury, and Veterans Affairs, as well as the Court Services and Offender Supervision Agency for the District of Columbia, and the Federal Judiciary.

¹⁰Pub. L. No. 100-690, 102 Stat. 4181.

¹¹21 U.S.C. § 1702(a). See also, 21 U.S.C. § 1702(a) (2017).

¹²Prior to ONDCP’s 2018 reauthorization, ONDCP had most recently been reauthorized by the ONDCP Reauthorization Act of 2006, Pub. L. No. 109-469, 120 Stat. 3502, through fiscal year 2010. The ONDCP Reauthorization Act of 2006 “repealed” the provisions related to ONDCP effective September 30, 2010. However, ONDCP continued to operate under the provisions of that Act pursuant to its annual appropriations acts. See Consolidated Appropriations Act, 2012, Pub. L. No. 112-74, 125 Stat. 786, 895-96 (2011), Consolidated and Further Continuing Appropriations Act, 2013, Pub. L. No. 113-6, 127 Stat. 198, 412 (2013), Consolidated Appropriations Act, 2014, Pub. L. No. 113-76, 128 Stat. 5, 195-96 (2014), Consolidated and Further Continuing Appropriations Act, 2015, Pub. L. No. 113-235, 128 Stat. 2130, 2344-45 (2014), Consolidated Appropriations Act, 2016, Pub. L. No. 114-113, 129 Stat. 2242, 2436-37 (2015), Consolidated Appropriations Act, 2017, Pub. L. No. 115-31, 131 Stat. 135, 340-41 (2017), Consolidated Appropriations Act, 2018, Pub. L. No. 115-141, 132 Stat. 348, 548-50 (2018).

and Communities Act (the SUPPORT Act) was enacted and reauthorized ONDCP and a number of its programs.¹³ The SUPPORT Act aims to address overprescribing and opioid misuse in the United States and includes provisions involving law enforcement, public health, and healthcare financing and coverage. Under both the ONDCP Reauthorization Act of 2006 and the SUPPORT Act, the Director of ONDCP is required to promulgate the National Drug Control Strategy and work with National Drug Control Program agencies to develop an annual National Drug Control Program Budget.¹⁴ Prior to the SUPPORT Act, the Director was required to promulgate a National Drug Control Strategy on an annual basis, while under the SUPPORT Act, generally, the National Drug Control Strategy is required to be developed every two years.¹⁵ ONDCP did not issue a National Drug Control Strategy for 2017 or 2018 despite the statutory requirement. Under both the ONDCP Reauthorization Act of 2006 and the SUPPORT Act, the National Drug Control Strategy is to set forth a comprehensive plan to reduce illicit drug use and the consequences of such illicit drug use in the United States by limiting the availability of and reducing the demand for illegal drugs.¹⁶

Preliminary Observations on the 2019 National Drug Control Strategy

As part of our ongoing work, we are reviewing the 2019 National Drug Control Strategy that ONDCP issued on January 31, 2019. Agency officials told us that they began preparing the National Drug Control Strategy in early 2018—prior to the enactment of the SUPPORT Act in October 2018. Officials stated that the National Drug Control Strategy

¹³Pub. L. No. 115-271, 132 Stat. 3894 (2018).

¹⁴21 U.S.C. § 1703(b)(2) and (c)(2). See also, 21 U.S.C. § 1703(b)(2) and (c)(2) (2017).

¹⁵Prior to the SUPPORT Act, the Director of ONDCP was required to promulgate the National Drug Control Strategy which was to be submitted to Congress by the President not later than February 1 of each year. 21 U.S.C. § 1705(a)(1) (2017). Under the SUPPORT Act, the Director is required to release a statement of drug control policy priorities in the calendar year of a Presidential inauguration following the inauguration, but not later than April 1, and promulgate the National Drug Control Strategy which the President is to submit to Congress not later than the first Monday in February following the year in which the term of the President commences, and every 2 years thereafter. 21 U.S.C. § 1705(a)(1) and (2).

¹⁶21 U.S.C. § 1705(b). See also, 21 U.S.C. § 1705(a)(1) (2017).

was intended to respond to the requirements of the ONDCP Reauthorization Act of 2006, which was the applicable law at that time. In light of ONDCP's stated approach, we based our preliminary analysis of the National Drug Control Strategy on the ONDCP Reauthorization Act of 2006. However, the SUPPORT Act retained certain similar requirements for the National Drug Control Strategy contained in the prior law.¹⁷

According to ONDCP, the 2019 National Drug Control Strategy provides a high-level vision of federal drug control efforts by focusing on prevention, treatment and recovery, and reducing the availability of illicit drugs. The 2019 National Drug Control Strategy designates one overarching strategic objective—to reduce the number of lives lost to drug addiction—and provides some general descriptions of federal agencies' activities. However, our preliminary observations related to the 2019 National Drug Control Strategy indicate that it does not include several pieces of required information, including the following:

- **Quantifiable and measurable objectives.** The National Drug Control Strategy was required to include “annual quantifiable and measurable objectives and specific targets to accomplish long-term quantifiable goals that the [ONDCP] Director determines may be achieved during each year beginning on the date on which the National Drug Control Strategy is submitted.”¹⁸ However, our work showed that the 2019 National Drug Control Strategy does not include this information. While it lists seven items that it designates as measures of performance or effectiveness, it does not indicate how they would be quantified or measured, or targets to be achieved each year. For example, one of the measures of performance relates to educating the public, especially adolescents, about drug use. However, it lacks information on how ONDCP would measure its efforts to educate

¹⁷Among other things, the SUPPORT Act requires the National Drug Control Strategy to contain: (i) comprehensive, research-based, long-range, quantifiable goals for reducing illicit drug use, and the consequences of illicit drug use in the United States; (ii) annual quantifiable and measurable objectives and specific targets to accomplish long-term quantifiable goals that the Director determines may be achieved during each year beginning on the date on which the National Drug Control Strategy is submitted; (iii) a 5-year projection for the National Drug Control Program and budget priorities; and (iv) a review of international, State, local, and private sector drug control activities to ensure that the United States pursues coordinated and effective drug control at all levels of government.

¹⁸21 U.S.C. § 1705(a)(2)(A)(ii) (2017). The SUPPORT Act retained this requirement. See 21 U.S.C. § 1705(c)(1)(C).

adolescents, as well as targets ONDCP hopes to achieve, such as the number of adolescents educated or specific knowledge gains. Further, none of the seven measures has a baseline of current performance or annual targets, and four of the seven measures do not have associated timelines—which are important ways that results could be quantified. For example, one of the Strategy’s measures of effectiveness is that evidence-based addiction treatment, particularly medication-assisted treatment for opioid addiction, is more accessible nationwide for those who need it. However, there is no information on the current level of treatment access, any targets for expanding access, or any associated timeline by which ONDCP hopes to achieve desired results.

- **Program and budget priorities.** The National Drug Control Strategy was required to include “a 5-year projection for program and budget priorities.”¹⁹ While the 2019 National Drug Control Strategy outlines several high-level priorities, including a top priority to address the current opioid crisis and its associated deaths, it does not include such a 5-year projection.
- **Specific assessments.** The National Drug Control Strategy was required to include specific assessments related to illicit drug use.²⁰ For example, the National Drug Control Strategy was required to include “an assessment of the reduction of illicit drug availability.”²¹ This assessment was to be measured by, among other things, the quantities of cocaine, heroin, marijuana, methamphetamine, ecstasy, and other drugs available for consumption in the United States; the amount of marijuana, cocaine, heroin, methamphetamine, ecstasy, and precursor chemicals and other drugs entering the United States; and the number of illicit manufacturing laboratories seized and destroyed as well as the number of hectares of marijuana, poppy, and coca cultivated and destroyed domestically and in other countries. The 2019 National Drug Control Strategy does not include this information. In addition, the National Drug Control Strategy was

¹⁹21 U.S.C. § 1705(a)(2)(A)(iii) (2017). The SUPPORT Act retained this requirement. See 21 U.S.C. § 1705(c)(1)(D).

²⁰While the SUPPORT Act does not contain the same specific requirements, it requires, among other things, that the National Drug Control Strategy include “[a] description of the current prevalence of illicit drug use in the United States, including both the availability of illicit drugs and the prevalence of substance use disorders.” See 21 U.S.C. § 1705(c)(1)(K).

²¹21 U.S.C. § 1705(a)(2)(A)(vi) (2017).

required to include “an assessment of the reduction of the consequences of illicit drug use and availability.”²² This assessment was to include the burden illicit drug users placed on hospital emergency departments; the annual national health care cost of illicit drug use; and the extent of illicit drug-related crime and criminal activity. Similarly, the 2019 National Drug Control Strategy does not include this information.

- **Performance measurement system.** The ONDCP Director was required to submit “as part of the National Drug Control Strategy a description of a national drug control performance measurement system.”²³ Among other things, this system was to describe the sources of information and data that would be used for each performance measure incorporated into the performance measurement system. This system was also to coordinate the development and implementation of national drug control data collection and reporting systems to support policy formulation and performance measurement. Further, the system was to monitor consistency across the drug-related goals and objectives of the National Drug Control Program agencies and ensure that each agency’s goals and budgets support are fully consistent with the National Drug Control Strategy. The 2019 National Drug Control Strategy does not contain a description of such a national drug control performance measurement system.

As part of our ongoing work, we also asked ONDCP for information regarding how ONDCP officials determined the adequacy of National Drug Control Program agencies’ budget submissions without a National Drug Control Strategy in effect for 2017 and 2018. The National Drug

²²21 U.S.C. § 1705(a)(2)(A)(vii) (2017).

²³21 U.S.C. § 1705(c) (2017). While the SUPPORT Act does not contain the same specific requirements, it does require the development of an annual national drug control assessment. Specifically, the Director is required to submit to the President, Congress, and the appropriate congressional committees, “a report assessing the progress of each National Drug Control Program Agency toward achieving each goal, objective, and target contained in the National Drug Control Strategy applicable to the prior fiscal year” not later than the first Monday in February of each year. In addition, the Director is to include in the annual assessment (i) a summary of each evaluation received from the head of each National Drug Control Program Agency; (ii) a summary of the progress each National Drug Control Program Agency toward the National Drug Control Strategy goals of the agency using the performance measures developed for the agency; (iii) an assessment of the effectiveness of each National Drug Control Program Agency and program in achieving the National Drug Control Strategy for the previous year; and (iv) the assessments required are to be based on the Performance Measurement System. 21 U.S.C. § 1705(g)(1) and (3).

Control Program Budget is to provide information on federal drug control funding requested by the executive branch to implement the National Drug Control Strategy. National Drug Control Program agencies are required to submit to ONDCP the portion of their annual budget requests dedicated to drug control activity undertaken by the department, agency, or program. Agencies are to prepare these as part of their overall budget submission to the Office of Management and Budget for inclusion in the President's annual budget request. ONDCP is required to review and certify whether these budgets are sufficient to support the relevant goals and objectives outlined in the National Drug Control Strategy and then include these budgets in the consolidated National Drug Control Program Budget, which the President issues alongside his budget each year. As of March 4, 2019, ONDCP had not provided information on how it accomplished the required determination. In addition, as of March 4, 2019, the President's FY 2020 budget, and the accompanying National Drug Control Program Budget, had not been released. We will continue to consider ONDCP's activities in this area as part of our ongoing work.

As part of our ongoing work, we will also discuss the 2019 National Drug Control Strategy with ONDCP and plan to examine how ONDCP intends to address additional requirements in the SUPPORT Act. The lack of information in the 2019 National Drug Control Strategy on assessing progress toward its objective to reduce lives lost reflects findings in our previous reports. Our prior work in general, and our work on federal drug control efforts in particular, has consistently emphasized the importance of setting clear priorities through measurable and quantifiable goals, and assessing progress toward those goals over time, in order to achieve results.²⁴ For example:

- In March 2018, we reported on federal agencies' efforts—including those of ONDCP—to limit the availability of and enhance their response to illicit opioids, such as heroin and fentanyl.²⁵ We reviewed

²⁴For example, see GAO, *Managing for Results: Government-wide Actions Needed to Improve Agencies' Use of Performance Information in Decision Making*, [GAO-18-609SP](#), (Washington, D.C.: Sep. 5, 2018); GAO, *Managing for Results: Further Progress Made in Implementing the GPRA Modernization Act, but Additional Actions Needed to Address Pressing Governance Challenges*, [GAO-17-775](#), (Washington, D.C.: Sep. 29, 2017); GAO, *Managing for Results: Enhancing Agency Use of Performance Information for Management Decision Making*, [GAO-05-927](#), (Washington, D.C.: Sep. 9, 2005); and GAO, *Results-Oriented Government: GPRA Has Established a Solid Foundation for Achieving Greater Results*, [GAO-04-38](#), (Washington, D.C.: Mar. 10, 2004).

²⁵[GAO-18-205](#).

five strategies related to combating illicit opioids and determined that only one included outcome-oriented performance measures that aim to assess the effectiveness of its efforts—ONDCP’s Heroin Availability Reduction Plan (HARP).²⁶ In contrast, we found that ONDCP’s High Intensity Drug Trafficking Areas (HIDTA) programs’ Heroin Response Strategy did not include any outcome-oriented performance measures.²⁷ Outcome measures address the results of programs and services, such as reductions in overdose deaths, and they can help in assessing the status of program operations, identifying areas that need improvement, and ensuring accountability for results. Among other things, we recommended in March 2018 that ONDCP coordinate with the HIDTAs to establish outcome-oriented performance measures to assess progress towards the goals set out in the Heroin Response Strategy. While ONDCP neither agreed nor disagreed with our recommendation, ONDCP told us in June 2018 that they had engaged with leaders from the HIDTAs participating in the Heroin Response Strategy to develop performance measures, including some outcome performance measures. As of March 4, 2019, this recommendation has not yet been addressed and ONDCP has not provided additional information on these efforts. We continue to believe that establishing these measures would enhance the HIDTAs’ ability to assess whether these efforts are producing intended results.

- In October 2017, we reported on HHS’s efforts to reduce the prevalence of opioid misuse and the fatalities associated with it by expanding access to medication-assisted treatment (MAT) for opioid

²⁶The HARP, implemented in 2016, aims to provide a roadmap to guide and synchronize interagency activities, performed through ONDCP’s National Heroin Coordination Group, to reduce the supply of drugs such as heroin and fentanyl in the U.S. market. See [GAO-18-205](#) for more information.

²⁷The HIDTA program, which is administered by ONDCP, provides assistance to federal, state, local, and tribal law enforcement agencies operating in areas determined to be critical drug-trafficking regions of the United States. The Heroin Response Strategy, started in 2015, seeks to bring public health and public safety partners together at the federal, state, and local level to reduce drug overdose fatalities and disrupt trafficking in illicit opioids. Like the Heroin Response Strategy, the other three strategies we reviewed did not include any outcome-oriented performance measures. These strategies were the (1) Organized Crime Drug Enforcement Task Forces’ National Heroin Initiative, (2) Department of Justice and U.S. Attorneys Offices’ Strategies to Address the Opioid Epidemic, and (3) Drug Enforcement Administration’s 360 Strategy. See [GAO-18-205](#) for more information.

use disorder.²⁸ These efforts included four grant programs that focus on expanding access to MAT in various settings (including rural primary care practices and health centers) and implementing regulatory and statutory changes that expanded treatment capacity by increasing patient limits for a MAT medication—buprenorphine—and by expanding the types of practitioners who can prescribe it in an office-based setting. We found that HHS had not established performance measures with targets that would specify the results that HHS hoped to achieve through its efforts, and by when. We concluded that without this information, HHS would not have an effective means to determine whether its efforts are helping to expand access to MAT or whether new approaches are needed.²⁹ Among other things, we recommended that HHS establish performance measures with targets related to expanding access to MAT for opioid use disorders. HHS concurred with the recommendation and in February 2019, provided information that the agency had established performance measures with targets to increase the number of prescriptions for certain MAT medications, one of the potential ways to measure access to MAT. However, the recommendation has not yet been fully addressed, in part because HHS did not provide information on measures related to the treatment capacity of providers who prescribe or administer MAT medications, which HHS had identified as another way to measure access. We continue to believe that fully implementing this recommendation will help ensure that invested resources in the program are yielding intended results.

As our prior work shows, using data—such as information collected by performance measures and findings from program evaluations and research studies—to drive decision-making can help federal agencies improve program implementation, identify and correct problems, and

²⁸GAO-18-44. For those who misuse or are addicted to opioids—a condition known as opioid use disorder—research shows that MAT is an effective treatment. MAT for opioid use disorder combines behavioral therapy and the use of certain medications (methadone, buprenorphine, and naltrexone) and has been shown to reduce opioid use and increase treatment retention compared to abstinence-based treatment, where patients are treated without medication.

²⁹As we reported in GAO-18-44, gauging this progress is particularly important given the large nationwide gap between the total number of individuals who could benefit from MAT and the limited number who can currently access it based on provider availability.

make other management decisions.³⁰ Although agencies may struggle to effectively use this approach, regular performance reviews and evidence-based policy tools can help them incorporate performance information into federal decision-making. Without effective long-term plans, such as a national strategy, that clearly articulate goals and objectives and without specific measures to track performance, federal agencies cannot fully assess whether taxpayer dollars are invested in ways that will achieve desired outcomes. ONDCP's responsibility to develop the National Drug Control Strategy and coordinate among federal agencies offers the agency an important opportunity to guide federal activities to address the unprecedented number of drug overdose deaths. We are continuing with ongoing and planned work to monitor and assess federal drug control efforts.

Chairman Cummings, Ranking Member Jordan, and Members of the Committee, this concludes our prepared statement. We would be happy to respond to any questions you may have at this time.

GAO Contact and Staff Acknowledgments

If you or your staff has any questions concerning this testimony, please contact Triana McNeil at (202) 512-8777 (McNeilT@gao.gov) or Mary Denigan-Macauley at (202) 512-7114 (DeniganMacauleyM@gao.gov). Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this statement. In addition to the contacts named above, Joy Booth (Assistant Director), Will Simerl (Assistant Director), Michelle Loutoo Wilson (Analyst in Charge), Billy Commons, Helen Desaulniers, Wendy Dye, Jane Eyre, Kaitlin Farquharson, and Jan Montgomery made key contributions to the testimony. Other staff who made key contributions to the reports cited in the testimony are identified in the source products.

³⁰ [GAO-18-609SP](#). In addition, the Government Performance and Results Act of 1993, Pub. L. No. 103-62, 107 Stat. 285, sets out the performance planning and reporting framework. The GPRA Modernization Act of 2010, Pub. L. No. 111-352, 124 Stat. 3866 (2011), enhanced the Government Performance and Results Act by providing important tools that can help decision makers address challenges facing the federal government, help resolve longstanding performance and management problems, and provide greater accountability for results.

Related GAO Products

Drug Control: DOD Should Improve Its Oversight of the National Guard Counterdrug Program. [GAO-19-27](#). Washington, D.C.: January 17, 2019.

Colombia: U.S. Counternarcotics Assistance Achieved Some Positive Results but State Needs to Review the Overall U.S. Approach. [GAO-19-106](#). Washington, D.C.: December 12, 2018.

Opioid Crisis: Status of Public Health Emergency Authorities. [GAO-18-685R](#). Washington, D.C.: September 26, 2018.

Prescription Opioids: Medicare Needs Better Information to Reduce the Risk of Harm to Beneficiaries. [GAO-18-585T](#). Washington, D.C.: May 29, 2018.

VA Health Care: Progress Made Towards Improving Opioid Safety, but Further Efforts to Assess Progress and Reduce Risk Are Needed. [GAO-18-380](#). Washington, D.C.: May 29, 2018.

Illicit Opioids: Office of National Drug Control Policy and Other Agencies Need to Better Assess Strategic Efforts. [GAO-18-569T](#). Washington, D.C.: May 17, 2018.

Illicit Opioids: While Greater Attention Given to Combating Synthetic Opioids, Agencies Need to Better Assess their Efforts. [GAO-18-205](#). Washington, D.C.: March 29, 2018.

Substance Use Disorder: Information on Recovery Housing Prevalence, Selected States' Oversight, and Funding. [GAO-18-315](#). Washington, D.C.: March 22, 2018.

Substance-Affected Infants: Additional Guidance Would Help States Better Implement Protections for Children. [GAO-18-196](#). Washington, D.C.: January 19, 2018.

Opioid Use Disorders: HHS Needs Measures to Assess the Effectiveness of Efforts to Expand Access to Medication-Assisted Treatment. [GAO-18-44](#). Washington, D.C.: October 31, 2017.

Counternarcotics: Overview of U.S. Efforts in the Western Hemisphere. [GAO-18-10](#). Washington, D.C.: October 13, 2017.

Preventing Drug Abuse: Low Participation by Pharmacies and Other Entities as Voluntary Collectors of Unused Prescription Drugs. [GAO-18-25](#). Washington, D.C.: October 12, 2017.

Prescription Opioids: Medicare Needs to Expand Oversight Efforts to Reduce the Risk of Harm. [GAO-18-15](#). Washington, D.C.: October 6, 2017.

Newborn Health: Federal Action Needed to Address Neonatal Abstinence Syndrome. [GAO-18-32](#). Washington, D.C.: October 4, 2017.

Opioid Addiction: Laws, Regulations and Other Factors Can Affect Medication-Assisted Treatment Access. [GAO-16-833](#). Washington, D.C.: September 27, 2016.

Anti-Money Laundering: U.S. Efforts to Combat Narcotics-Related Money Laundering in the Western Hemisphere. [GAO-17-684](#). Washington, D.C.: August 22, 2017.

International Mail Security: Costs and Benefits of Using Electronic Data to Screen Mail Need to Be Assessed. [GAO-17-606](#). Washington, D.C.: August 2, 2017.

Drug Control Policy: Information on Status of Federal Efforts and Key Issues for Preventing Illicit Drug Use. [GAO-17-766T](#). Washington, D.C.: July 26, 2017.

Medicaid Expansion: Behavioral Health Treatment Use in Selected States in 2014. [GAO-17-529](#). Washington, D.C.: June 22, 2017.

Drug-Free Communities Support Program: Agencies Have Strengthened Collaboration but Could Enhance Grantee Compliance and Performance Monitoring. [GAO-17-120](#). Washington, D.C.: February 7, 2017.

Highlights of a Forum: Preventing Illicit Drug Use. [GAO-17-146SP](#). Washington, D.C.: November 14, 2016.

Drug Enforcement Administration: Additional Actions Needed to Address Prior GAO Recommendations. [GAO-16-737T](#). Washington, D.C.: June 22, 2016.

State Marijuana Legalization: DOJ Should Document Its Approach to Monitoring the Effects of Legalization. [GAO-16-419T](#). Washington, D.C.: April 5, 2016.

Firearms Trafficking: U.S. Efforts to Combat Firearms Trafficking to Mexico Have Improved, but Some Collaboration Challenges Remain. [GAO-16-223](#). Washington, D.C.: January 11, 2016.

Prenatal Drug Use and Newborn Health: Federal Efforts Need Better Planning and Coordination. [GAO-15-203](#). Washington, D.C.: February 10, 2015.

Office of National Drug Control Policy: Office Could Better Identify Opportunities to Increase Program Coordination. [GAO-13-333](#). Washington, D.C.: March 26, 2013.

Prescription Pain Reliever Abuse: Agencies Have Begun Coordinating Education Efforts, but Need to Assess Effectiveness. [GAO-12-115](#). Washington, D.C.: December 22, 2011.

This is a work of the U.S. government and is not subject to copyright protection in the United States. The published product may be reproduced and distributed in its entirety without further permission from GAO. However, because this work may contain copyrighted images or other material, permission from the copyright holder may be necessary if you wish to reproduce this material separately.

GAO's Mission

The Government Accountability Office, the audit, evaluation, and investigative arm of Congress, exists to support Congress in meeting its constitutional responsibilities and to help improve the performance and accountability of the federal government for the American people. GAO examines the use of public funds; evaluates federal programs and policies; and provides analyses, recommendations, and other assistance to help Congress make informed oversight, policy, and funding decisions. GAO's commitment to good government is reflected in its core values of accountability, integrity, and reliability.

Obtaining Copies of GAO Reports and Testimony

The fastest and easiest way to obtain copies of GAO documents at no cost is through GAO's website (<https://www.gao.gov>). Each weekday afternoon, GAO posts on its website newly released reports, testimony, and correspondence. To have GAO e-mail you a list of newly posted products, go to <https://www.gao.gov> and select "E-mail Updates."

Order by Phone

The price of each GAO publication reflects GAO's actual cost of production and distribution and depends on the number of pages in the publication and whether the publication is printed in color or black and white. Pricing and ordering information is posted on GAO's website, <https://www.gao.gov/ordering.htm>.

Place orders by calling (202) 512-6000, toll free (866) 801-7077, or TDD (202) 512-2537.

Orders may be paid for using American Express, Discover Card, MasterCard, Visa, check, or money order. Call for additional information.

Connect with GAO

Connect with GAO on [Facebook](#), [Flickr](#), [Twitter](#), and [YouTube](#).
Subscribe to our [RSS Feeds](#) or [E-mail Updates](#). Listen to our [Podcasts](#).
Visit GAO on the web at <https://www.gao.gov>.

To Report Fraud, Waste, and Abuse in Federal Programs

Contact FraudNet:

Website: <https://www.gao.gov/fraudnet/fraudnet.htm>

Automated answering system: (800) 424-5454 or (202) 512-7700

Congressional Relations

Orice Williams Brown, Managing Director, WilliamsO@gao.gov, (202) 512-4400,
U.S. Government Accountability Office, 441 G Street NW, Room 7125,
Washington, DC 20548

Public Affairs

Chuck Young, Managing Director, youngc1@gao.gov, (202) 512-4800
U.S. Government Accountability Office, 441 G Street NW, Room 7149
Washington, DC 20548

Strategic Planning and External Liaison

James-Christian Blockwood, Managing Director, spel@gao.gov, (202) 512-4707
U.S. Government Accountability Office, 441 G Street NW, Room 7814,
Washington, DC 20548



Please Print on Recycled Paper.