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OFFICE OF NATIONAL DRUG CONTROL POLICY
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Written Statement
of
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Director of National Drug Control Policy

STATEMENT OF
R. GIL KERLIKOWSKE
DIRECTOR, OFFICE OF NATIONAL DRUG CONTROL POLICY
EXECUTIVE OFFICE OF THE PRESIDENT

before the

SUBCOMMITTEE ON FINANCIAL SERVICES AND GENERAL GOVERNMENT
COMMITTEE ON APPROPRIATIONS
HOUSE OF REPRESENTATIVES

MARCH 27, 2012

Chairwoman Emerson, Ranking Member Serrano, and Members of the Subcommittee, I am pleased to appear before you today to present the President's Budget Request for Fiscal Year (FY) 2013 for the Office of National Drug Control Policy (ONDCP). I am Gil Kerlikowske, and I have served as Director of National Drug Control Policy since May 2009.

ONDCP was first created by statute under the Anti-Drug Abuse Act of 1988, and the Office was most recently reauthorized in the Office of National Drug Control Policy Reauthorization Act of 2006. The principal purpose of ONDCP is to establish policies, priorities, and objectives for the Nation's drug control program. The goals of the program are to coordinate the Federal Government's efforts to reduce illicit drug use and its consequences, including drug manufacturing and trafficking, drug-related crime and violence, and drug-related health consequences. To achieve these goals, the Director of ONDCP is charged with producing the Administration's *National Drug Control Strategy (Strategy)* and ensuring agency and department drug control budget spending is in support of the Administration's *Strategy*.

As Americans work together to address our Nation's shared challenges, the health, well-being, and safety of our citizens continues to serve as the basis for strengthening our economy and our country overall. A healthy, productive, and drug-free workforce fosters competitiveness and innovation within our neighborhoods, towns, and communities. Addressing our Nation's drug problem will also ensure our fellow citizens can contribute to our shared successes, and that America's future generations will continue to lead the world in innovation and ingenuity.

The race to secure the future for our Nation's children is real. Our children, and their children, will only be equipped to compete with their peers around the globe if the United States has a sound economy fueled by an educated, prepared, and healthy workforce. By reducing drug use and its consequences, teaching children the value of healthy and responsible life choices, and promoting education, innovation, and excellence, we can ensure that the future is ours to win.

Placing sufficient resources behind our efforts will lead to more progress. Recent data show some increase in drug use; however, the rate of Americans using illicit drugs is roughly one third of what it was 30 years ago, cocaine production in Colombia has dropped by almost two thirds since 2001, and increasing numbers of non-violent offenders are being diverted into treatment instead of jail. Previous national efforts to reduce smoking, drunk driving, and other public

health threats have shown that sustained and balanced approaches can significantly improve public health and safety. The Administration's *Strategy* provides a roadmap to decrease drug use and its consequences.

In 2010, ONDCP launched the Administration's inaugural *Strategy*, emphasizing community-based drug prevention, integrating evidence-based interventions and treatment into the healthcare system, promoting innovations in the criminal justice system to decrease recidivism, and forging and maintaining strong international partnerships to disrupt drug trafficking organizations. We updated the *Strategy* in 2011, and soon we will release this year's update, which will provide information on our progress to date in implementing the action steps we established in the inaugural *Strategy*. This update will include a report on the new Performance Reporting System, a performance monitoring and assessment mechanism for gauging the effectiveness of the *Strategy*, as required by ONDCP's Reauthorization Act of 2006. Developed through an extensive interagency process, this system will monitor key performance measures to assess cross-agency progress toward the goals and objectives of the *Strategy*. This system will signal where the *Strategy* is on track, and where further attention, assessment, evaluation, and problem-solving are needed.

In addition to our work with international partners as part of the overall *Strategy*, we have responsibility for working with our national and international partners in the development of the *National Southwest Border Counternarcotics Strategy* and, as of last year, the *National Northern Border Counternarcotics Strategy*, both of which are Congressionally mandated. These strategies further our mission to help disrupt the trafficking of illegal drugs into this country while enhancing our efforts to provide border communities with enhanced prevention and drug treatment assistance that will help curb drug use in the long term.

ONDCP's Budget Request for FY 2013

ONDCP's budget reflects a commitment to responsibly reduce spending without compromising our ability to support the President in achieving the goals set forth in the *Strategy*. The Administration's FY 2013 budget request for ONDCP is \$342,013,000 and 99 full-time equivalents (FTEs). The budget represents a decrease of \$26,559,000 (7 percent) from the enacted budget for FY 2012 of \$368,572,000. Our budget, programs, and policy emphases support a *Strategy* which represents a balanced approach to confronting the complex challenge of drug use and its consequences.

Our budget builds on several major drug policy legislative achievements that have occurred since the initial *Strategy*. In August 2010, President Obama signed into law the Fair Sentencing Act, a significant and long-overdue piece of criminal justice reform, which reduces the disparity in the amounts of powder cocaine and crack cocaine required for the imposition of mandatory minimum sentences and eliminates the mandatory minimum sentence for simple possession of crack cocaine. It also increases penalties for major drug traffickers. In October 2010, President Obama signed into law the Secure and Responsible Drug Disposal Act of 2010, which allows the Drug Enforcement Administration to craft regulations that will help communities combat the Nation's prescription drug abuse epidemic by making it easier for states and localities to securely collect expired, unused, and unneeded prescription drugs in an environmentally responsible manner. In December 2011, the Consolidated Appropriations Act, 2012, contained language

allowing the Department of Veterans Affairs (VA) to share prescription drug data with state prescription drug monitoring programs, so that prescribers can ensure that individuals are not obtaining the same prescription drugs in the private sector that they are getting from the VA. That same month, the House passed H.R. 1254, the Synthetic Drug Control Act of 2011, which would ban many of the most commonly abused synthetic drug compounds. These legislative accomplishments are the result of bipartisan Congressional support, illustrating how reducing drug use and its consequences continues to be a non-partisan effort.

ONDCP Signature Initiatives

As part of our work to implement the *Strategy*, ONDCP focuses on three signature initiatives, in addition to its ongoing activities, to help achieve the goals of the Administration's *Strategy*.

Drug Prevention

The statistics on youth initiation of drug use and perceptions about drug use are alarming. A 29 percent decline in youth past-month drug use, a decline that had begun in 1997, has ended. Multiple surveys show that young people's attitudes toward drugs are softening - often a precursor to an uptick in drug use, which is also being seen in some surveys. Young adults between the ages of 18 and 25 have the highest rates of current illicit drug use (over 20 percent), and each day, an estimated 4,600 young people under age 18 initiate drug use for the first time.

Drug and alcohol use affects health outcomes, job opportunities, family life, military preparedness, and academic outcomes. Preventing drug use is cost-effective and makes sense. Every dollar invested in research-based drug prevention programs saves on average \$18 in costs related to treatment for substance use disorders. With this in mind, drug prevention is a foundational pillar of the *Strategy*. This also means the Administration will continue to steadfastly oppose legalization efforts, as we know it would increase the availability, use, and familiarity of drugs.

The Administration is committed to drug prevention and is investing significant resources into national efforts to prevent drug use before it starts. Federal resources totaling \$1.4 billion are requested in FY 2013 across all of the agencies and departments included in the National Drug Control Program Agencies Budget to support education and outreach programs aimed at preventing the initiation of drug use.

To achieve its commitment to stopping drug use before it begins, the Administration is focusing its drug prevention efforts on the following:

- Developing a national, community-based drug prevention system;
- Ensuring drug prevention activities encompass a wide range of community-based settings;
- Developing and disseminating information on youth drug use;
- Engaging law enforcement in drug prevention initiatives; and
- Establishing drugged driving and prescription drug abuse as a national priority.

Prescription Drug Abuse

Over the past decade, the United States has witnessed alarmingly high rates of prescription drug abuse, which has been characterized as a public health epidemic by the Centers for Disease

Control and Prevention. According to the National Survey on Drug Use and Health (NSDUH) from the Department of Health and Human Services' Substance Abuse and Mental Health Services Administration (SAMHSA), in 2010, 2.4 million individuals consumed psychotherapeutic drugs for a non-medical purpose for the first time, about the same as the number of first-time marijuana users. In 2009, the number of drug-induced deaths in the United States exceeded deaths from motor vehicle crashes for the first time. From 1999 to 2009, there was a six-fold increase in addiction treatment admissions for individuals primarily abusing prescription pain killers. The increase in the percentage of treatment admissions for abuse of pain relievers spans every age, gender, race, ethnicity, education, employment level, and region. According to a Department of Defense survey in 2008, one in eight (12 percent) active duty military personnel reported past month illicit drug use, largely driven by the abuse or misuse of prescription drugs (reported by 11 percent). We must do all that we can to reverse these disturbing trends.

The ongoing public health and safety consequences of prescription drug abuse underscore the need for action. In April 2011, the Administration released its comprehensive *Prescription Drug Abuse Prevention Plan*, entitled "Epidemic: Responding to America's Prescription Drug Abuse Crisis." This plan builds upon the *Strategy* and brings together Federal, state, local, and tribal leaders to reduce diversion and abuse of prescription drugs. It strikes a balance between our need to prevent diversion and abuse of pharmaceuticals with the need to ensure legitimate access, focusing on four major pillars, each designed to intervene at a critical juncture in the process of diversion and abuse. These pillars include: education for prescribers and the public; prescription monitoring; safe drug disposal; and effective enforcement. I am pleased to report that we are making significant progress in each of the four major pillars outlined in the plan.

One of the challenges we face is that individuals tend to believe that because prescription drugs are legal, they are safer than so-called "street drugs." It is important that we educate the public about the dangers of prescription drug abuse and reduce diversion of prescription drugs that have a high potential of abuse.

While the realities of prescription drug abuse demand action, any policy response must be approached thoughtfully, to strike a balance between our desire to minimize diversion and abuse of pharmaceuticals and the need to allow access for those who take pain medication for legitimate purposes, under a physician's care.

Drugged Driving

Each year thousands of drivers, passengers, and pedestrians tragically lose their lives because of impaired and distracted driving. This reckless behavior not only includes drunk driving, but also driving after taking drugs. Drug use, including the misuse of prescription drugs, can impair judgment and motor skills. Among drivers killed in motor vehicle crashes in 2009 with known drug test results, one in three tested positive for drugs. In a 2007 national roadside survey conducted by the Department of Transportation, one in eight nighttime weekend drivers tested positive for an illicit drug. NSDUH data show that in 2009, 10.5 million persons aged 12 or older reported driving under the influence of illicit drugs during the past year. This corresponds to 4.2 percent of the population aged 12 or older. Across age groups, the rate of driving under the influence of illicit drugs in 2009 was highest among young adults aged 18 to 25 (12.8

percent). According to the 2010 Monitoring the Future study, supported by HHS' National Institute on Drug Abuse (NIDA), part of the National Institutes of Health, one in eight high school seniors reported that in the 2 weeks prior to the survey, they had driven after smoking marijuana.

President Obama has set a goal of reducing the prevalence of drugged driving 10 percent by 2015, and the month of December was declared Impaired Driving Month by President Obama in both 2010 and 2011. ONDCP hosted a summit that brought together a wide coalition of prevention, youth-serving, and safety organizations; automobile and insurance representatives; and Federal agencies to discuss emerging issues and challenges related to drugged driving. We established an unprecedented partnership with Mothers Against Drunk Driving to raise public awareness of drugged driving. We also released a Drugged Driving Toolkit (http://www.whitehouse.gov/sites/default/files/ondcp/issues-content/drugged_driving_toolkit.pdf) that provides tips for parents of teen drivers, sample community activities to raise awareness, and resources to help teens reject negative influences.

We are also working with national associations and experts to provide technical assistance to states considering *per se* and other anti-drugged driving laws that make it illegal for individuals to drive with illicit drugs in their system. Already, 17 states have *per se* or zero tolerance statutes. In these states, it is a criminal offense to drive after taking illegal drugs while the drugs are still detectable in one's system. Increased news media outreach and public engagements are also helping enhance public awareness of the alarming prevalence of drivers on roadways with drugs in their systems. In addition, domestic law enforcement agencies are partnering to reduce the prevalence of drugged driving. We will work to better educate officers to identify and assist in removing drugged drivers from the road.

We are also working closely with international partners on this issue, many of whom are tackling drugged driving through comprehensive law enforcement and public awareness responses. To that end, in 2011, the United States introduced a resolution to support drugged driving efforts at the United Nations Commission on Narcotic Drugs in Vienna, Austria, which was unanimously approved and co-sponsored by 17 countries and the European Union.

ONDCP-Funded Initiatives

As you are aware, ONDCP's annual appropriation includes funding for its programs.

National Youth Anti-Drug Media Campaign

The President's budget request for the National Youth Anti-Drug Media Campaign (Media Campaign) for FY 2013 is \$20 million, which is 100 percent above the FY 2012 enacted level. Congress created the Media Campaign in 1998 and provided further authorization pursuant to the ONDCP Reauthorization Act of 2006, to prevent and reduce youth drug use across the Nation and address methamphetamine use. Today, the Media Campaign provides teen exposure to anti-drug messages through a combination of paid advertising (e.g., social media, television, Internet, and cinema) and public communications (e.g., community events, corporate sponsorships with youth brands, and youth-centered activities) against the growing tide of pro-drug content that is pervasive in popular culture and the online environment. Since the Media Campaign received no funds in the FY 2012 enacted budget, it is being sustained on an operations budget composed of

the net result of prior-year unobligated balances that remain after funds in this account were rescinded in FY 2012.

The Media Campaign currently has two distinct areas of focus. First, the “Above the Influence” (ATI) Campaign, targeting youth ages 12-17, balances broad drug prevention messaging at the national level with more targeted efforts at the local community level. Second, there is the Anti-Meth Campaign, targeting young adults ages 18-34 as well as adults who may influence methamphetamine users.

The Media Campaign has been redesigned and supports drug prevention efforts and positive youth development in communities nationwide. In June 2010, the redesigned Media Campaign was launched nationally under the ATI brand, including a targeted focus on local communities. To date, ATI has partnered with hundreds of local youth-serving organizations across the country, which have implemented ATI activities from the ATI Toolkit. The Media Campaign also continues to leverage social media in an effort to amplify its messages online and at the community level. The Media Campaign’s ATI Facebook page has nearly 900,000 followers and continues to add about 5,000 followers per week. The ATI message continues to resonate with youth, with an average of 85 percent of the Media Campaign’s target audience indicating they are aware of ATI advertising, an average of 85 percent of teens also recognizing the ATI brand logo, and over 75 percent of teens – regardless of gender or ethnicity – saying ATI messaging speaks to them.

In 2011, three independent, scientific analyses of the ATI Campaign found that the Media Campaign is effective, relevant to youth, and a vital tool to support drug prevention efforts in communities across the country. A study in the March 2011 journal *Prevention Science*, funded through a NIDA grant, concluded that “exposure to the ONDCP (ATI) campaign predicted reduced marijuana use.” The analysis, across 40 middle schools in 20 U.S. communities, showed that those youth who reported exposure to the ATI campaign were less likely to begin use of marijuana compared to those not exposed to the ATI campaign – a finding consistent with the Campaign’s own year-round Youth Ad Tracking Survey results. Another study, published in the April 2011 *American Journal of Public Health*, found that lower rates of past month marijuana use and lifetime marijuana use were found among 8th grade girls who had greater exposure to the Campaign’s anti-drug advertisements. Positive findings for early adolescent teens in this study are consistent with research on other programs which have shown effects for this age group, such as “truth,” the national tobacco prevention campaign conducted by the American Legacy Foundation. Lastly, a study published in the 2011 *Journal of Drug Education* concluded that awareness of ATI is associated with greater anti-drug beliefs, fewer drug use intentions, and less marijuana use; the study provides further evidence of positive campaign effects and may strengthen reliance on mass media health persuasion campaigns as a useful adjunct to other programs targeting youth.

The Anti-Meth Campaign addresses the risks associated with methamphetamine use, the effectiveness of treatment, and the possibility of recovery from methamphetamine addiction. Although all states receive some national paid online advertising, the bulk of the Anti-Meth Campaign effort is directed to states with the highest methamphetamine use rates.

The programs operated by ONDCP work together, when possible, to maximize resources while extending the focus of their activities to new audiences. For instance, the Media Campaign provides ready-to-use materials, such as the ATI Activities Toolkit, to Drug-Free Communities (DFC) coalitions and hosts webinars and workshops. At these workshops, Media Campaign staff provide technical assistance to organizations on how to implement ATI activities, including testimonials and lessons learned from DFC coalition members that have implemented ATI activities. In addition, Media Campaign staff work with coalitions to bring ATI into DFC communities. For example, teens from the Coalition of Behavior Health Services, a DFC grantee in Houston, Texas, conducted a week of ATI activities during a local art festival, including creation of an ATI art mural that traveled to various Houston-area locations, teen panel discussions, and a free concert by a local hip-hop dance group. And, teens from the Kent County Prevention Coalition, a DFC grantee in Grand Rapids, Michigan, took on the challenge of making a movie discussing the negative pressures and influences in their lives, and how they rise above them. The 30-minute movie premiered at a local Kent County movie theater. Teens used the ATI Activities Toolkit as a guide for the activities and discussions captured in the movie.

Drug-Free Communities Support Program

The President's FY 2013 budget request of \$88.6 million for the DFC Support Program is a decrease of \$3.4 million (4 percent) from the FY 2012 enacted budget. The DFC Support Program, created by the Drug Free Communities Act of 1997, serves as the Nation's leading effort to mobilize communities to prevent youth drug use. Directed by ONDCP in partnership with SAMHSA, the DFC program provides grants to local drug-free community coalitions, enabling them to increase collaboration among community partners and to prevent and reduce youth substance use. ONDCP provides oversight of the DFC Support Program to include final award determination, program regulation, policy, and its national evaluation. During FY 2011, there were a total of 726 DFC grants (694 DFC grants and 32 DFC mentoring grants). A total of 57 grantees will graduate out of the DFC program after receiving 10 years of funding, with 29 more completing their first 5 years of funding in September 2012. The most recent evaluation of the program found that rates of substance are continuing to decline in DFC communities between DFC coalitions' first report and most recent report.

Of the amount requested for DFC in the FY 2013 President's budget, \$79,512,000 will fund grants made directly to approximately 644 community-based coalitions, of which 20 are for DFC mentoring grants, focusing on preventing and reducing youth substance abuse throughout the United States. This amount will include 174 new DFC grants for a 5-year cycle. In addition, \$2,000,000 will be provided as a directed grant award to the National Community Anti-Drug Coalition Institute to provide training, technical assistance, and publications to coalitions. The remaining \$7,088,000 (8 percent of the total request) will fund program support expenses, such as program staff, specific training provided to grantees, daily oversight of grants via an interagency agreement, and the DFC national cross-site evaluation.

High-Intensity Drug Trafficking Areas (HIDTA)

The President's FY 2013 budget request of \$200.0 million for the HIDTA program is a decrease of \$38,522,000 (16 percent) from the FY 2012 enacted budget. The FY 2013 budget request maintains the HIDTA program's focus and mission of reducing drug trafficking and production.

The purpose of the HIDTA program is to reduce drug trafficking and production in the United States by facilitating cooperation among Federal, state, local, and tribal law enforcement agencies. Nonetheless, the HIDTA program is a locally-based program that responds to local problems. The agencies involved share information and implement coordinated enforcement activities; enhance law enforcement intelligence sharing among Federal, state, local, and tribal law enforcement agencies; provide reliable law enforcement intelligence to law enforcement agencies needed to design effective enforcement strategies and operations; and support coordinated law enforcement strategies to maximize available resources and reduce the supply of illegal drugs in designated areas.

In recent years, the program has moved from a strict law enforcement focus to one that includes community prevention. Because of the unique leadership position of HIDTA, its detailed understanding of local and regional drug issues, and its ability to bring multiple local and regional organizations together to respond to the problems, ONDCP established a prevention initiative within the HIDTA Program. For the past several years, ONDCP has dedicated discretionary funds to develop HIDTA-based prevention efforts to target specific regional needs. The purpose of HIDTA Prevention Initiatives is to better connect local law enforcement with community-based prevention activities, and facilitate better coordination of those activities, to help reduce substance use and reduce the demand for illegal drugs. Approximately half of the HIDTAs are now connecting law enforcement with local prevention efforts to support best-practice activities designed to reduce drug use by replicating the HIDTA multi-agency model.

The HIDTA program helps improve the effectiveness and efficiency of drug-control efforts by facilitating cooperation between drug-control organizations through resource and information sharing, co-locating and implementing joint initiatives. HIDTA funds help Federal, state, local, and tribal law enforcement organizations invest in infrastructure and joint initiatives to confront drug-trafficking organizations.

Additional Programs

The President's FY 2013 budget request for ONDCP anti-doping activities is \$8.1 million, which is \$900 thousand (10 percent) less than the FY 2012 enacted budget. ONDCP oversees the grant administration for U.S. anti-doping activities. These funds are used to educate athletes on the dangers of drug use, eliminate doping in amateur athletic competitions, and rely on standards established and recognized by the United States Olympic Committee. Anti-doping activities seek to raise awareness about the health dangers and ethical implications of drug use in sport among young and future athletes. In addition, these activities supports state-of-the-art research within the scientific and public health communities related to anabolic steroids and other performance enhancing drugs. In addition, ONDCP also requests \$1.9 million in FY 2013 for World Anti-Doping Agency membership dues, which is equal to the FY 2012 enacted budget level.

Salaries and Expenses

The President's FY 2013 budget request includes \$23.4 million for ONDCP Salaries and Expenses, a decrease of \$1.1 million (4 percent) from the FY 2012 enacted budget. The requested funding will allow ONDCP to continue to focus on the goals of the *Strategy* by providing guidance to, and oversight and coordination of, the National Drug Control Program

agencies. The salary and expenses account provides support for 98 FTEs (the remaining FTE is funded through DFC), same as the FY 2012 enacted budget.

The National Drug Control Budget

The President's FY 2013 National Drug Control Budget request of \$25.6 billion will be used to reduce drug use and its consequences in the United States, an increase of \$415.3 million (1.6 percent) over the FY 2012 enacted level of \$25.2 billion. This increase demonstrates the Administration's continuing support of and commitment to the goals and action items identified in the *Strategy*. The FY 2013 request continues the restructuring of the National Drug Control Budget that began in FY 2012. This restructuring provides a transparent and accurate depiction of Federal funds spent in support of the *Strategy*. With a detailed and thorough review, the Administration has established and displayed a reliable accounting of Federal resources spent on supporting the *Strategy's* goals to reduce drug use and its consequences by endorsing a balance of prevention, treatment, and law enforcement, and restoring balance between demand and supply reduction programs.

The drug budget restructuring also includes the development of performance measures to monitor each new agency's drug-related contribution to the *Strategy* (similar to that of the other agencies). ONDCP worked with agencies that were added in FY 2012 to identify current measures that may be appropriate and to develop new metrics where necessary. Monitoring the performance of drug-related agencies is critical to track program-level accomplishments and progress toward achieving the *Strategy's* overall goals and objectives.

In addition to the numerous agencies whose programs were added as part of the initial restructuring, four new programs will be added as part of the FY 2013 National Drug Control Budget:

- Employment and Training Administration, Department of Labor (a comprehensive drug prevention and intervention program for all Job Corps participants);
- Department of Housing and Urban Development's Continuum of Care (housing and other efforts in support of homeless persons with substance abuse disorders);
- Defense Health Program, Department of Defense (drug abuse treatment provided by military treatment facilities and private sector care); and
- Administration for Children and Families, Department of Health and Human Services (enhances the safety of children affected by parental methamphetamine or other substance abuse).

Conclusion

ONDCP supports a comprehensive public health and safety approach in an effort to reduce drug use and its consequences. The President's FY 2013 budget request has been carefully developed to ensure we have the resources to meet the Administration's *National Drug Control Strategy* goals.

Thank you for this opportunity to testify. I am happy to answer any questions.