Testimony of Keith Humphreys to U.S. House of Representatives

Committee on Oversight and Government Reform

July 26, 2017 Hearing on Reauthorization of the White House Office of National Drug Control Policy

Chairman Gowdy, Ranking Member Cummings, thank you for your leadership on drug policy and for inviting me to speak with your committee. My name is Keith Humphreys and I am the Esther Ting Memorial Professor at Stanford University School of Medicine. My comments today reflect my 30 years of work as a clinician and researcher in the addiction field, as well as my experiences at ONDCP. Specifically, I served as an appointee of President George W. Bush on the ONDCP-supported White House Advisory Commission on Drug-Free Communities and subsequently served inside the Office as Senior Policy Advisor for the first year of the Obama Administration.

Over 52,000 Americans died in 2015 from drug overdoses, a higher annual toll than AIDS caused at the peak of that epidemic. This crisis should be foremost in our minds as we think about what ONDCP is for and what it should be authorized to do. The Office was created in response to the crack cocaine epidemic and the last time it was reauthorized, over a decade ago, methamphetamine was foremost on the policy agenda. ONDCP's authorization language reflects the concerns of those prior eras and includes very little direction relevant to our current leading drug problem, which emerged from an historically and internationally unprecedented surge in legal opioid prescriptions and has more recently spilled over into black market heroin and fentanyl. A modernized, re-authorized ONDCP could be a powerful force pushing back against the current epidemic in the following 4 ways.

First, a White House Drug Policy Director can educate and rally the American people, who are the world's best force multiplier when they are engaged on a social problem. Like many professionals in the addiction field, I am contacted virtually every week by strangers who are suffering due to the opioid epidemic. Most of them are scared and confused about what to do. Desperate family members do not know which treatments will actually work for their addicted loved one and others don't even know that addiction is treatable at all. Most people who could benefit from having the overdose rescue medication naloxone on hand do not know what it is or how to get it. Parents I talk to don't know to take advantage of prescription drug take back programs so that their teenage children can't rummage through the medicine cabinet and set themselves on a dangerous course. In all these cases and more, ignorance isn't bliss; it's positively dangerous.

A Presidentially-appointed ONDCP Director could cut through the fog with information and inspiration regarding the opioid epidemic. Congress therefore should be strenuously urging The President to nominate a White House Drug Policy Director immediately. Acting Director Baum is a remarkably talented and dedicated civil servant, but it takes a presidential appointee to gain a platform in the media and with the country. The President's Commission on Combatting Drug Addiction and the Opioid Crisis comprises enormously knowledgeable and committed individuals, but Commissioners are busy people with many responsibilities outside of drug policy, and in any event the Commission is slated to go out of existence in two months. A Presidentially-appointed, Senate-Confirmed ONDCP Director is thus essential for commanding attention in the public square as we face the opioid epidemic in the coming years.

Second, ONDCP can inform and coordinate a strategic federal response to the opioid epidemic. Without a coherent national drug control strategy in place, some critical federal agencies will lose interest, not because they don't care but because there is a lot to care about at the federal level. At other times, agencies create overlapping or even competitive drug control programs, or become enthusiastic about programs that have little objective evidence of effectiveness. ONDCP's most important role within Washington is to herd the relevant cats and make federal drug policy unified and effective.

Congress could enhance the effectiveness of this policy coordination process by equipping ONDCP with more carrots and sticks. On the carrot side, providing ONDCP with some discretionary funds for demonstration projects would help it entice agencies to work together to implement new drug policies. In terms of sticks, ONDCP's power to review, certify, and, if needed, de-certify federal agency drug control spending requests could be enhanced so that the ONDCP Director has the final word on these matters rather than yielding to OMB. Congress should also strongly encourage the President to put the ONDCP Director back in the cabinet, which would serve as a powerful signal to the bureaucracy that drug policy is a priority that agencies must take seriously.

A third critical role for ONDCP is to serve as a resource to the White House and Congress regarding how to consider addiction-related issues within mainstream U.S. health care policy. To give a current example: as major changes to the Medicaid program are being weighed, ONDCP could enhance awareness that Medicaid is the largest single insurer covering opioid addiction treatment in this country, meaning that scaling back Medicaid would sharply reduce addiction treatment availability. ONDCP could be equally important making Medicaid work better, for example by being the voice for policies that have evidence of reducing the likelihood that Medicaid recipients -- as well as enrollees in other insurance programs -- are inappropriately prescribed opioids.

ONDCP is less influential on health care policy than it could be because it was created primarily as a domestic and international law enforcement agency; its knowledge base, staffing and interagency relationships reflect that heritage. Enforcement remains essential in our response to drug epidemics, but health policy is equally important, particularly in the case of the opioid epidemic which after all was started not by criminal gangs but within the health care system itself.

Congress could support a broader role for ONDCP in health care policy by better balancing the focus of the agency's authorization. Just as one crude indicator of what the last authorization asks ONDCP to do, by my count the text mentions "interdiction" 40 times, "enforcement" 98 times, and "health care" only once. Congress could also mandate a bigger role in the drug policy development process for the major health care related agencies, such as the Centers for Disease Control and Prevention, the Food and Drug Administration and the Centers for Medicare and Medicaid Services. Congressional guidance regarding ONDCP's staffing that ensured strong in-house expertise on health policy would also be valuable.

Finally, with Congress's help, ONDCP could improve drug policy through targeted research efforts, a role it had for many years before the relevant appropriations were reduced. To take a prominent example of why this matters, consider that our current measurement methods are completely inadequate for determining how many Americans are using and addicted to heroin. As a result both Congress and the Executive Branch are flying blind, unable to know if current policies are increasing or reducing heroin use. Restoring funding to ONDCP to conduct or commission research on this and other high-priority drug policy questions would reap massive returns in the development and evaluation of U.S. drug policy.

In closing, I would emphasize that we are in the midst of one of the worst drug epidemics in the history of our nation. If this is an average day in America, more than 100 of our fellow citizens will die of a drug overdose, most of them from opioids. With the right support from Congress, the White House Office of National Drug Control Policy can lead the government and the country in a coordinated, effective, and life-saving response to this horrifying and heartbreaking epidemic.

Thank you for your attention, time, and leadership. I look forward to your questions and comments.

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**Committee on Oversight and Government Reform**
**Witness Disclosure Requirement — "Truth in Testimony"**

Pursuant to House Rule XI, clause 2(g)(5) and Committee Rule 16(a), non-governmental witnesses are required to provide the Committee with the information requested below in advance of testifying before the Committee. You may attach additional sheets if you need more space.

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| N/A | I am a professor at Stanford but am not representing the university in any way |
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I certify that the information above and attached is true and correct to the best of my knowledge.

Signature _____ Date: _____ Page ____ of ____

**Keith Humphreys** is the Esther Ting Memorial at Stanford University School of Medicine. For the past thirty years he has worked on the prevention and treatment of addiction, and, the development of public policy related to substance use and mental health. He was appointed by President George W. Bush to the White House Advisory Commission on Drug Free Communities and subsequently served as Senior Policy Advisor at the White House Office of National Drug Control Policy for the first year of the Obama Administration.