



Testimony

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ILLICIT OPIOIDS

Office of National Drug Control Policy and Other Agencies Need to Better Assess Strategic Efforts

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

I am pleased to be here today to discuss GAO's recent work related to combating the opioid problem and the role of the Office of National Drug Control Policy (ONDCP). Though drug abuse in our nation is not a new phenomenon, the scale and impact of illicit drug use in this country has reached new levels. Deaths from drug overdoses have risen steadily over the past two decades and are the leading cause of death due to injuries in the United States. In fact, according to the Centers for Disease Control and Prevention (CDC), drug overdose deaths surpass the annual number of traffic crash fatalities, as well as deaths due to firearms, suicide, and homicide, respectively. In 2016, the most recent year for which national data are available, nearly 64,000 Americans died from drug overdoses, or approximately 175 people every day.

Recently, there has been a rise in opioid use in the United States involving the abuse of prescription drugs and more traditional illicit opioids, such as heroin. Coinciding with this increase, there also has been a significant increase in the use of man-made (synthetic) opioids, such as fentanyl and fentanyl analogues, which is a main contributor to the spikes in overdose deaths. For example, according to CDC, of the nearly 64,000 drug overdose deaths in 2016, nearly two thirds of the deaths involved opioids. Of those opioid-related overdose deaths, more than 15,000 involved heroin and more than 19,000 involved synthetic opioids such as fentanyl. Public health and law enforcement experts expect this number to continue to increase.

The Administration has taken certain actions to address the crisis. In March 2017, the President issued Executive Order 13784 establishing a commission to study the scope and effectiveness of the federal response to drug addiction and the opioid crisis.¹ The President's Commission on Combating Addiction and the Opioid Crisis issued a final report in November 2017, making a number of recommendations to the President to enhance the federal government's response to the opioid problem. Further on October 26, 2017, the President directed the Acting Secretary of Health and Human Services (HHS) to declare the drug demand and opioid crisis to be a public health emergency.² That same day, the Acting

¹Exec. Order No. 13,784, 82 Fed. Reg. 16,283 (Mar. 29, 2017).

²See 42 U.S.C. § 247d. HHS has since renewed the October 26, 2017 determination twice — on January 19, 2018, and April 20, 2018 — for additional 90-day periods.

HHS Secretary declared the public health emergency under section 319 of the Public Health Service Act.³

While multiple agencies have a role in drug prevention, treatment, and supply reduction, ONDCP is responsible for, among other things, overseeing and coordinating the implementation of national drug control policy across the federal government to address illicit drug use (see appendix I).⁴ In this role, the Director of ONDCP is required annually to develop a National Drug Control Strategy to reduce illicit drug use through programs intended to prevent or treat drug use or reduce the availability of illegal drugs.⁵ ONDCP is also responsible for developing a National Drug Control Program Budget proposal for implementing the Strategy.⁶ When we last testified to this committee on this issue in July 2017, ONDCP officials had told us that work was underway to develop a new Strategy.⁷ As of today ONDCP has not issued a new strategy, and based on publicly available health data, our analysis shows that the majority of the former strategy's goals have yet to be fully achieved.

My testimony today is based on our March 2018 report examining illicit opioids and federal agencies' efforts to combat them.⁸ In particular, I will highlight our findings pertaining to (1) federal agencies' specific opioid-related strategies and the extent to which each agency is measuring its performance; and (2) federal agencies' efforts to enhance collaboration and information sharing to limit the availability of illicit opioids, ongoing challenges to doing this, and ONDCP's role in enhancing such collaboration.

³GAO has recently begun work focused on the public health emergency declaration for opioids, including the actions that the declaration enables the government to take, and the actions that it has taken to date.

⁴21 U.S.C. § 1702(a)(2).

⁵21 U.S.C. §§ 1703(b), 1705(a).

⁶21 U.S.C. § 1703(c).

⁷GAO, *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).

⁸GAO, *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).

Information on our scope and methodology can be found in the original March 2018 report. To assess more recent progress on attaining the goals contained in the National Drug Control Strategy, we used the same data sources that ONDCP uses to assess progress when it developed its original 2010 Strategy and did not independently assess the reliability of these data. 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.

In summary, we found that federal agencies have documented specific strategies to combat illicit opioids; however, many lack outcome measures, or those that are results-oriented. The five strategies we reviewed were:

- (1) ONDCP's Heroin Availability Reduction Plan (HARP), which was implemented in 2016. HARP aims to guide and synchronize interagency activities performed through ONDCP's National Heroin Coordination Group to reduce the supply of heroin, fentanyl, and fentanyl analogues in the U.S. market.
- (2) ONDCP's High Intensity Drug Trafficking Areas (HIDTA) program's Heroin Response Strategy (HRS) which began in August 2015. HRS establishes a cross-disciplinary initiative that brings 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.
- (3) The Organized Crime Drug Enforcement Task Forces' (OCDETF) National Heroin Initiative. OCDETF is a component of the Department of Justice (DOJ) and it began this initiative in December 2014 to support local and regional initiatives in disrupting the flow of heroin into communities in every OCDETF region across the country. The initiative aims to bring together otherwise disparate agencies, investigations, and information to develop a coordinated law enforcement action plan involving federal, state, tribal, and local authorities.

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- (4) The Attorney General’s Strategy to Combat the Opioid Epidemic, which began in September 2016 and rests on three pillars: prevention, enforcement, and treatment.
- (5) The Drug Enforcement Administration’s (DEA) 360 Strategy, which began in November 2015. DEA is also a DOJ component and the goal of the 360 Strategy is to bring together three key DEA activities—enforcement operations, diversion control initiatives, and demand reduction efforts—under one strategy targeted toward opioids.

We have long reported on the importance of measuring program performance.⁹ Our prior reports and guidance have stated that performance measurement should evaluate both processes (outputs) and outcomes related to program activities. Specifically, we have noted that output measures address the type or level of program activities conducted and the direct products or services delivered by a program, such as the number of presentations given, while outcome measures address the results of products and services, such as reductions in overdose deaths. Outcome measures can help in assessing the status of program operations, identifying areas that need improvement, and ensuring accountability for end results. However, of the five strategies we assessed, we found that only one—ONDCP’s HARP—included outcome-oriented performance measures. Two—HIDTA’s HRS; and DEA’s 360 Strategy—included some type of performance measurement but these measurements were output instead of outcome-focused. Finally, two—the Attorney General’s Strategy to Combat the Opioid Epidemic and OCDETF’s National Heroin Initiative—did not include measures at all. For example, one of the stated goals in the HARP is to have “a significant reduction in the number of heroin-involved deaths in the United States due to a disruption in the heroin and fentanyl supply chains.” ONDCP measures their progress towards this goal, in part, using CDC’s cause of death data on heroin-involved overdose deaths. In contrast, DEA’s 360 Strategy measures the number of participants in its activities (an output), for example, but it does not have goals or outcome-oriented measures in

⁹GAO, *Electronic Health Record Programs: Participation Has Increased, but Action Needed to Achieve Goals, Including Improved Quality of Care*, [GAO-14-207](#) (Washington, D.C.: March 6, 2014); GAO, *Designing Evaluations: 2012 Revision*, [GAO-12-208G](#) (Washington, D.C.: January 2012); GAO, *Performance Measurement and Evaluation: Definitions and Relationships*, [GAO-11-646SP](#), (Washington, D.C.: May 2011); and GAO, *Executive Guide: Effectively Implementing the Government Performance and Results Act*, [GAO/GGD-96-118](#) (Washington, D.C.: June 1, 1996).

place to help officials understand what they are trying to achieve and whether the activities they have included in their strategy are yielding the desired results. Likewise, absent any measures at all, the Attorney General's and OCDETF's strategies make it difficult to set a course for its efforts and understand whether related efforts are having the intended impact.

During our review, federal agencies told us that it was difficult to set outcome-oriented performance measures for their respective strategies for a number of reasons, such as:

- the programs are being implemented in different locations that have unique needs and challenges;
- the federal government still does not have a complete understanding of the opioid problem; and
- the programs are time limited and outcomes are difficult to measure and achieve over a short time period.

However, as we stated in our report, without specific goals and outcome-oriented performance measures, federal agencies will not be able to truly assess whether their respective investments and efforts are helping them achieve the goals set out in their strategies. Further, while we acknowledged in our report that it may be difficult to single out individual agencies' contributions to these activities, the stated goals of these strategies revolve around the collaboration among multiple agencies. Therefore, establishing outcome-oriented performance measures would enhance these agencies' ability to assess whether these collaborative efforts are producing intended results. We recommended that DOJ, OCDETF, ONDCP, and DEA develop outcome-oriented performance measures for their respective strategies. ONDCP raised concerns about the recommendation, and DOJ did not concur with the recommendations for some of the reasons stated above. However, we continue to believe that our recommendations are valid and that finding meaningful ways to measure the effectiveness of these approaches will help ensure that the invested resources are yielding intended results.

We also found that federal law enforcement agencies have expanded their collaboration with one another, as well as with state and local law enforcement officials and with public health officials. However, ongoing data related challenges have hampered their efforts. For example, each HIDTA that participates in HRS has a drug intelligence officer located in each state where the HIDTA operates to help share information across

jurisdictions. Some HIDTAs have leveraged this increased coordination to better understand and respond to the opioid problem in their area. For example, our report discusses the RxStat Initiative in the New York/New Jersey region, which consists of regular monthly meetings among 44 federal, state, and local government agencies to bridge the gap between public health agencies' population-level view of the opioid problem and public safety agencies' case-level view. HIDTA officials in the region reported that the initiative has been beneficial because it helped them understand the scope of the opioid abuse problem and target approaches in order to address it more effectively.

Despite these initiatives, officials from each of the six HIDTAs with whom we spoke during our review indicated that accessing and analyzing data on fatal and nonfatal overdoses continue to pose challenges to coordination, a view also shared by nearly all of the law enforcement and public health officials we interviewed. In particular, officials cited timeliness, accuracy, and the accessibility of overdose-related data as their primary concerns.

- With respect to *timeliness*, overdose data traditionally comes from the official cause of death listed on the death certificate that is prepared by medical examiners or coroners. However, toxicology test results can take months to obtain. Therefore, it is very difficult for law enforcement and public health officials to have timely data on overdose deaths so they can anticipate and respond to emerging trends.
- With respect to *accuracy*, law enforcement and public health officials we spoke with reported that some of the data on overdose deaths may be incomplete because medical examiners and coroners may not always test for synthetic opioids like fentanyl in their toxicology tests. This may be due to factors such as the lack of resources to conduct the test, the level of training of the person performing the autopsy, or there was no indication at the time of an autopsy that a fentanyl test was needed. An undercount of the number of overdose deaths may affect the scope of law enforcement and public health officials' response.
- With respect to *accessibility*, much of the relevant data for law enforcement and public health officials has legal restrictions to protect patient privacy on how the data can be shared and analyzed. For example, access to data from state Prescription Drug Monitoring Programs, which monitor controlled substance prescriptions dispensed by pharmacies and doctors, may be restricted based on

state law. Separately, law enforcement and public health officials we spoke with indicated a need for data on non-fatal overdoses to help them identify and investigate the sources of these drugs in their communities and to be able to direct people to available drug treatment programs. They particularly noted that data of this kind would provide an early warning system for law enforcement and public health officials to anticipate and respond to emerging drug overdose trends.

As we noted in our report, ONDCP is uniquely positioned to collaborate with its law enforcement and public health counterparts to identify solutions to these data challenges. As such, we recommended that ONDCP lead a specific review on ways to improve the timeliness, accuracy, and accessibility of fatal and non-fatal overdose data that provide critical information to understand and respond to the opioid epidemic. In response, ONDCP neither agreed nor disagreed with our recommendation but did say it would consider it. During our review, the lack of timely, accurate, and accessible information was one of the most pervasive concerns we heard from the public health and law enforcement officials with whom we spoke. Given ONDCP's role in framing a national strategy and supporting the HIDTAs, we continue to believe the agency should bring together law enforcement and public health officials to improve national-level data and support the data improvement efforts occurring at the state and local levels.

Chairman Gowdy, Ranking Member Cummings, and Members of the Committee, this completes my prepared statement. I would be pleased to respond to any questions that you may have at this time.

GAO Contact and Staff Acknowledgements

If you or your staff have any questions about this testimony, please contact Gretta L. Goodwin at (202) 512-8777 or goodwing@gao.gov. Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this statement. Individuals making key contributions to this testimony include Joy Booth (Assistant Director), Julia Vieweg (Analyst-in-Charge), Eric Warren, Kisha Clark, Kevin Reeves, Amanda Miller, Billy Commons, and Jan Montgomery. Key contributors to the prior work on which this testimony is based are listed in the product.

Appendix I: Examples of Federal Agencies Involved in Combating Drug Trafficking and Drug Use

Table 1: Examples of Federal Agencies Involved in Combating Drug Trafficking and Drug Use

Agency	Tasks
Department of Defense (DOD)	
Joint Interagency Task Force West & Joint Interagency Task Force South	<ul style="list-style-type: none"> • Detects and monitors illicit drug trafficking, and facilitates international and interagency interdiction
National Guard	<ul style="list-style-type: none"> • Supports the detection, interdiction, disruption, and curtailment of drug trafficking activities and use at all levels of government, through use of military skills and resources
Department of Health & Human Services (HHS)	
Centers for Disease Control and Prevention (CDC)	<ul style="list-style-type: none"> • Detects and responds to new and emerging health threats causing death and disability for Americans • Uses science and technology to prevent disease • Promotes healthy and safe behaviors, communities, and environment
Food and Drug Administration (FDA)	<ul style="list-style-type: none"> • Protects public health by ensuring the safety, efficacy, and security of human and veterinary drugs, biological products, and medical devices • Coordinates with DEA on scheduling drugs under the Controlled Substances Act^a • Collaborates with CBP to prevent the importation of unapproved drugs and investigates their distribution • Inspects registered facilities that manufacture drugs approved for marketing in the United States
National Institutes of Health	<ul style="list-style-type: none"> • Supports research to protect and improve public health, prevent disease, and expand medical knowledge • Includes the National Institute on Drug Abuse (NIDA), which supports research on the causes and consequences of drug misuse
Substance Abuse and Mental Health Services Administration (SAMHSA)	<ul style="list-style-type: none"> • Develops best practices and expertise in preventing and treating mental and substance use disorders. • Evaluates and disseminates evidence-based behavioral health practices • Supports behavioral health programs and services with grant funding • Supports behavioral health with data from national surveys and surveillance
Department of Homeland Security (DHS)	
Customs and Border Protection (CBP)	<ul style="list-style-type: none"> • Manages and controls border, including the enforcement of customs, immigration, border security, and agricultural laws. This includes screening inbound cargo at ports of entry, including international mail and express consignment carrier items • Collaborates with FDA to prevent the importation of unapproved drugs and investigates their distribution
U.S. Coast Guard	<ul style="list-style-type: none"> • Conducts maritime drug interdiction • Contributes vessels and aircraft deployed to disrupt illicit drug smuggling

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Agency	Tasks
Department of Homeland Security (DHS)	
U.S. Immigration and Customs Enforcement (ICE)	<ul style="list-style-type: none"> Enforces federal laws governing border control, customs, trade, and immigration ICE's Homeland Security Investigations (HSI) investigates the illegal movement of goods within and out of the U.S., including narcotics
Department of Justice (DOJ)	
Criminal Division	<ul style="list-style-type: none"> Develops, enforces, and supervises application of federal criminal laws except those assigned to other divisions Advises the Attorney General, Congress, the Office of Management and Budget, and the White House on matters of criminal law and assists federal prosecutors
Drug Enforcement Administration (DEA)	<ul style="list-style-type: none"> Enforces laws and regulations related to the growing, manufacture, or distribution of controlled substances Conducts investigations in coordination with international, state, local and tribal law enforcement agencies Coordinates with FDA on scheduling drugs under the Controlled Substances Act^a
Federal Bureau of Investigation (FBI)	<ul style="list-style-type: none"> National security organization with intelligence and law enforcement responsibilities, including terrorism, cyber-attacks, and other major criminal threats
Office of Justice Programs	<ul style="list-style-type: none"> Disseminates information on strategies for crime control and prevention to federal, state, local, and tribal justice systems Administers grant programs to develop and implement these strategies
Organized Crime Drug Enforcement Task Forces (OCDETF)	<ul style="list-style-type: none"> Identifies, targets, disrupts, and dismantles major drug trafficking organizations, money laundering organizations, and related criminal enterprises Coordinates prosecutor-led, intelligence-driven multi-agency and multijurisdictional task forces, including DOJ, DHS, and USPS component agencies
U.S. Attorney's Office (USAO)	<ul style="list-style-type: none"> Enforces federal laws throughout the country, including drug trafficking and production offenses
Department of State	
Bureau of International Narcotics and Law Enforcement Affairs	<ul style="list-style-type: none"> Helps foreign governments implement programs to reduce the demand for and supply of illicit drugs
Office of National Drug Control Policy (ONDCP)	<ul style="list-style-type: none"> Advises the President on drug-control issues Coordinates drug-control activities and funding across the federal government Develops the annual National Drug Control Strategy Administers the High Intensity Drug Trafficking Areas (HIDTA) Program and the Drug-Free Communities grant program^b Leads the interagency National Heroin Coordination Group, which developed the Heroin Availability Reduction Plan

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Agency	Tasks
United States Postal Service (USPS)	
U.S. Postal Inspection Service (USPIS)	<ul style="list-style-type: none"> • Protects against and prevents criminal attacks to postal employees, customers, infrastructure, and the U.S. Mail • Enforces laws that defend the nation’s mail system from illegal or dangerous use • As the federal law enforcement arm of the USPS, investigates cases and prepares them for court along with U.S. Attorneys, other law enforcement, and local prosecutors

Source: GAO Analysis of Agency Documents | GAO-18-205

^aEnacted in 1970, the Controlled Substances Act and its implementing regulations establish a framework for the federal government to regulate the use of these substances for legitimate medical, scientific, research, and industrial purposes, while preventing them from being diverted for illegal purposes. This Act assigns controlled substances—including narcotics, stimulants, depressants, hallucinogens, and anabolic steroids—to one of five schedules based on the substance’s medical use, potential for abuse, and risk of dependence. FDA compiles and transmits to DEA a medical and scientific evaluation regarding a drug or other substance, recommending whether the drug should be controlled, and in what schedule it should be placed.

^bThe Drug-Free Communities Support program provides grants to community coalitions to create and sustain reduction in local youth substance use. For more information, see GAO, Drug-Free Communities Support Program: Agencies Have Strengthened Collaboration but Could Enhance Grantee Compliance and Performance Monitoring, [GAO-17-120](#) (Washington, D.C.: Feb. 7, 2017).

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