



NATIONAL DRUG CONTROL STRATEGY

*PERFORMANCE REPORTING
SYSTEM
2019*

Office of National Drug Control Policy

MAY 2019

Executive Summary

The 2019 *National Drug Control Strategy* presents a clear and concise plan for substantially reducing the impact of the opioid crisis on the lives of Americans. The *Strategy* also addresses the re-emerging threat posed by cocaine and the growing threat of synthetic drugs. The *Strategy* provides the Nation with policies to address source country drug production with international partners, interdict drugs on the high seas, stop their trafficking across U.S. borders, support domestic law enforcement in disrupting and dismantling drug trafficking organizations, prevent drug use, and treat those with substance use disorders and help them to maintain long-term recovery.

To provide an assessment on the annual status of the Nation's progress in implementing the *Strategy*, the Administration has established nine goals to be achieved by 2022. These goals cover drug-induced mortality—the Administration's number one priority; educating the public about the dangers of drug use; expanding access to evidence-based treatment; decreasing the over-prescribing of opioid medications; and reducing the availability of illicit drugs in the United States through reduced production, increased seizure trends, and increased prices and reduced purity. Each of these goals is accompanied by aggressive, but achievable, objectives with two- and five-year targets from a baseline of 2017.

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

1. The number of Americans dying from a drug overdose is significantly reduced within five years.
 - Reduce the number of drug overdose deaths by 15 percent within 5 years.
2. Educate the public, especially adolescents, about drug use, specifically opioids.
 - Reduce the rate of past year use of any illicit drug among youth by 15 percent by 2022.
 - Reduce the rate of past year use of opioids among youth by 15 percent by 2022.
3. Evidence-based addiction treatment, including Medication-Assisted Treatment for opioid addiction, is more accessible nationwide.
 - Increase the percentage of specialty treatment facilities providing Medication-Assisted Treatment for opioid use disorder by 100 percent within 5 years.
 - Increase the percentage of practitioners certified to administer, prescribe, and dispense buprenorphine for opioid use disorder to 10 percent within 5 years.

4. Increase mandatory prescriber education and continuing training on best practices and current clinical guidelines.
 - Increase the percentage of Federal prescribers that have completed continuing education on best practices and current clinical guidelines in prescribing opioid medications by 50 percent by 2022.
5. Reduce nationwide opioid prescription fills.
 - By increasing education and adherence to proper prescribing practices for effective pain management reduce nationwide opioid prescription fills by 33 percent within 3 years and maintain that reduction in years 4 and 5.
6. Increase Prescription Drug Monitoring Program interoperability and usage across the country.
 - Increase the number of states integrating electronic health records with their Prescription Drug Monitoring Programs to 30 by 2022.
7. Significantly reduce the availability of illicit drugs in the United States by preventing their production outside the United States.
 - Reduce potential production of cocaine (pure metric tons) in Colombia by 42 percent with 5 years.
 - Reduce potential production of heroin (pure metric tons) in Mexico by 25 percent within 5 years.
8. Significantly reduce the availability of illicit drugs in the United States by disrupting their sale on the internet, and stopping their flow into the country through the mail and express courier environments, and across our borders.
 - Increase the amount of cocaine removals (in metric tons) in the transit zone by 10 percent within 5 years
 - Increase the amount of seizures (in metric tons or kilograms) at the U.S. southern border by 10 percent within 5 years for each of the following drugs: cocaine, fentanyl, heroin, and methamphetamines.
 - Increase the number of online drug vendor investigations by 20 percent within 5 years.
9. Illicit drugs are less available in the United States as reflected in increased price and decreased purity as measured by price per pure gram.
 - Increase the average price per pure gram of cocaine to \$250 by 2022.
 - Increase the average price per pure gram of heroin to \$1,400 by 2022.

- Increase the average price per pure gram of methamphetamine to \$120 by 2022
- Increase the cost of fentanyl (purity not known) charged by dealers per kilogram to customers by 10 percent by 2022.

If the Nation is successful in achieving these goals and objectives within five years, then we will have made a substantial impact on the current drug crisis and improved the lives of all Americans.

Introduction

The Office of National Drug Control Policy's (ONDCP) 2006¹ reauthorization calls for the following:

- Comprehensive, research-based, long-range, quantifiable goals for reducing illicit drug use, and the consequences of illicit drug use in the United States.
- Annual quantifiable and measurable objectives and specific 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 (Strategy)* is submitted.

This *Performance Reporting System (PRS)* satisfies these statutory requirements.² In addition, the formulation of the PRS is consistent with attributes of effective performance management identified by the General Accounting Office in their prior work.³

The *PRS Report* is one of four documents ONDCP prepares to comply with the requirements related to producing the *Strategy*:

- *National Drug Control Strategy*—is the primary policy document and sets forth a comprehensive plan for the year 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. It is supported by the other three documents.
- *National Drug Control Strategy: Budget and Performance Summary Report*—presents the details of the President's resource requirements to implement the *Strategy* and to inform Congress and the public about the total amount proposed to be spent on all supply reduction, demand reduction, State, local, and tribal affairs, including any drug law enforcement, and other drug control activities by the Federal Government. There are 16 Federal Departments and Agencies that have been designated by the ONDCP Director as Drug Control Program Agencies. Budget detail is provided at the program, project, and activity levels (the level at which the Office of Management and Budget and the agencies request funding and Congress appropriates it). The report also provides detail on agency-level performance metrics to enable assessment of progress toward achieving programmatic objectives.

¹ The *Strategy* was drafted prior to enactment of the 2018 reauthorization; therefore the *Performance Reporting System Report* follows the requirements of the 2006 reauthorization.

² 21 U.S.C. §1705(a)

³ For example, see GAO, *Tax Administration: IRS Needs to Further Refine Its Tax Filing Season Performance Measures*, GAO-03-143 (Washington, D.C.: Nov. 22, 2002).

- *National Drug Control Strategy: Data Supplement*—provides the data that enables an assessment of current drug use and availability, impact of illicit drug use, and treatment availability. The more than 150 data tables provide national, state, local, and international data on drug use; attitudes and perceptions toward drug use; drug-induced morbidity and mortality; drug treatment; drug-related crime, including drugged driving; drug price and purity; cultivation and/or the production of drugs; and drug eradication and seizures.
- *National Drug Control Strategy: Performance Reporting System*—describes the *Strategy's* 2-year and 5-year performance measures and targets for each Strategy goal and objective established for reducing drug use, availability, and the consequences of drug use.

The 2019 *Strategy* identifies a set of measures of performance and effectiveness, most of which were based upon the *President's Initiative to Stop Opioid Abuse and Reduce Drug Supply and Demand* and recommendations from the *President's Commission on Combatting Drug Addiction and the Opioid Crisis*. The PRS operationalizes these measures into 9 goals and 17 objectives for the Nation to achieve by 2022 to reduce the availability of, and demand for, illicit drugs⁴ and the consequences of their use. The goals address deaths related to the use of drugs, especially the use of illicit opioids and misuse of opioid medications—the number one goal of the *Strategy*; the prevalence of use of drugs, especially among youth⁵; expansion of substance use disorder treatment, especially medication-assisted treatment (MAT) for opioid use disorder; the over-prescribing of opioid medications—the practice that fueled the early years of the current opioid crisis and continues to contribute to it; the production of illicit drugs; and the availability of illicit drugs in the United States. The nine goals are supported by seventeen quantifiable and measurable objectives set forth in this document.

In the following section, each goal is stated in concise and direct language in italics; the annually available data source noted; the quantifiable and measurable objective stated (some goals have more than one objective); and the baseline. Except where noted, 2017, the first year of the current Administration, serves as the baseline for the two- and five-year targets. For the exceptions, the baseline is the earliest year for which data are available. All baseline data are the actual estimates from the sources cited.

⁴ "Illicit drugs" includes the non-medical use of medications.

⁵ ONDCP's authorizing statute restricts the agency's mission to illicit drugs (to include the non-medical use of medications). Since the use of alcohol and tobacco is illegal for minors, policies and programs addressing these substances are considered under ONDCP's mission.

Goals and Objectives

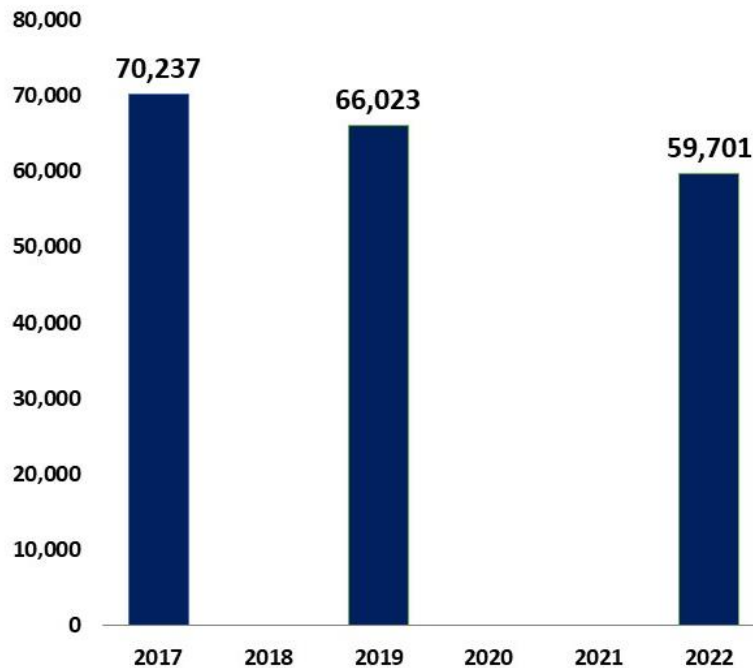
For the purpose of the numerical goals and objectives listed throughout this report, ONDCP assumes a linear progression in its calculations from the baseline to the 2022 target. In actuality this trajectory may not be linear, but rather it may occur at varying rates over the 5-year period due to multiple factors which influence the ability to achieve each of the stated goals and objectives. Additionally, several of the goals and objectives are correlated to a certain degree. For example, if the potential production of cocaine is reduced, seizures of cocaine in the transit zone and at the U.S. southern border may be reduced, followed by reduced use and mortality. ONDCP will report annually on the progress achieved for each goal and objective. Each objective includes the data source; these include survey and administrative data. All data sources are available annually. Each objective also is also accompanied by a chart to provide a visual display of the projected glide path toward the 2022 target.

Goal 1

The number of Americans dying from a drug overdose is significantly reduced within five years. Drug overdose deaths have increased 95 percent since 2008. These deaths have been driven by opioid-related deaths, which in 2017 accounted for two thirds (68%) of all drug overdose deaths. Ultimately, all of the Nation's drug control efforts are focused on reducing the number of drug overdose deaths, making this the number one goal of the *Strategy*. [Data Source: Center for Disease Control/National Center for Health Statistics Vital Statistics data].

Objective 1: Reduce the number of drug overdose deaths by 15 percent within 5 years.

Drug Overdose Deaths

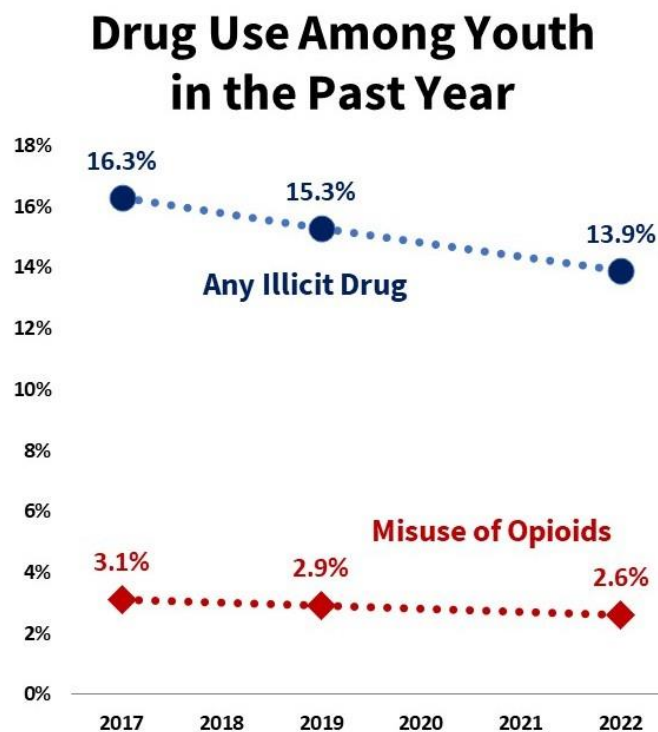


Goal 2

Educate the public, especially adolescents, about drug use, specifically opioids. Treating people with a substance use disorder is a far more costly and involved matter than preventing the initiation of drug use in the first place. Evidence-based prevention programming can help communities prevent the initiation of drug use or stop it before it becomes problematic and requires treatment. The objectives under this goal will assess the Nation's success in reducing drug use, and specifically opioid use, among youth. [Data Source: National Survey on Drug Use and Health, prevalence of use for any illicit drug use in the past year and any misuse of opioids in the past year among youth (aged 12-to-17)].

Objective 1: Reduce the rate of past year use of any illicit drug among youth by 15 percent by 2022.

Objective 2: Reduce the rate of past year use of opioids⁶ among youth by 15 percent by 2022.



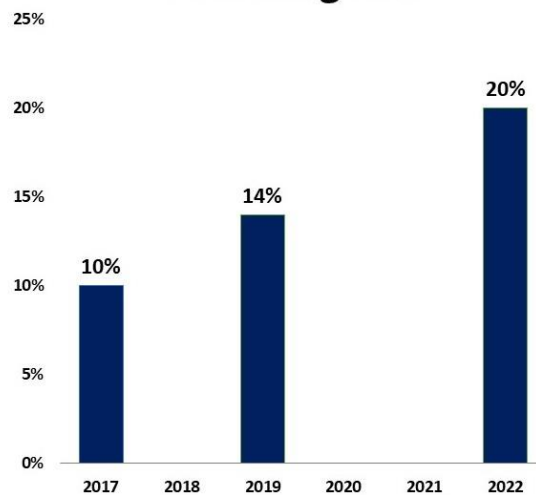
⁶ According to the NSDUH, the “use of opioids” includes use of heroin or misuse of prescription pain relievers (which may include non-opioid pain relievers). Because NSDUH respondents were asked about the misuse of only prescription forms of fentanyl, however, this estimate for fentanyl misuse may underrepresent people who misused fentanyl that was illicitly manufactured in clandestine laboratories (i.e., as opposed to the misuse of diverted fentanyl that was produced by the pharmaceutical industry). This estimate of fentanyl misuse also may not include people who misused illicitly manufactured fentanyl that was mixed with heroin or sold as heroin (but contained only illicitly manufactured fentanyl).

Goal 3

Evidence-based addiction treatment, including Medication-Assisted Treatment for opioid addiction, is more accessible nationwide. Evidence has indicated that MAT⁷ is an effective treatment for opioid use disorder (OUD); however, it has not been widely adopted among specialty treatment providers⁸—in 2017, only 10 percent of such providers offered it. Buprenorphine—one of the three FDA-approved medications for the treatment of OUD—also can be administered by practitioners in their offices—a setting typically not considered to be a specialty treatment facility. However, the proportion of physicians offering this MAT remains unacceptably low. [Data Sources: the Substance Abuse and Mental Health Administration’s National Survey of Substance Abuse Treatment Services for the percentage of specialty treatment facilities offering MAT; and the Drug Enforcement Administration (DEA) for data on the percentage of physicians who have obtained waivers to dispense buprenorphine (one of three MATs approved by the Food and Drug Administration) in their offices].

Objective 1: Increase the percentage of specialty treatment facilities providing MAT by 100 percent within 5 years.

Specialty Treatment Facilities Providing MAT

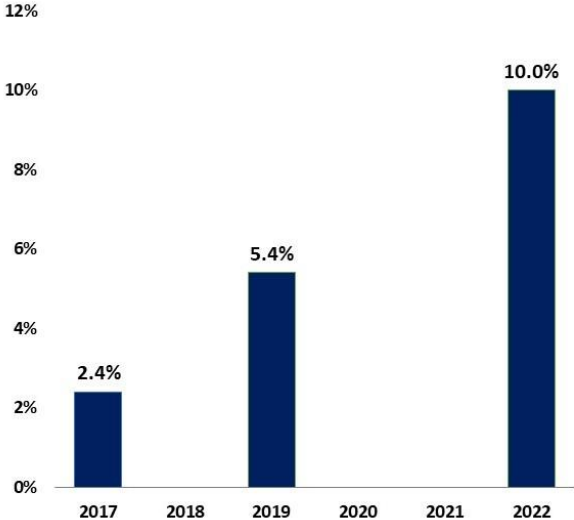


⁷ There are three FDA-approved MATs for the treatment of OUD: methadone, buprenorphine, and naltrexone.

⁸ Specialty treatment refers to substance use treatment at a hospital (only as an inpatient), a drug or alcohol rehabilitation facility (as an inpatient or outpatient), or a mental health center. This definition (from the National Survey on Drug Use and Health) historically has not considered emergency rooms, private doctors' offices, prisons or jails, and self-help groups to be specialty substance use treatment facilities.

Objective 2: Increase the percentage of practitioners certified to administer, prescribe and dispense buprenorphine for opioid use disorder to 10 percent within 5 years.

Practitioners Certified to Administer, Prescribe and Dispense Buprenorphine

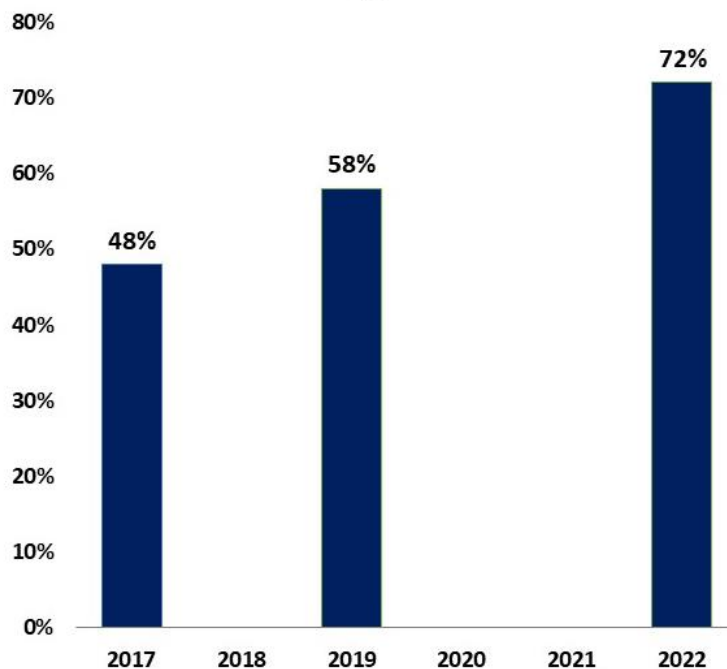


Goal 4

Increase mandatory prescriber education and continuing training on best practices and current clinical guidelines. To a great extent the overprescribing or unwarranted prescribing of opioid medications beginning in the mid-1990s initiated the current opioid crisis and continues to fuel it. Since then, the medical community has recognized the need for continuing education on proper prescribing of controlled medications and has developed (and continues to develop) best practices for the prescribing of them. [Data Source: Administrative data from each Federal agency that employs prescribers]. As of April 2017, 48 percent of all Federal prescribers had taken continuing education courses on the proper procedures for prescribing opioids.

Objective 1: Increase the percentage of Federal prescribers that have completed continuing education on best practices and current clinical guidelines in prescribing opioid medications by 50 percent by 2022.

Federal Prescribers Completing Continuing Education

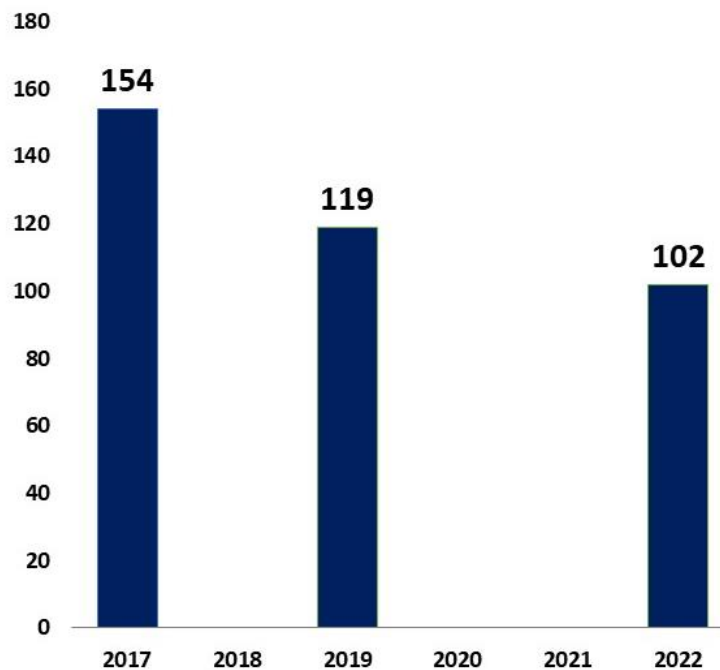


Goal 5

Reduce nationwide opioid prescription fills by one-third within three years. If the medical community is successful in increasing continuing education on proper prescribing practices for controlled medications and in adhering to best practices in their prescribing of them, especially opioids, then there should be a substantial decline in opioid prescription fills. [Data Source: IQVIA National Prescription Audit (proprietary data from a commercial vendor; provided by HHS—data retrieved on March 14, 2019)].

Objective 1: By increasing education and adherence to proper prescribing practices for effective pain management reduce nationwide number of opioid prescription fills by 33 percent within 3 years and maintain that reduction in years 4 and 5.⁹

Opioid Prescription Fills (Morphine Milligram Equivalent, in Billions)



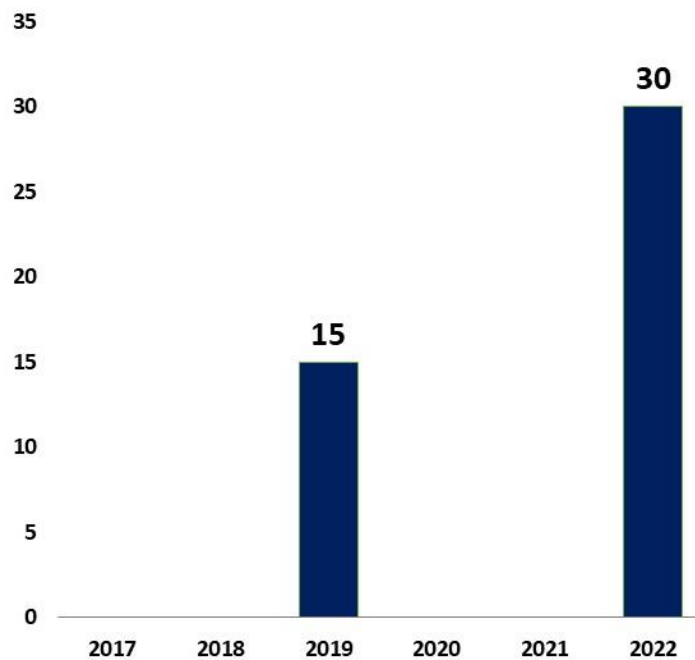
⁹ For purposes of this objective, prescription fills are measured as MMEs because that takes into account the strength, dosage, and days' supply of each fill. These numbers differ from previously published data by the IQVIA Institute in "Medicine Use and Spending in the U.S.: A Review of 2017 and Outlook to 2022, April 2018". The data presented above exclude prescriptions dispensed in the long-term care channel and buprenorphine prescriptions.

Goal 6

Increase Prescription Drug Monitoring Program (PDMP) interoperability and usage across the country. PDMPs have increasingly become an important element in reducing the prevalence of “doctor shopping”, the practice of individuals visiting multiple doctors under false pretenses to obtain multiple prescriptions for opioid medications. In addition to state PDMPs being able to “communicate” with one another to prevent cross-state border doctor shopping, it is important that PDMP databases be able to integrate patient electronic health records to improve efficiency and timeliness—in 2019, only 15 state PDMPs have this capability. [Data Source: Bureau of Justice Assistance administrative data; baseline is 2019].

Objective 1: Increase the number of states integrating electronic health records (EHR) with their PDMPs to 30 by 2022.

States Integrating Electronic Health Records with PDMPs

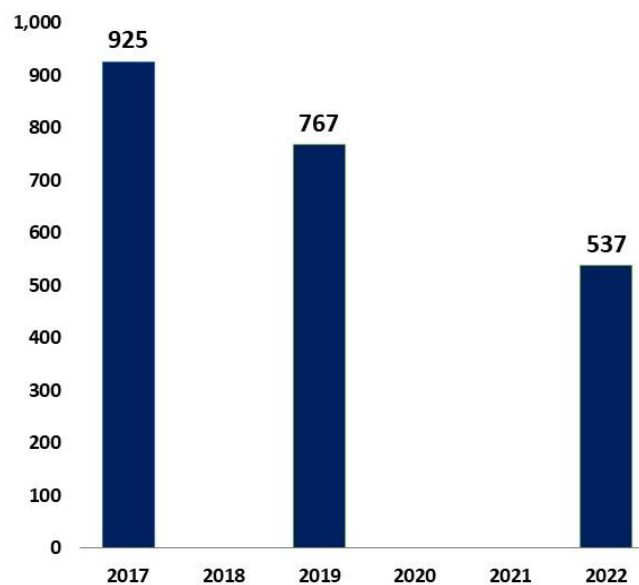


Goal 7

Significantly reduce the availability of illicit drugs in the United States by preventing their production outside the United States. The majority of heroin, fentanyl, cocaine, and methamphetamine consumed in the United States originate in other countries. To reduce the availability of drugs in the United States, the Government supports programs that impact the trafficking of drugs all along their route to the United States. For plant-based drugs such as cocaine and heroin, it is essential to prevent their cultivation and production. [Data Source: US Government potential production estimates for cocaine and heroin].

Objective 1: Reduce potential production¹⁰ of cocaine from Colombia (pure metric tons) by 42 percent within 5 years.

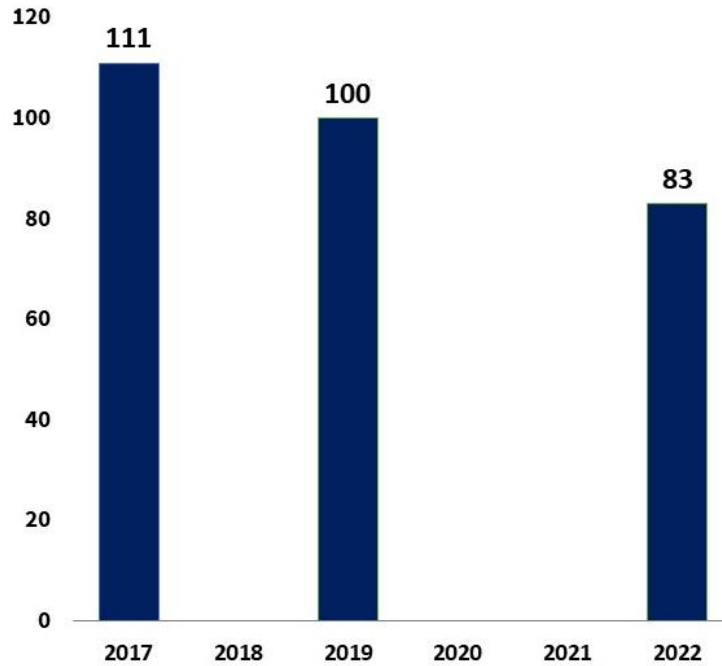
Colombia Potential Production of Cocaine (Pure Metric Tons)



¹⁰ The U.S. Government conducts remote sensing of growing areas for illicit drug crops (coca and opium poppy; for opium poppy cultivation in Mexico there are two growing seasons). Analysts estimate the number of fields and their average size (i.e., the average number of plants per field). The overall sum of these estimates is the potential cultivation, in hectares, of the crop. For coca, ground surveys provide an estimate of the proportion of all illicit crop fields that are new (i.e., they are lower producing than mature fields). Farmer surveys and samples taken from fields provides information on growing efficiencies and crop yields. Field tests, involving actual illicit “cooks”, provide estimates of the processing efficiency of turning raw crop into the finished drug. All of these variables are taken into consideration to estimate the theoretical amount of cocaine or heroin that could be produced from the crops under cultivation and maximum yields and processing efficiencies. This theoretical amount is the potential production.

Objective 2: Reduce potential production of heroin (pure metric tons) from Mexico by 25 percent within 5 years.¹¹

Mexico Potential Production of Heroin (Pure Metric Tons)



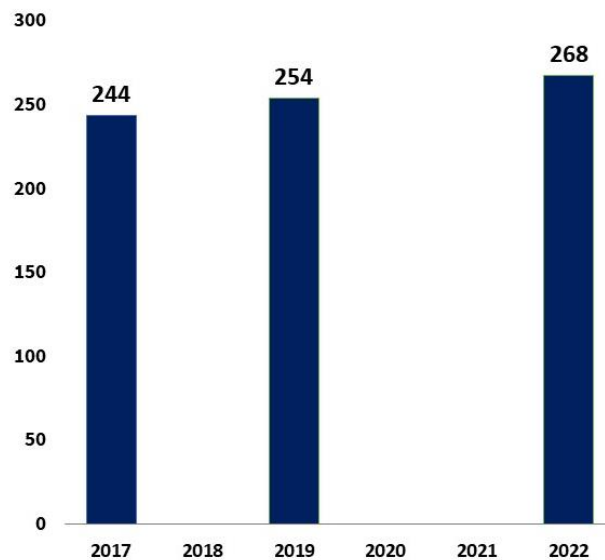
¹¹ This objective is predicated upon the successful implementation of the following programs which are currently the focus of U.S.-Mexico engagement regarding heroin production: Completion of the current opium poppy yield study; the full capability of the eradication validation program; the development of a shared eradication goal and joint plan for intelligence-driven eradication; and the resumption of an aerial eradication program.

Goal 8

Significantly reduce the availability of illicit drugs in the United States by disrupting their sale on the internet, and stopping their flow into the country through the mail and express courier environments, and across our borders. Interdicting drugs as they are trafficked to the United States and as they are smuggled across the borders or through ports of entry or the mail is another essential method for reducing their availability domestically. [Data Sources: The U.S. Coast Guard reports removal estimates (for cocaine) from the Transit Zone. Custom and Border Protection provide seizures estimates of drugs seized at and between Ports of Entry (the Border) and the U.S. Postal Inspection Service provides data on seizures from the mail. The FBI estimates the number of on-line drug vendor investigations].

Objective 1: Increase the amount of cocaine removals¹² (in metric tons) in the transit zone by 10 percent within 5 years (assumes that drug flow remains stable and the removal rate is increased).

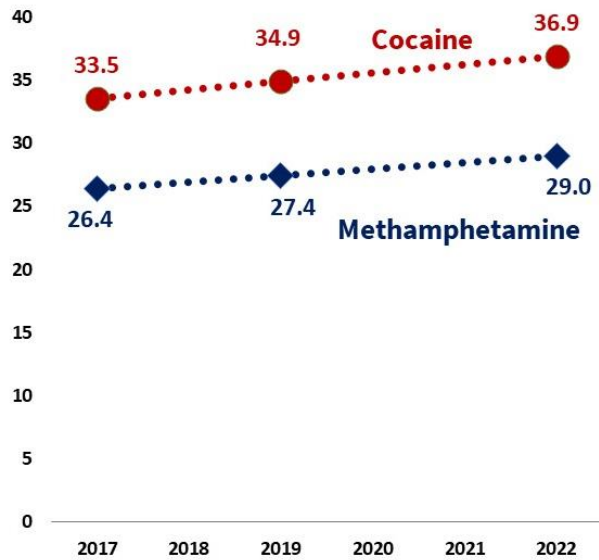
Cocaine Removals in the Transit Zone (Metric Tons)



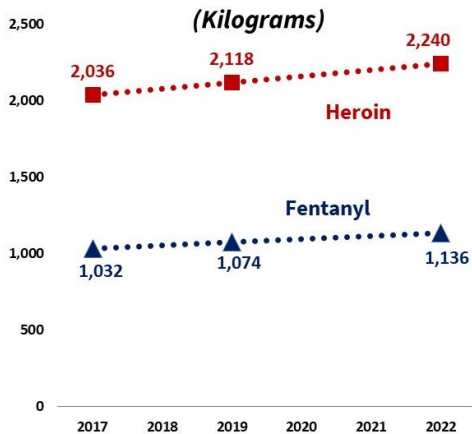
¹² Removals include actual seizure of drugs or observation of their being thrown overboard or sunk from trafficking vessels.

Objective 2: Increase the amount of seizures (in metric tons or kilograms) at U.S. borders and ports of entry by 10 percent within 5 years (assumes that drug flow remains stable and the seizure rate is increased)¹³.

Seizures of Cocaine and Methamphetamine at the U.S. Southern Border (Metric Tons)



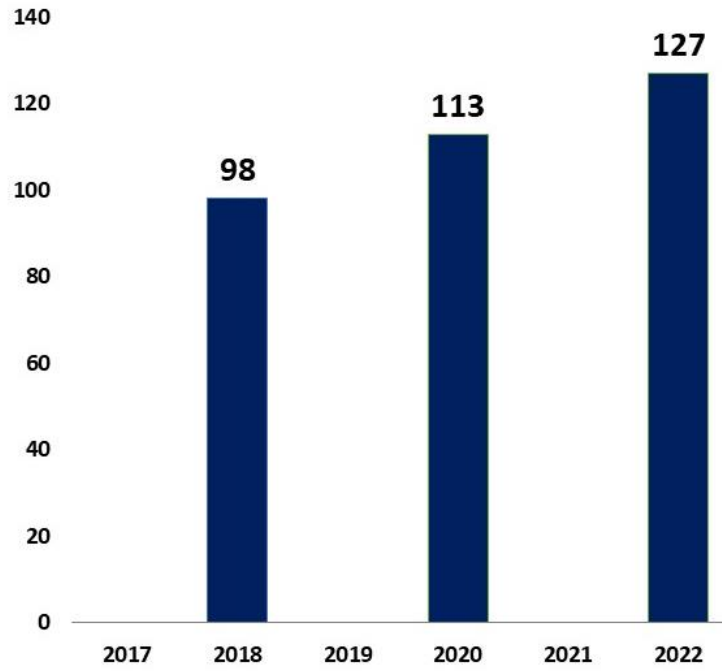
Seizures of Heroin and Fentanyl at the U.S. Southern Border (Kilograms)



¹³ Fentanyl seizures include fentanyl analogues.

Objective 3: Increase the number of online drug vendor investigations by 30 percent within 5 years.

Online Vendor Investigations

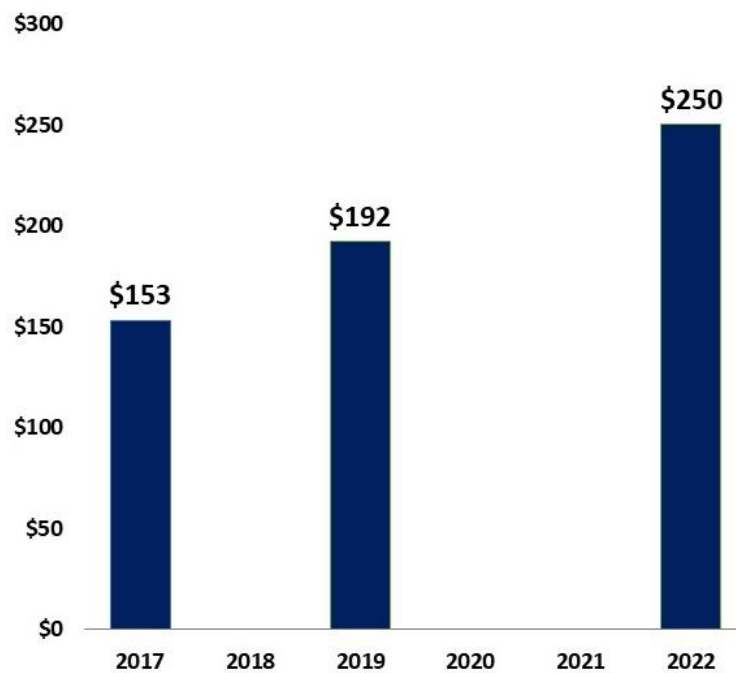


Goal 9

Illicit drugs are less available in the United States as reflected in increased price and decreased purity as measured by price per pure gram. In general, price per pure gram increases as the risk to traffickers increases, which is accomplished through crop eradication, interdiction, seizures, disrupting and dismantling criminal organizations, and other efforts. Typically, an increase in the price per pure gram of a drug suggests that it is less available as traffickers have to dilute its purity by adding adulterants in order to keep their retail distributors supplied with the same amount of “product” at the same street price. [Data Source: DEA drug price and purity data developed from undercover purchases. The data on the cost of fentanyl is provided by U.S. Federal law enforcement].

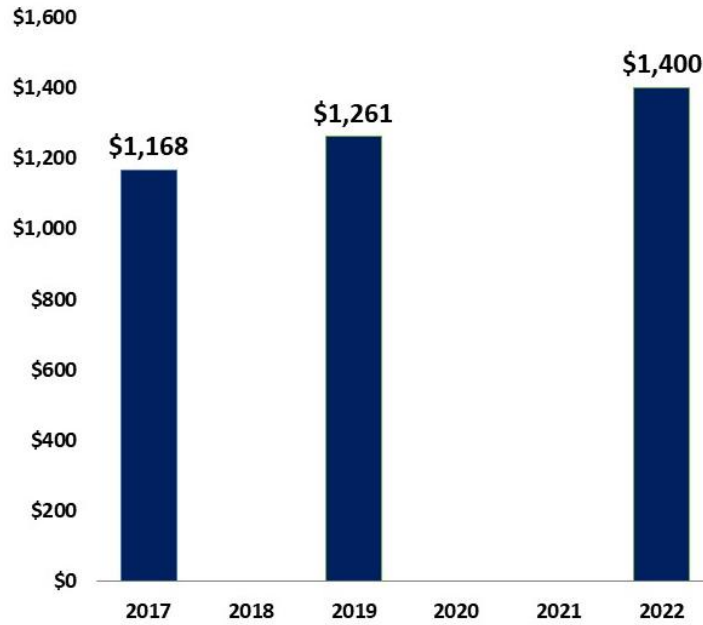
Objective 1: Increase the price per pure gram of cocaine to \$250 by 2022.

Price per Pure Gram of Cocaine



Objective 2: Increase the price per pure gram of heroin to \$1,400 by 2022.

Price per Pure Gram of Heroin



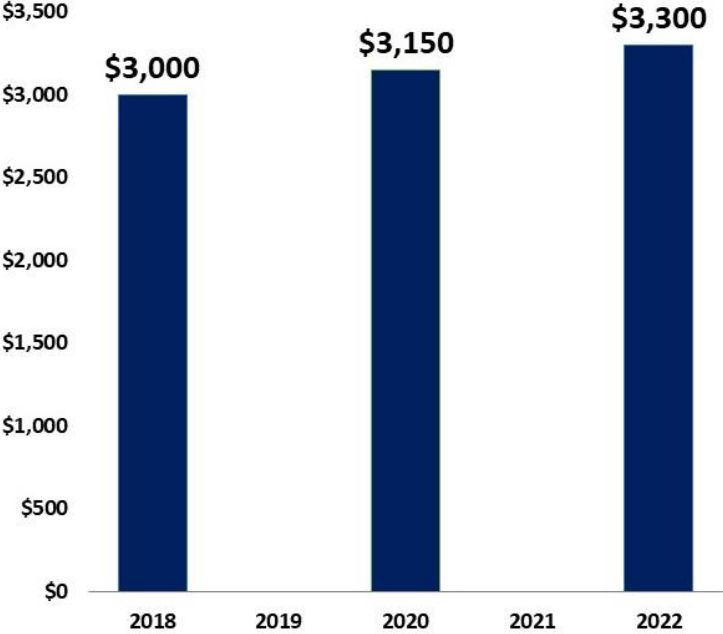
Objective 3: Increase the price per pure gram of methamphetamine to \$120 by 2022.

Price per Pure Gram of Methamphetamine



Objective 4: Increase the cost of fentanyl (purity not known) charged by dealers per kilogram to customers by 10 percent by 2022.

Cost of Fentanyl Charged By Dealers to Customers



Conclusion

The *PRS Report* complies with ONDCP's statutory requirements to establish quantifiable and measurable long-term goals and objectives for the *Strategy*. ONDCP has ensured transparency and accountability for the *Strategy* through the setting of aggressive, but achievable, two- and five-year targets. Progress toward achieving these goals and objectives will be provided to Congress and the public through annual updates of the *PRS Report*.