



NATIONAL DRUG CONTROL STRATEGY

*Performance Reporting
System
2020*

Office of National Drug Control Policy

FEBRUARY 2020

EXECUTIVE SUMMARY

The *National Drug Control Strategy (Strategy)* and its annual updates present 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 threats posed by cocaine and methamphetamine 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 (SUD) 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 as measured against a baseline of 2017, the first year of the Administration. 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 annual targets through 2022.

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 by 2022.
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 (MAT) for opioid addiction, is more accessible nationwide.
 - Increase the percentage of specialty treatment facilities providing any MAT for opioid use disorder by 10 percent by 2022.^a
 - Increase the percentage of practitioners certified to administer, prescribe, and dispense buprenorphine for opioid use disorder to 10 percent by 2022.

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 by 2020 and maintain that reduction in 2021 and 2022.
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 by 2022.
 - Reduce potential production of heroin (pure metric tons) in Mexico by 25 percent by 2022.
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 by 2022.
 - Increase the amount of seizures (in metric tons or kilograms) at the U.S. southern border by 10 percent by 2022 for each of the following drugs: cocaine, fentanyl, heroin, and methamphetamines.
 - Increase the number of online drug vendor investigations by 30 percent by 2022.
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 illicit fentanyl (purity not known) charged by dealers per kilogram to customers by 10 percent by 2022.

In 2018, the overall assessment of initial progress toward achieving the Goals and Objectives was mixed. For several Goals and their supporting Objectives there was substantial progress made toward achieving their targets in the past year. For others there was either no progress or the trend actually worsened somewhat. This is to be expected in the first years of a multi-pronged strategy to address a complicated and long-standing problem. The specific assessment for each goal and its objective(s) is discussed under the section for each goal in this Report.

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

INTRODUCTION

The SUPPORT for Patient and Communities Act¹ 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 *Strategy* is submitted.
- A description of how each goal was determined, including:
 - A description of each required consultation and a description of how such consultation was incorporated; and
 - Data, research, or other information used to inform the determination to establish the goal.

The *Strategy* and this *Performance Reporting System (PRS)* satisfies these statutory requirements. In addition, the formulation of the *PRS* is consistent with attributes of effective performance management identified by the General Accounting Office.²

The *PRS Report* is one of seven documents the Office of National Drug Control Policy (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*—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 National 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.
- *National Drug Control Strategy: Data Supplement*—provides the data that enables an

¹ 21 U.S.C. §1705(c)

² 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).

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.
- *National Drug Control Strategy: National Treatment Plan*—articulates how the Federal departments and agencies and their key stakeholders at the State, local, Tribal, and private sectors of society will expand treatment for SUD.
- *National Drug Control Strategy: Southwest Border Counternarcotic Strategy*—articulates the Government's strategy for preventing the illegal trafficking of drugs across the international border between the United States and Mexico, including through ports of entry (POE) and between POE on the border.
- *National Drug Control Strategy: Northern Border Counternarcotic Strategy*—articulates the Government's strategy for preventing the illegal trafficking of drugs across the international border between the United States and Canada, including through POE and between POE on the border.

RATIONALE FOR ESTABLISHING THE STRATEGY GOALS

The *Strategy* features three primary lines of effort: Prevention, Treatment and Recovery, and Reducing the Availability of Illicit Drugs in the United States. Each section contains several priority areas for the National Drug Control Program to reduce the availability and use of illicit drugs in the United States and the consequences of this use. In order to assess the *Strategy's* progress in achieving this mission, a set of goals and objectives were established and published in the 2019 *PRS Report* and are integrated into the 2020 *Strategy*.

These goals are comprehensive, researched-based, long-range and quantifiable. They are comprehensive in that they cover all three areas of the *Strategy*. They are researched-based in that they are informed by the most current research, data, and subject matter expert knowledge. They are long-range in that end-states are set at five years (i.e., 2022) from the beginning of the Administration.³ They are quantifiable in that each of them can be measured with existing valid and reliable numeric data.

Each goal is supported by one or more objectives that are quantifiable and measurable and that are formulated with specific targets that can be tracked annually. These objectives are quantifiable in that each one is expressed in terms of a numeric increase or decrease in a measure of interest related to its accompanying goal. They are measurable in that each is supported by a readily available data system that reports results on an annual or more frequent schedule. Consistent with ONDCP's authorizing statute, annual targets are set for each objective.

A description of how each goal and its supporting objective(s) was determined, including the data, research, or other information used to inform the determination to establish them, is discussed in the following paragraphs. The baseline for all of the Objectives is 2017, the first year of the Administration, except for three objectives for which the earliest data is for either 2018 or 2019. Development of the goals and objectives was an iterative process conducted by review of the latest research and data and consultation with subject matter experts within ONDCP and from the relevant National Drug Control Program Agencies. The 2019 *PRS* then underwent formal interagency review and concurrence prior to its release in May 2019; each subsequent iteration of the *PRS* also undergoes this review.

Given the current drug crisis facing America, and the President's priorities, this *Strategy* continues its strong bias toward action. The three lines of effort and their associated actions were determined by drawing upon the collective expertise at the Federal, State, local and Tribal levels by key stakeholders in the governmental, academic, civic, law enforcement, and public health communities. Their deep understanding of America's drug crisis was fundamental to formulating the *Strategy's* nine goals and has allowed us to better understand the complex interplay between the availability of drugs in the U.S. market and their use, anticipating changes in the drug environment in both the public health and law enforcement domains, and adapting our actions to

³For a few of the goals the period of performance is less than five years since the baseline year is more recent than 2017 due to the availability of the relevant data.

seize the initiative to make lasting progress against this historic challenge. Specifically, selection of Goals 1, 2, 4, 5, and 6, which are associated with the line of effort to prevent initiates to drug use, was informed by our *Strategy* consultations with public health experts whose research and clinical experience determined that addiction is a disease that must be prevented from the start, and prevention is most effective when it is carried out over the long-term with repeated evidenced-based interventions.

Similarly, selection of Goals 1 and 3, which relate to the treatment and recovery line of effort, was informed by our *Strategy* consultations with and research conducted by public health and treatment experts who understand that addiction is a chronic disease that should be treated like any other medical condition.

Finally, selection of those goals related to addressing the availability of illicit drugs, Goals 1, 7, 8, and 9, was informed by consultations with Federal, State and local and Tribal government and law enforcement organizations that clearly demonstrated that almost all illicit drugs are produced outside the United States and then trafficked across the borders or via international mail or express consignment carriers. This evidence informed our selection of the goals that will that will be achieved by aggressively reducing the availability of illicit drugs in American communities.

Goal 1: The number of Americans dying from a drug overdose is significantly reduced within five years.

Although the *Strategy* does not explicitly prioritize the goals, clearly Goal 1 is the Administration's top priority. The country is currently in the grips of the worst drug epidemic in its history, driven by deaths involving opioids, including the misuse of opioid medications and the use of heroin and illicitly manufactured fentanyl and its analogues. All of the *Strategy's* goals and objectives, if achieved, should indicate a reduction in drug-related deaths. The purpose of all of the programs and activities undertaken by National Drug Control Program Agencies to achieve the goals and objectives is ultimately to reduce drug-related mortality.

Objective 1: Reduce the number of drug overdose deaths by 15 percent by 2022. Drug overdose deaths have been rising steadily since 1998, but especially steeply in the past 10 years. In setting the long-range target for this objective, the Administration considered what was a reasonable and achievable rate based upon the trend in the recent data on drug-related mortality from the Centers for Disease Control and Prevention (CDC). Provisional data are published each month for the preceding 12-month period; final estimates for the preceding year are published in December of that year. This objective is consistent with a similar one established by the Department of Health and Human Services (HHS).

Goal 2: Educate the public, especially adolescents, about drug use, specifically opioids.

Preventing drug use before it starts is the surest and most cost effective way to reduce the demand for illicit drugs and avoid the consequences of their use, especially mortality. The use of illicit drugs typically begins during adolescence. Delaying or preventing the initiation of these substances

Yields benefits in the form of reduced SUD in later life. Therefore, it is essential to support prevention efforts that target youth. The Administration has been supporting focused messaging to prevent youth drug use, especially initiation of opioid misuse, initially via the *RxAwareness* campaign, and subsequently with the *Truth About Opioids* campaign. These efforts are supported by universal, selective, and indicated primary prevention programming in schools.

Objective 1: Reduce the rate of past year use of any illicit drug among youth by 15 percent by 2022 and Objective 2: Reduce the rate of past year use of opioids among youth by 15 percent by 2022. In establishing the 5-year targets for reducing any illicit drug use and misuse of opioid among youth, the Administration assessed the trends in youth drug use over the past decades as measured by the National Survey on Drug Use and Health (NSDUH), and determined what was reasonable and achievable. Changes (i.e., increases or decreases) of this magnitude had been observed in the past and were deemed achievable within five years.

Goal 3: Evidence-based addiction treatment, including Medication-Assisted Treatment for opioid addiction, is more accessible nationwide.

There are several evidence-based treatment modalities available for individuals with a SUD, including cognitive-behavioral therapy, contingency management, the matrix model (for stimulants), family behavior therapy, and MAT. Proper use of these treatment modalities save lives. MAT is especially effective for treating opioid use disorder (OUD); however, MAT is not being used as widely among treatment programs as it could be. In addition, opportunities to screen for SUD and initiate MAT are often missed, such as when patients present for medical care for SUD or injection-related illnesses such as endocarditis, skin infections, abscesses, or hepatitis.

Objective 1: Increase the percentage of specialty treatment facilities providing any MAT by 10 percent by 2022^b. The Administration has implemented efforts to increase screening for SUDs, encourage those with an SUD to seek and obtain treatment, reduce barriers to treatment availability, and encourage adoption of MAT for those with an OUD. Too few specialty treatment providers offer MAT. Data from the National Survey of Substance Abuse Treatment Services indicate that only 10 percent of such facilities do so. Given the increased effort to encourage adoption of MAT, the Administration deemed a doubling of this percentage within 5 years to be reasonable and achievable.

Objective 2: Increase the percentage of healthcare workers certified to administer, prescribe and dispense buprenorphine for opioid use disorder to 10 percent by 2022^c. Buprenorphine, one of three Food and Drug Administration (FDA)-approved MATs, is an opioid partial agonist and requires a waiver from the Drug Enforcement Administration (DEA) so that practitioners can administer this opioid medication in settings outside of specialty treatment facilities (e.g., physician offices). Currently, according to administrative data as of December 2019 from the DEA, 4 percent of eligible practitioners have such a waiver. Given the urgency of the opioid epidemic and the Administration's increased efforts to encourage adoption of buprenorphine, the Administration deemed that an increase within 5 years to 10 percent of practitioners with a waiver was achievable.

Goal 4: Increase mandatory prescriber education and continuing training on best practices and current clinical guidelines.

The overprescribing and misuse of opioid medications were central to the genesis of the current opioid epidemic and remain as significant challenges to ending it. It is vitally important to saving lives that practitioners who prescribe opioid medications obtain continuing training on the most current information on best practices and clinical guidelines for their use. While it would be ideal if all practitioners were to receive such mandatory continuing training, the Administration has required all Federal prescribers do so. Administrative data collected by the relevant Federal agencies (i.e., Bureau of Prisons, Department of Defense, Indian Health Service, National Institutes of Health, and the Department of Veterans Affairs) is used to track progress in achieving this Goal and its supporting Objective.

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. Consultations with the Federal agencies that employ practitioners who prescribe, dispense or administer opioid medications established that in 2017 an estimated 48 percent of these professionals had obtained the required continuing education. These same consultations resulted in a consensus opinion that within 5 years this percentage could be increased by 50 percent.

Goal 5: Reduce nationwide opioid prescription fills by one-third within three years.

While opioid medications are critically important to treating pain under a variety of conditions there is little doubt that they have been overprescribed and often diverted into the illicit drug market. The Administration is committed to curbing overprescribing and saving lives by reducing unnecessary opioid prescription fills.

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 by 2020 and maintain that reduction in 2021 and 2022. In setting the annual targets for this objective, consultation with relevant Federal agencies highlighted the need to avoid reducing prescription opioid fills (as measured by morphine milligram equivalents (MME)) to the point where patients with legitimate need for them are adversely affected. Consensus expert opinion concluded that it would be reasonable to reduce such prescription fills by one-third by 2019 and then hold them stable through 2022. Data to track this objective are obtained from IQVIA, a commercial firm that obtains prescription data from the majority of dispensers for market analysis purposes. HHS' contracts with IQVIA to obtain access to the data. In tracking this objective, HHS' analysts exclude opioid prescriptions dispensed in the long-term care channel and buprenorphine prescriptions.

Goal 6: Increase Prescription Drug Monitoring Program interoperability and usage across the country.

States have made great strides in establishing Prescription Drug Monitoring Programs (PDMP), which help to ensure that medications prescribed by different practitioners do not have adverse

interactions when taken together or that individuals are not attempting to fraudulently obtain controlled prescription drugs (i.e., doctor shopping). PDMPs can save lives. While most neighboring PDMPs can now electronically communicate with one another, the emphasis on interoperability is increasingly focused on integrating electronic health records (EHR) with PDMPs, thereby increasing patient safety. In coordination with states, Federal partners, PDMP software/platform vendors and other stakeholders, the Administration is encouraging such integration.

Objective 1: Increase the number of states integrating electronic health records with their PDMPs to 30 by 2022. The Department of Justice’s Bureau of Justice Assistance (BJA) has the Federal lead for supporting state efforts to develop, implement, maintain, and enhance PDMPs. ONDCP consulted with BJA subject matter experts to determine the priority in enhancing interoperability among PDMPs and whether a measurable and quantifiable objective could be developed. The consensus was to integrate EHR with PDMPs. BJA’s PDMP contractor began collecting data on such efforts in 2019 and will continue to do so. Consequently, the estimate of 15 states that had integrated EHR into their PDMP by 2019 was established as the baseline measure and a doubling of that number by 2022 was set as the achievable end-date target.

Goal 7: Significantly reduce the availability of illicit drugs in the United States by preventing their production outside the United States.

A well-balanced *Strategy* requires efforts to not only reduce the demand for illicit drugs but to reduce their availability. It is not enough to implement policies and programs to prevent youth from initiating the use of illicit drugs or to provide treatment to those with SUDs. A well-balanced *Strategy* must also address the production and trafficking of illicit drugs destined for the United States. The current goal and supporting objectives focus on the production of two plant-based illicit drugs, cocaine and heroin. Colombia and Mexico, respectively, are the sources of the majority of cocaine and heroin consumed in the United States. Successfully reducing the production of these illicit crops will save lives.

Objective 1: Reduce potential production of cocaine from Colombia by 42 percent by 2022. The United States each year estimates the hectares of arable Colombian land under coca cultivation, the yield from those crops, and the amount of cocaine that can potentially be produced. The 2019 *PRS* contained an estimate of 925 pure metric tons could have been produced potentially in 2017. However, the Government continually assesses the many variables that enter into calculating this estimate. Occasionally, adjustments are made to prior estimates based upon these assessments. Following such an assessment, the 2017 estimate has been revised downward to 900 pure metric tons. This adjustment necessitated a recalculation of the 5-year target from 537 pure metric tons to 522. This target keeps us on pace to meet the bilateral goal between Colombia and the United States to reduce cocaine potential production by 50 percent by 2023.

Objective 2: Reduce potential production of heroin from Mexico by 25 percent by 2022. Similarly, the United States each year estimates the hectares of arable Mexican land under opium poppy

cultivation, the yield from those crops, and the amount of heroin that can potentially be produced.

U.S. and Mexican officials jointly agreed upon the 5-year target for this objective.

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.

Most of the illicit drugs consumed in the United States are produced in foreign countries and smuggled into the United States. Cocaine and heroin are sourced from Latin America and trafficked through Central America into Mexico and across the Southwest Border and other POE or by maritime conveyances via the eastern Pacific, Gulf, or Caribbean. The majority of methamphetamine is produced in clandestine laboratories in Mexico from precursor chemicals obtained from third-party countries and smuggled into Mexico. While synthetic drugs, such as fentanyl and its analogues, are purchased over the internet and mailed directly to consumers in the United States from foreign countries or produced in Mexico and smuggled across the Southwest Border. The Administration has increased efforts to detect and stop this illicit trafficking. Stopping these drugs from entering the country via any of these routes will save lives.

Objective 1: Increase the amount of cocaine removals in the transit zone by 10 percent by 2022 (assumes that drug flow remains stable and the removal rate is increased). The majority of cocaine consumed in the United States is produced in Colombia. Much of this cocaine is moved through the transit zone via a variety of maritime vessels. One of the missions of the U.S. Coast Guard (USCG) is to interdict these shipments, thereby reducing the amount of cocaine ultimately available for consumption in the United States. The USCG documents all of its seizures and reports them each year. Consultation with subject matter experts determined that a 10 percent increase in cocaine seizures in the transit zone by 2022 is an achievable target.

Objective 2: Increase the amount of drug seizures at U.S. borders and ports of entry by 10 percent by 2022 (assumes that drug flow remains stable and the seizure rate is increased). Much of the illicit drugs, including cocaine, heroin, methamphetamine, and fentanyl, entering the United States are smuggled across the borders or through POE. Customs and Border Protection (CBP) is responsible for securing the borders and POEs against drug smuggling and other illegal activity. CBP documents all drug seizures at the borders and POEs and reports them each year. Consultation with subject matter experts determined that a 10 percent increase in seizures of each of the four drugs at the borders and POEs by 2022 is an achievable target.

Objective 3: Increase the number of online drug vendor investigations by 30 percent by 2022. Trafficking of illicit drugs, especially synthetic drugs such as fentanyl and its many analogues, has increasingly been accomplished via direct sales to consumers over the internet's Dark Web. Starting in 2018, the Federal Bureau of Investigation (FBI) dedicated enhanced resources to investigating and prosecuting illicit online drug vendors. In 2018, it investigated 98 such cases. A target of 127 investigations by 2022 was deemed by the Administration to be reasonable and achievable.

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, the price per pure gram of a drug 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. The DEA conducts undercover purchases of cocaine, heroin and methamphetamine that provide data on the price paid and the purity of each purchase. Data are reported by the DEA quarterly, with a six-month lag. If the United States is successful in achieving Goals 7 and 8, then an increase in the price and decrease in the purity of illicit drugs should result. Moreover, if Goals 2 through 9 are accomplished, the Nation should see a substantial decline in drug-related mortality (Goal 1), the ultimate performance measure.

Objective 1: Increase the price per pure gram of cocaine to \$250 by 2022. After several years of decline, there has been a resurgence in the cultivation of coca in Colombia and the production and transshipment of cocaine to the United States. The initiation of cocaine use in the United States has risen recently increasing concern of a return in its widespread use. An increase in the price of cocaine will result in less use as it becomes less affordable for many users. Consultation with subject matter experts suggested that a nearly two-thirds increase in the price per pure gram of cocaine within 5 years is achievable given U.S. Government efforts to reduce coca cultivation in Colombia and interdiction efforts in the transit zone and at U.S. borders and POEs.

Objective 2: Increase the price per pure gram of heroin to \$1,400 by 2022. The increased use of heroin has been central to the current opioid epidemic. Recent years have seen an increase of opium poppy cultivation to record levels in Mexico. Consultation with subject matter experts suggests that a 20 percent increase in the price per pure gram of heroin is achievable given Mexico’s renewed and vigorous commitment to eradicating the opium poppy crop.

Objective 3: Increase the price per pure gram of methamphetamine to \$120 by 2022. Following the success of the Combat Methamphetamine Epidemic Act in reducing domestic methamphetamine production, Mexican drug cartels began to increase importation of precursor chemicals and construct large-scale methamphetamine laboratories capable of producing a product of consistently high purity. Today, the majority of methamphetamine consumed in the United States is sourced from Mexico. Consultation with subject matter experts suggests that a more than doubling in the price per pure gram of methamphetamine is achievable given aggressive law enforcement action against Mexican-based laboratories and increased seizures at the Southwest Border.

Objective 4: Increase the cost of illicit fentanyl (purity not known) charged by dealers per kilogram to customer by 10 percent by 2022. In 2018, the Nation saw the first reduction in deaths involving opioid medications since the beginning of the current opioid epidemic. However, deaths

Involving the illicitly manufactured synthetic opioid fentanyl and its analogues have continued to rise sharply. Much of these synthetic opioids are sold directly to customers by illicit Chinese manufacturers via the Dark Web. Consultation with subject matter experts suggests that an increase of 10 percent in the cost to customers of illicit fentanyl by 2022 is achievable given the U.S. Government's increased efforts to detect and interdict these synthetic opioids via the U.S. mail and other delivery services.

The 2019 *Strategy* identified 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 youth;⁵ expansion of SUD treatment, especially MAT for OUD; 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 9 goals are supported by 17 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 annual 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.

⁵ONDCP'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, OBJECTIVES, AND TARGETS

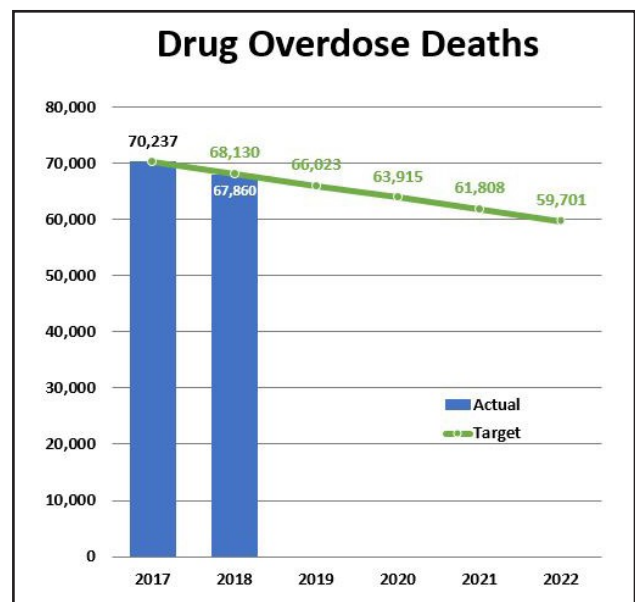
For the purpose of the numerical goals and objectives listed throughout this report, ONDCP assumes a linear progression in its calculations from the baseline to the 2022 target. In actuality this trajectory may not be linear, but rather it may occur at varying rates over the 5- year period due to multiple 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 accompanied by a chart to provide a visual display of the projected glide path toward the 2022 target and progress to date. For the charts, the annual targets are shown in green, the observed annual estimates are shown in blue.

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 by 2022.

The primary Goal of the *Strategy* is to significantly reduce the number of Americans dying from drug overdose. The supporting Objective is to reduce the number of drug overdose deaths by 15 percent within 5 years. In 2018, according to data from the CDC, drug overdose deaths declined 3 percent, which is exactly on track to achieve the 5-year target of a 15 percent reduction. This is the first decline in drug overdose deaths since the beginning of the opioid epidemic. The decline appears to be driven by a decrease in deaths involving opioid medications. This reduction is offset somewhat by the continuing steep increase in deaths involving illicit fentanyl and its analogues.

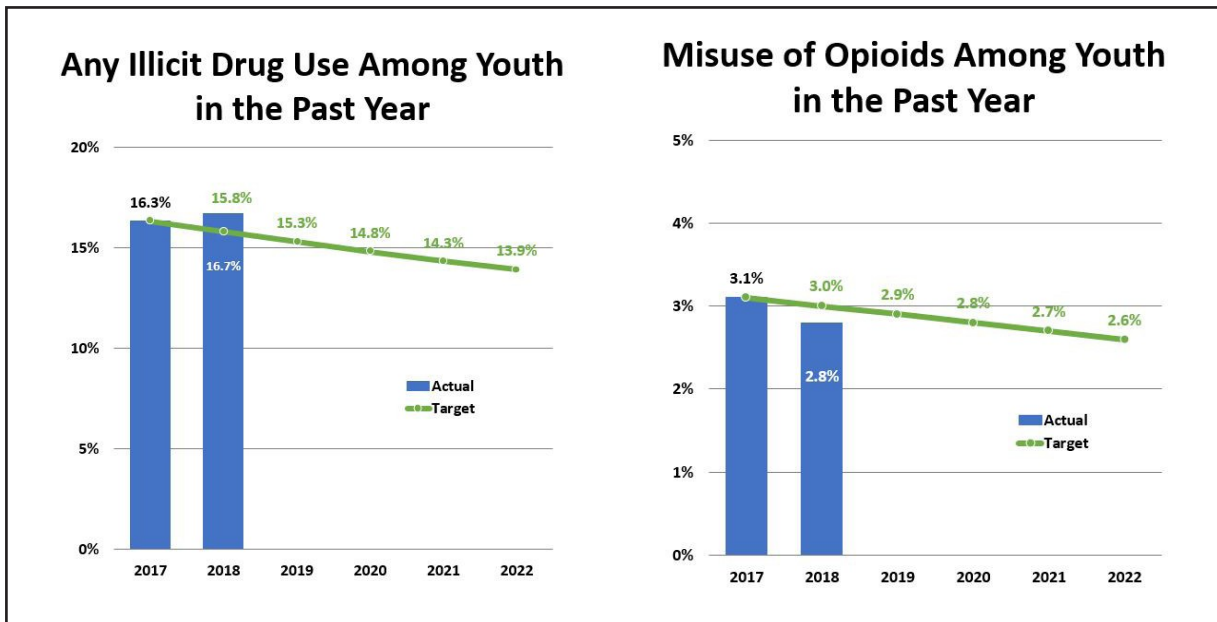


Goal 2

Educate the public, especially adolescents, about drug use, specifically opioids. Treating people with a SUD 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.



According to data from the Substance Abuse and Mental Health Administration’s (SAMHSA) NSDUH, the use of any illicit drug among youth increased by 2 percent, to 16.7 percent. The Nation needs to redouble its efforts to reinforce the drug use prevention message in communities across the country. In 2018, again according to data from the NSDUH, misuse of opioids declined 10 percent to 2.8 percent, exceeding the 2018 target and nearly achieving the 5-year target of 2.6 percent. The Nation’s youth appear to be receiving and heeding the strong prevention messaging about the dangers of opioid misuse.

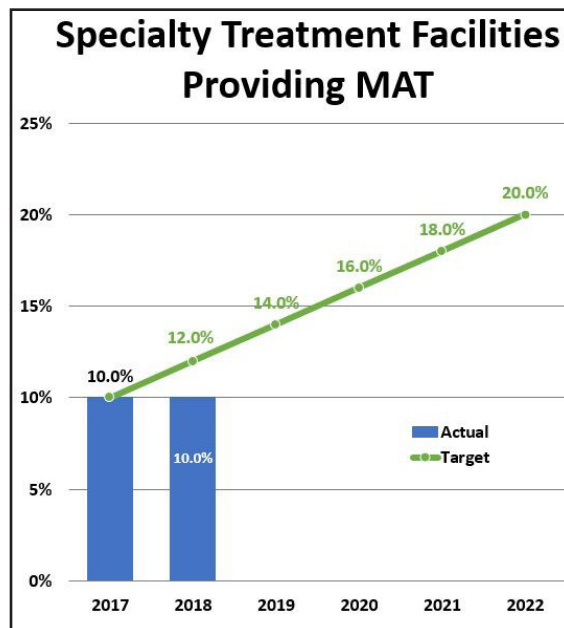
⁶According to the NSDUH, the “use of opioids” includes use of heroin or misuse of prescription pain relievers (which may include non-opioid pain relievers). Because NSDUH respondents were asked about the misuse of only prescription forms of fentanyl, however, this estimate for fentanyl misuse may underrepresent 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 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 DEA for data on the percentage of physicians who have obtained waivers to dispense buprenorphine (one of three MATs approved by the FDA) in their offices].⁹

Objective 1: Increase the percentage of specialty treatment facilities providing any MAT by 10 percent by 2022.^d



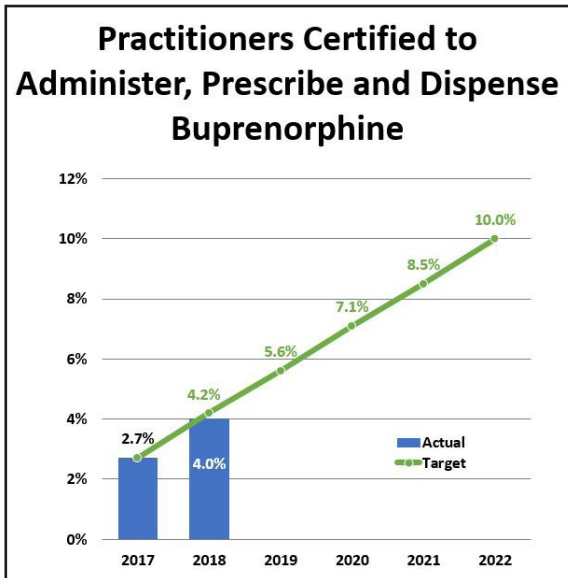
In 2018, there was no progress made toward achieving this Goal. According to data from SAMHSA’s National Survey of Substance Abuse Treatment Services, in 2018 there was no increase in the percentage of specialty treatment facilities offering MAT.

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

⁸Specialty 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 NSDUH) historically has not considered emergency rooms, private doctors’ offices, prisons or jails, and self-help groups to be specialty substance use treatment facilities.

⁹The baseline and 2019 target estimates for the current report differ slightly from those published in the 2019 PRS due a change in definition of “practitioners”. The revised estimates excludes retail pharmacies, hospitals/clinics, and teaching institutes.

Objective 2: Increase the percentage of health care workers certified to administer, prescribe and dispense buprenorphine for opioid use disorder to 10 percent by 2022^e.



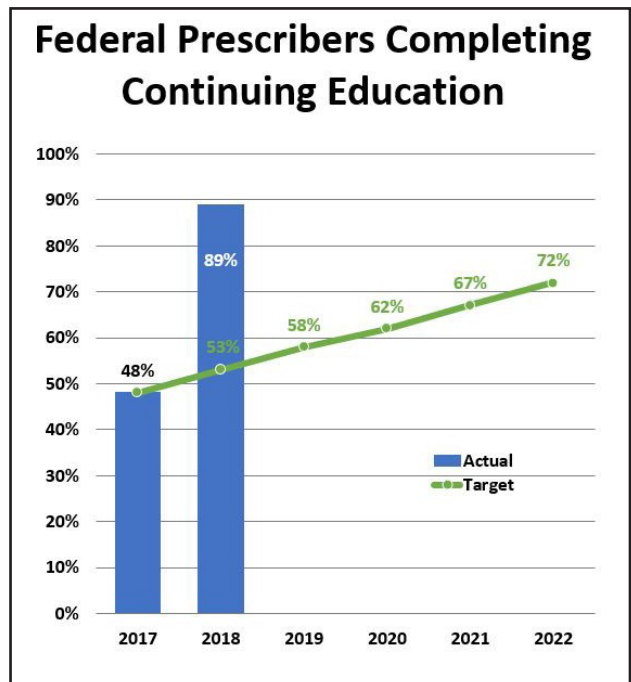
Objective 2 is to increase the percentage of Federal health care workers certified to prescribe buprenorphine certified to administer, prescribe and dispense buprenorphine (one of three FDA-approved opioid treatment medications). The DEA oversees the provision of waivers to permit practitioners to administer, prescribe and dispense buprenorphine in settings other than specialty treatment facilities. In 2018, DEA reported that this percentage had increased to 4 percent. This measure is moving in the right direction and is slightly below the 2018 annual target of 4.2 percent.

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.

Given the major role that the misuse of opioid medications has played in the current opioid epidemic, it is critical that practitioners adhere to best practices and current guidelines in their prescribing of these medications. Among Federal drug control agencies, the Bureau of Prisons, the Department of Defense, the National Institutes of Health, the Indian Health Service and Department of Veterans Affairs employ practitioners who can prescribe opioid



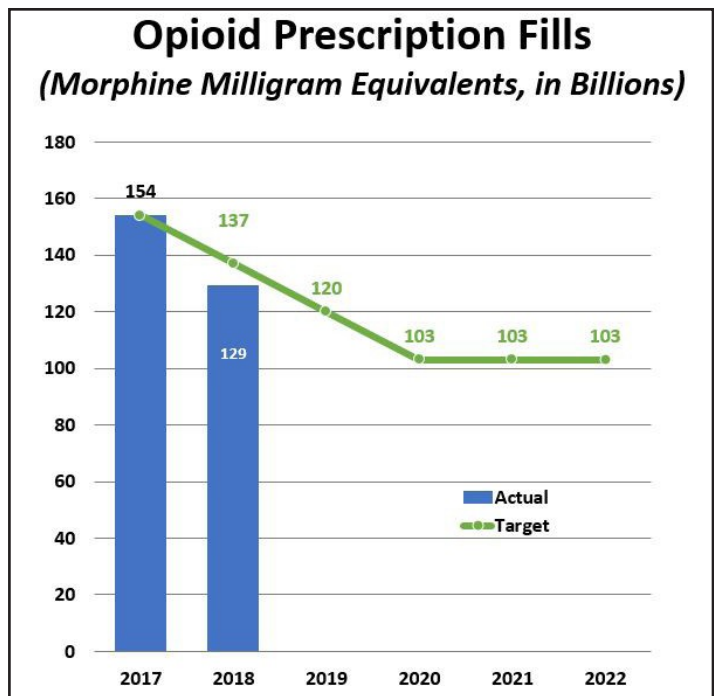
medications. In 2018, the combined total percentage of such Federal practitioners reported by these agencies indicated that 89 percent had completed the required training, exceeding the 5-year goal by 17 percentage points.

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)]¹⁰.

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 by 2020 and maintain that reduction in 2021 and 2022.

The overprescribing and diversion to illicit markets of opioid medications has contributed substantially to the current opioid epidemic. This Goal highlights the need to reduce the number of prescription fills of opioid medications in order to avoid overprescribing and diversion. The supporting Objective calls for a one-third reduction in opioid medication prescriptions (as measured by MME—a measure that standardizes doses across prescriptions—within three years (to 102 billion MME) and maintain that level in years 4 and 5. The data with which to assess progress on achieving this Objective is collected by IQVIA and reported in their National Prescription Audit, a commercial dataset that obtains prescriptions from a majority of the Nation’s dispensers and then compiles and sells to manufactures



for market share analysis. In 2018, IQVIA reports that such prescription fills declined 19 percent to 129 billion MME, thereby exceeding the annual target for this Objective (137 billion MME).

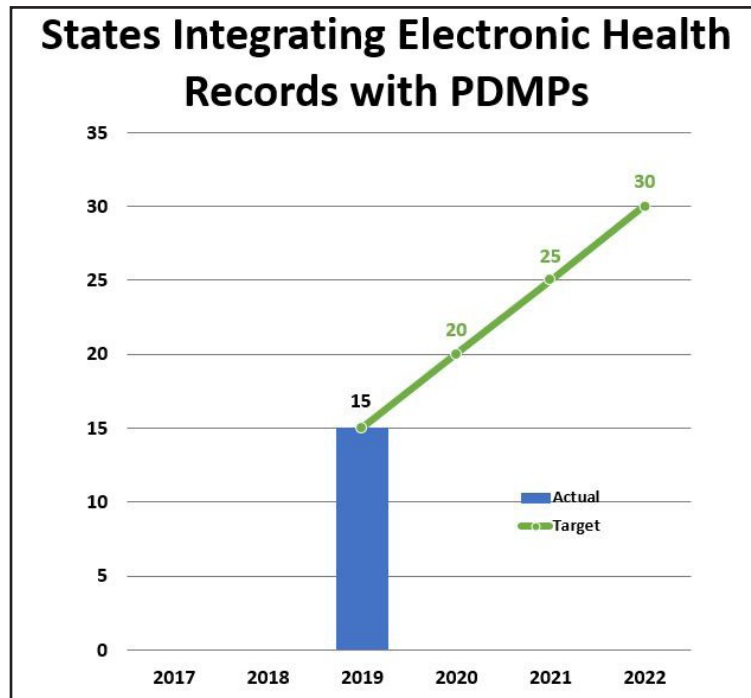
Goal 6

Increase 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

¹⁰For purposes of this objective, prescription fills are measured as MMEs which take 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.

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.



State PDMP assist practitioners in avoiding misprescribing medications to those patients who see more than one practitioner or in prescribing medications to those who seek them fraudulently (i.e., doctor shopping). Forty-nine states and the District of Columbia currently have established PDMPs. The effort to enhance the usefulness of PDMPs is now focused on integrating EHR with PDMPs. BJA only began tracking the measure for this Objective in 2019, so that this year serves as the baseline. At the beginning of 2019 there were 15 states that had integrated EHR with their PDMP. The first update for this Goal and Objective will be presented in the 2021 PRS.

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, illicit fentanyl, cocaine, and methamphetamine consumed in the United States originates 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 production¹¹ of cocaine from Colombia (pure metric tons) by 42 percent by 2022.

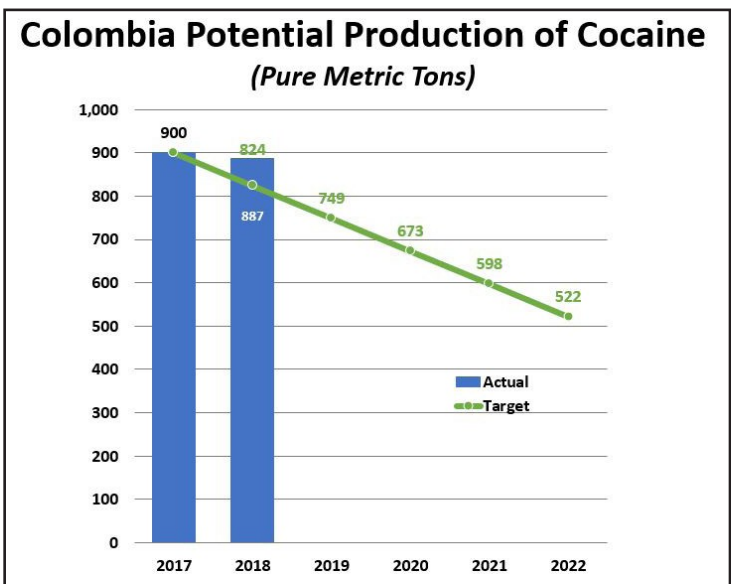
The Nation’s drug problem will not be reduced through demand reduction policies alone. A well-

¹¹The 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

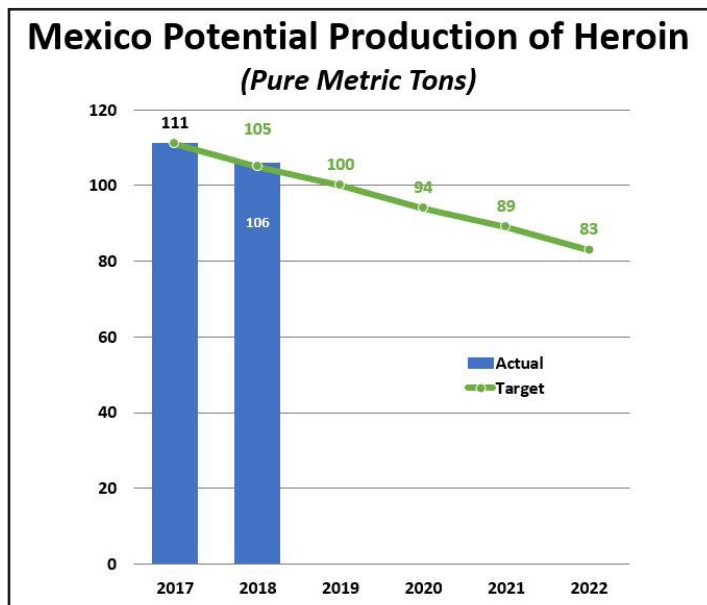
potential production.

balanced Strategy must also address reducing the availability of illicit drugs. One method for accomplishing this reduction is to decrease the potential production of plant-based illicit drug crops via eradication and other efforts—the focus of Goal 7.

Objective 1 under this Goal is to reduce the potential production of cocaine from Colombia—the source of the majority of cocaine consumed in the United States—by 42 percent by 2022. This target keeps us on pace to meet the bilateral goal between Colombia and the United States to reduce cocaine potential production by 50 percent by 2023. In recent years, cultivation of coca and the potential production of cocaine in Colombia has reached record levels following several years of decline. In 2018, data from the U.S. Government indicates there was a one percent decline in the potential production of cocaine in Colombia.¹² While this represents only



modest progress, it is encouraging given the record levels of potential production of the preceding few years. Given the strong and aggressive support from the current Colombia administration for the suppression of the cocaine industry, including the resumption of aerial eradication, further progress can be expected in the coming years.



Objective 2: Reduce potential production of heroin (pure metric tons) from Mexico by 25 percent by 2022.¹³

Objective 2 is to reduce the potential production of heroin from Mexico by 25 percent within 5 years. In 2018, the U.S. Government estimated that the potential production of heroin in Mexico had declined by 5 percent to 106 metric tons, exactly on track to achieve the 5-year target of 25 percent. This progress can be attributed to the Mexican government’s strong support and implementation of several programs targeting the opium poppy crop.

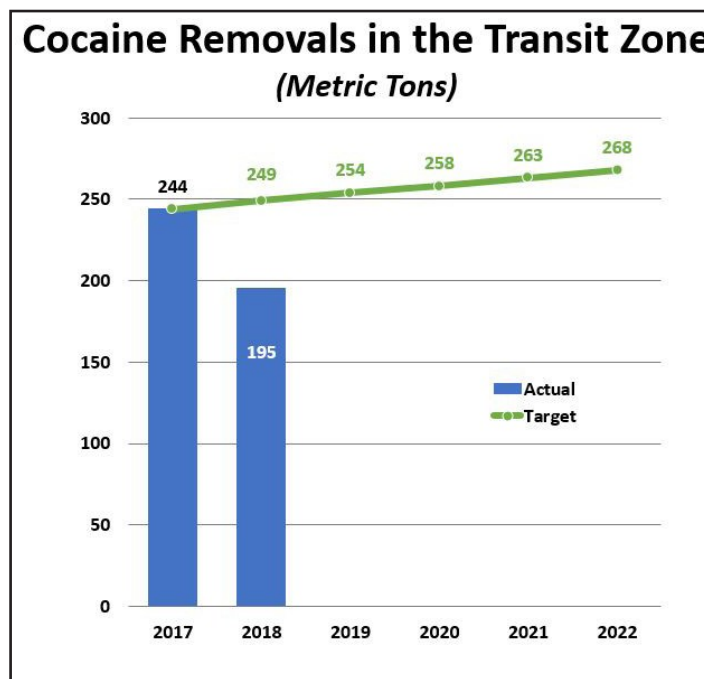
¹²The U.S. Government periodically reviews the results of cultivation and crop yield estimates which may result in adjustments to potential production estimates. Such an adjustment was made for the 2017 Colombia cocaine potential production estimate so that the baseline and 2- and 5-year target estimates presented here differ slightly from those presented in the 2019 PRS.

¹³This 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 an increase in the 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 POE or the mail is another essential method for reducing their availability domestically. [Data Sources: Consolidated Counterdrug Database (CCDB). CBP provide seizure 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 removals¹⁴ (in metric tons) in the transit zone by 10 percent by 2022 (assumes that drug flow remains stable and the removal rate is increased).



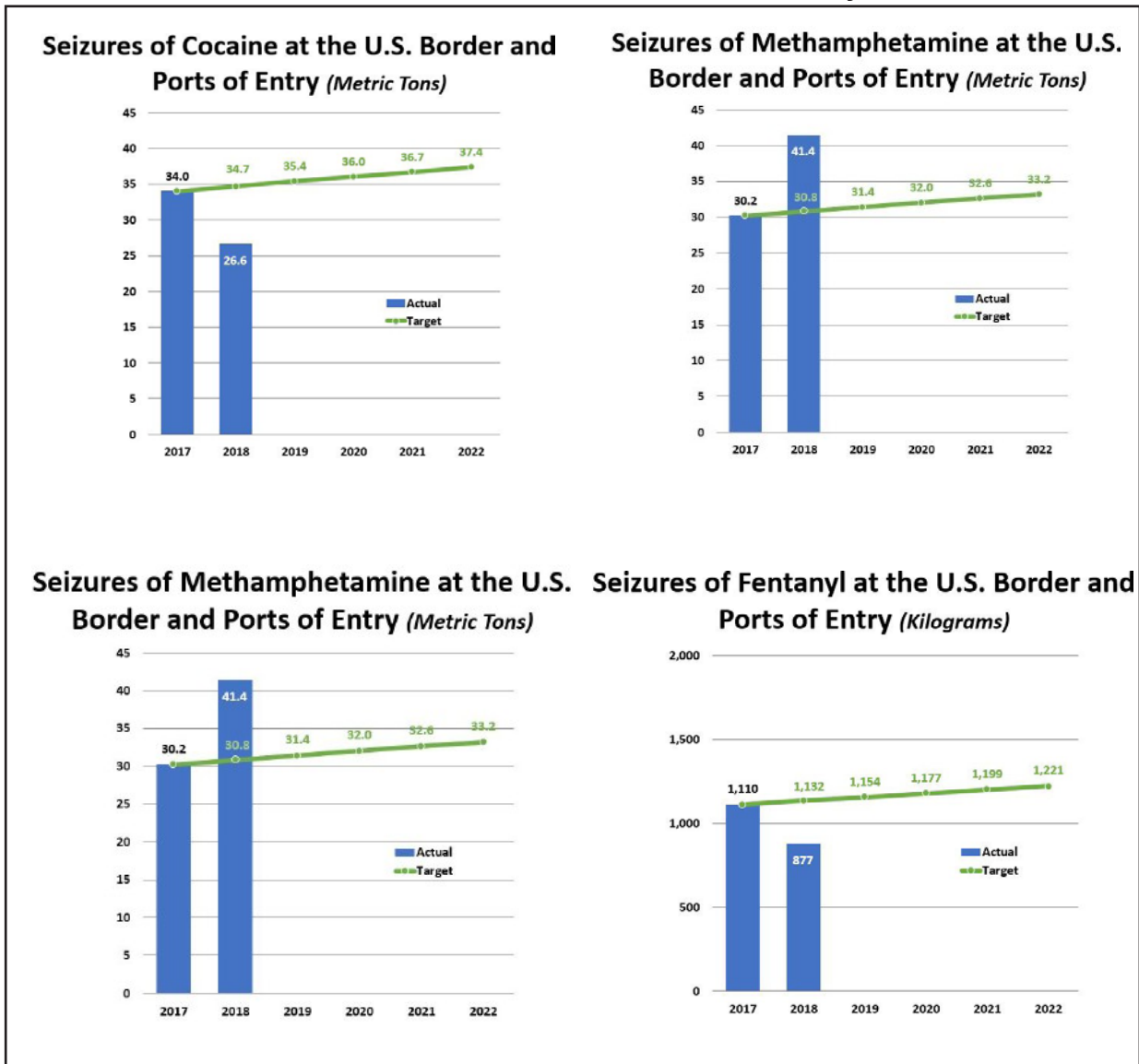
The majority of drugs consumed in the United States is produced in foreign countries and must be smuggled into the country. This Goal highlights efforts to remove or seize illicit drugs as they travel to the United States or cross its borders.¹⁵ Objective 1 is to increase the amount of cocaine removals in the transit zone by 10 percent by 2022. As noted above, the setting of this target assumes that the flow of cocaine remains stable and the removal rate increases. The Department of Defense (DOD) is assigned as the lead federal agency for detection and monitoring in the air and maritime approaches to the United States that are likely transshipment lanes while the USCG serves as the principal maritime interdiction agency. In 2018, the USCG removed 195 metric tons of cocaine in the transit zone. This is 20 percent less than that removed in 2017 and is, therefore, moving in the wrong direction to achieve the 5-year target.

¹⁴ Removals include actual seizure of drugs or observation of their being thrown overboard or sunk from trafficking vessels.

¹⁵ The 2019 PRS contained a figure depicting the projected trend in seizures of illicit drugs at U.S. borders; it was erroneously labeled as seizures from only the Southwest Border.

Objective 2: Increase the amount of seizures (in metric tons or kilograms) at U.S. borders and ports of entry by 10 percent by 2022 (assumes that drug flow remains stable and the seizure rate is increased).

Seizures at the U.S. Border and Ports of Entry



Objective 2 is to increase the seizure of cocaine, heroin, methamphetamine and fentanyl as they are attempted to be smuggled across the borders or at POE by 10 percent by 2022.¹⁶ The setting of these targets assumes that the flow of each drug remains stable while the seizure rate increases. The 2018 results for this objective are mixed. CBP reports that in 2018, 26.6 metric tons of cocaine were seized at POEs or between POEs, a decline of 22 percent from 2017.¹⁷ Seizures of fentanyl also declined from their baseline estimate, from 1,110.4 pounds in 2017 to 877.2 pounds, a drop of 21 percent. In contrast seizures of heroin increased 2 percent, from 2,451.7 pounds in 2017 to

2,492.9 pounds in 2018. Seizures of methamphetamine in 2018 increased sharply over 2017,

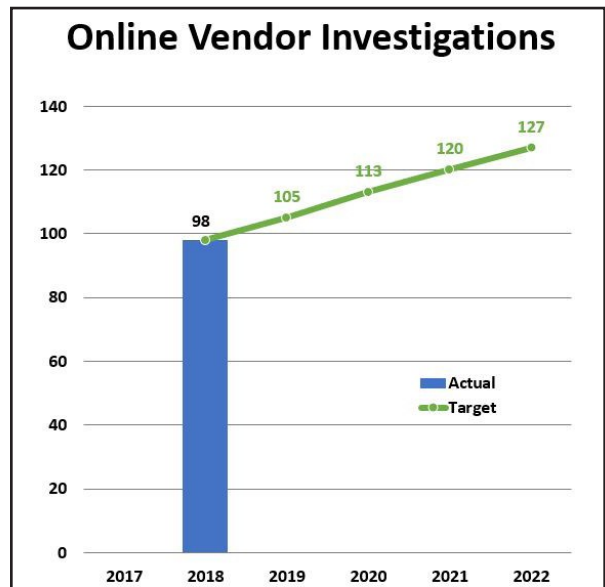
¹⁶ There was an error in last year's report. This objective is for seizures at all U.S. borders and POEs, not just the Southwest Border.

¹⁷ CBP often updates their seizure databases based upon findings from continuing investigations so that data from prior years may be revised. Such revision was made to 2017 estimates so that the baseline and 2- and 5-year targets presented in the current report differ from those presented in the 2019 *PRS*.

rising from 30.2 metric tons to 41.4 metric tons, thereby already exceeding the 5-year target of 33.2 metric tons. It may be that the assumption of stability in the flow of methamphetamine is incorrect; ONDCP will continue to monitor this target and determine whether an adjustment in the long-term target is necessary.

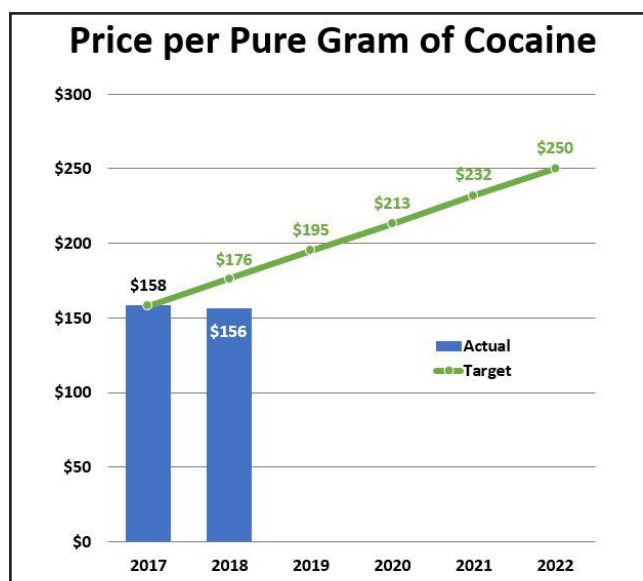
Objective 3: Increase the number of online drug vendor investigations by 30 percent by 2022.

Objective 3 is to increase the number of online drug vendor investigations by 30 percent by 2022. The FBI has only recently focused considerable efforts on this issue; therefore, 2018 is the first year for which data are available and is thus the baseline for this measure. The initial assessment on progress toward achieving this Objective will be presented in the 2021 PRS.



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.¹⁸ The data on the cost of illicit fentanyl is provided by U.S. Federal law enforcement].



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

If the Nation is successful in reducing the availability of illicit drugs entering the United States via interdiction in the transit zone and seizures at the borders and from mail and express consignment carrier networks, a substantial increase in the price and decline in the purity should be observed. This is the focus of Goal 9.

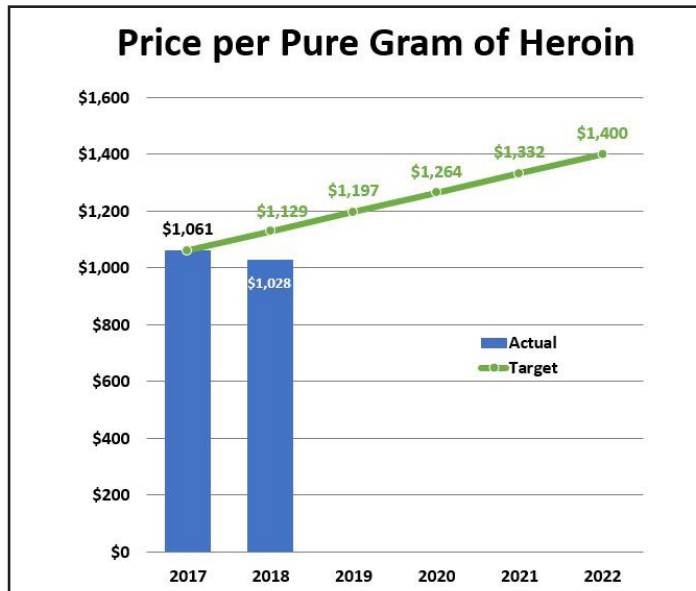
In 2018, the prices per pure gram of cocaine and heroin showed little change from their baseline estimates, each dropping slightly: from \$158 to \$156 for cocaine and from \$1,061 to \$1,028 for heroin. Data for 2018 for the price

NATIONAL DRUG CONTROL STRATEGY: PERFORMANCE REPORTING SYSTEM

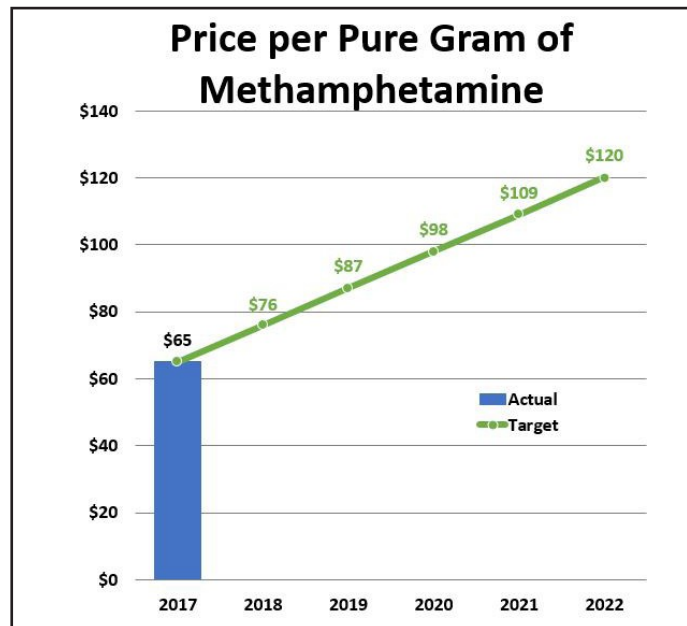
¹⁸The baseline and 2020 targets in the current report differ slightly from those presented in the 2019 PRS due to updates by DEA to the price per pure gram trend series for the three drugs; data provided by DEA on October 28, 2019.

per pure gram of methamphetamine was not yet available from DEA; the data for this objective will be updated when the data become available.

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

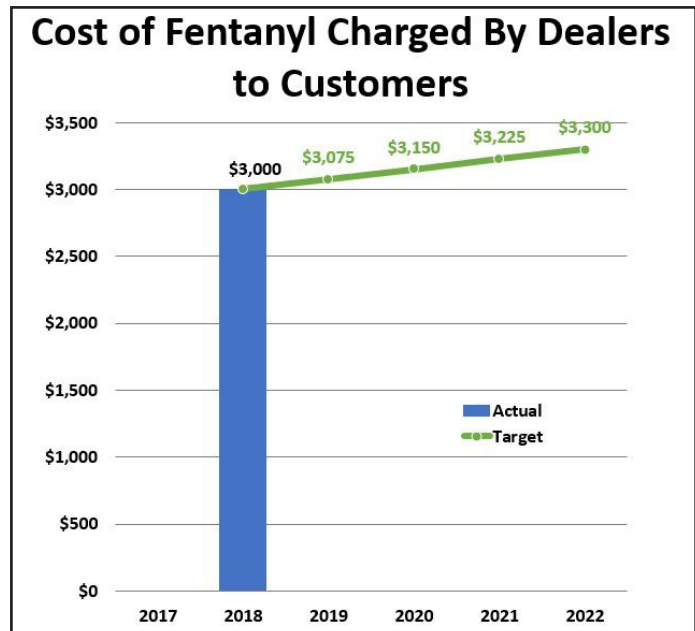


Objective 3: Increase the price per pure gram of methamphetamine to \$120 by 2022.



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

The DEA does not conduct undercover purchases of fentanyl so Objective 4 seeks to increase the cost of fentanyl charged by dealers per kilogram to customers by 10 percent by 2022. U.S. law enforcement has only recently begun tracking such costs so that 2018 is the first year for which these data are available and thus this year serves as the baseline for this measure. The initial assessment of progress toward achieving this Objective will be presented in the 2021 *PRS*.



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 end-state target. Progress toward achieving these goals and objectives will be provided to Congress and the public through annual updates of the *PRS Report*.

^{a-e} A technical correction to this objective has been made subsequent to issuance of the 2020 *Performance Reporting System* document.