

March 20, 2020

The Honorable John Kennedy
Chairman, Subcommittee on Financial
Services and General Government Committee
on Appropriations
S-128, The Capitol
Washington, DC 20510

The Honorable Chris Coons
Ranking Member, Subcommittee on Financial
Services and General Government Committee
on Appropriations
S-128, The Capitol
Washington, DC 20510

The Honorable Mike Quigley
Chairman, Subcommittee on Financial
Services and General Government Committee
on Appropriations
2000 Rayburn House Office Building
Washington, DC 20515

The Honorable Tom Graves
Ranking Member, Subcommittee on Financial
Services and General Government Committee
on Appropriations
2000 Rayburn House Office Building
Washington, DC 20515

Dear Chairman Kennedy, Ranking Member Coons, Chairman Quigley, and Ranking Member Graves:

We the undersigned represent the major groups across all disciplines working on a comprehensive response to the drug crisis facing our nation, to include prevention, treatment, recovery supports, medicine, overdose reversal, law enforcement, and criminal justice reform.

As you know, the White House Office of National Drug Control Policy (ONDCP) oversees and manages the Drug Free Communities (DFC) and the High Intensity Drug Trafficking Area (HIDTA) programs. DFCs provide critical drug prevention funding directly to community coalitions capable of reducing youth drug use, while the mission of the HIDTA program is to disrupt the market for illegal drugs by dismantling or disrupting drug trafficking organizations through the coordinated efforts of federal, state, and local law enforcement.

We sincerely appreciate the recent commitment by Congress and the Administration to invest significant taxpayer dollars to address our nation's drug crisis. However, we write to convey our serious concerns with the Administration's proposed budget for Fiscal Year 2021, which would effectively dismantle ONDCP at a time when it is needed the most.

Consistent with the provisions in the SUPPORT Act, we request that the HIDTA and DFC programs, along with the Community Based Coalition Enhancement Grant program (Section 103) of the Comprehensive Addiction and Recovery Act (CARA) (P.L. 114-198), remain at the Office of National Drug Control Policy (ONDCP).

According to independent research (ICF International, National Evaluation of the Drug-Free Communities Support Program, June 2019 Report), in communities where DFC coalitions exist, rates of past 30-day use among middle school students for alcohol, tobacco and

marijuana declined at 30.7%, 45.2% and 16.2% respectively. Among high school students in DFC-funded communities, rates for alcohol, tobacco, marijuana and prescription drugs declined by 23.0%, 43.8%, 7.6% and 24.6% respectively.

DFC coalitions exist in 713 communities across the nation and provide support to 2.5 million middle school students and 3.6 million high school students. The program requires a community to demonstrate local commitment before it is eligible to receive federal funds, which means that at least 12 sectors within the community must come together to plan and implement evidence-based programs that will meet the community's unique needs in reducing drug use.

The required emphasis on local data collection, community buy-in and participation among multiple sectors is central to the DFC coalitions' success and allows grantees to respond effectively to all new and emerging drug trends.

The DFC program has been able to achieve impressive results largely because of ONDCP's commitment to managing the policy level components of the program. ONDCP's prioritization and funding of data collection and analysis associated with the DFC program demonstrates both national level outcomes for the entire program, as well as local outcomes for every grantee. Moving the DFC and CARA section 103 enhancement grant programs out of ONDCP and into the Centers for Disease Control would: undermine a number of legal requirements of the program that ensure both its cost effectiveness and direct relationship between the federal and community levels; severely impact the program's effectiveness by limiting its essential partners and strategies; and force the program to compete with other non-drug prevention priorities for funding and emphasis.

The HIDTA program is an essential component of the National Drug Control Strategy. It is clear that federal, state, local, and tribal law enforcement plays an integral role in a balanced strategy to reduce drug misuse and its harmful consequences. The HIDTA program enhances and coordinates federal, state, local, and tribal anti-drug misuse efforts from a local, regional, and national perspective, leveraging resources at all levels in a true partnership. The HIDTA program gives federal, state, local and tribal criminal justice leaders a balanced and equal voice in identifying the regional threat, developing a strategy, investing in the strategy, and assessing performance. This unique feature of the HIDTA program creates the ability for each HIDTA to quickly, effectively, and efficiently adapt to emerging threats that may be unique to a given region providing for the greatest level of impact. Moving the HIDTA program out of ONDCP would all but eliminate the balanced voice found in the long-standing law enforcement partnerships, and the many other innovative approaches that are essential components of an effective drug policy.

Not only would such a move drastically weaken these vitally important programs, and force them to compete for priority, direction, and funding in larger agencies with competing and higher priorities, but it would significantly impact ONDCP's ability to effectively carry out its mission. ONDCP oversees federal efforts to combat every drug problem facing our nation, to include the opioid overdose epidemic, methamphetamines, synthetic drugs, cocaine, marijuana, etc., by coordinating all federal agencies responsible for reducing drug trafficking and misuse and ensuring their adherence to the President's priorities. No other agency has this unique

responsibility to coordinate efforts across the federal government to execute one shared drug strategy. This oversight is instrumental in eliminating waste and fraud by preventing duplicative programs and strategies among the various federal agencies. Cutting ONDCP's budget would significantly harm the effectiveness of this unique mission.

According to the Centers for Disease Control, 67,367 Americans died of a drug overdose in 2018. With 185 people dying from drug overdose each day, there is no doubt the drug epidemic is an urgent and serious problem impacting families across our nation. The President's budget proposal would create an unnecessary distraction at a time when the federal government should be focused on saving lives. We urge you to continue to allow the ONDCP to use its expertise to administer these programs with its full funding intact.

Sincerely,

Addiction Policy Forum

Addiction Professionals of North Carolina

American Association for the Treatment of Opioid Dependence (AATOD)

American Association of Colleges of Pharmacy

American College of Academic Addiction Medicine

Arete Recovery

Association for Behavioral Healthcare – Massachusetts

Association of Prosecuting Attorneys

Brave Health

California Consortium of Addiction Programs & Professionals (CCAPP)

California Highlands

Campaign for Youth Justice

Caron Treatment Centers

Center for Adolescent Substance Use and Addiction Research at Boston Children's Hospital

Center on Addiction

Community Anti-Drug Coalitions of America (CADCA)

Creating Lasting Family Connections (CLFC) Program Developer

Delphi Behavioral Health Group and the Howard County Recovery Oriented Systems of Care (ROSC)

Desert View Recovery

Drug Free America Foundation, Inc

Eluna (formerly known as The Moyer Foundation)

Faces & Voices of Recovery

Family Recovery Specialists

Fellowship Foundation Recovery Community Organization

Florida Coalition Alliance

Foundation for Healthy Generations

Harmony Hills

Healthcare Leadership Council
Institute for Behavior and Health, Inc.
International Certification & Reciprocity Consortium
International Nurses Society on Addictions (IntNSA)
Iowa Behavioral Health Association
Major Cities Chiefs Association
Major County Sheriffs of America (MCSA)
Maryland House Detox
Mothers Against Prescription Drug Abuse
NAADAC, The Association for Addiction Professionals
National Alliance of State Drug Enforcement Agencies
National Association for Children of Addiction (NACoA)
National Association of Addiction Treatment Providers
National Association of Social Workers (NASW)
National Athletic Trainers Association
National Council for Behavioral Health
National Criminal Justice Association
National Families in Action
National HIDTA Directors Association
National Narcotic Officers' Associations' Coalition (NNOAC)
National Prevention Science Coalition to Improve Lives
National Safety Council
Palm Beach Institute
Prevention Alliance of Tennessee
Recovery Data Solutions
Resilient Futures Network, LLC
Rosenthal Center for Addiction Studies
Save Our Society From Drugs
Serenity at Summit
Smart Approaches to Marijuana Action (SAM Action)
Strengthening the Mid-Atlantic Region for Tomorrow (SMART)
Student Assistance Services Corporation
Summit Behavioral Health
TASC-IL (Treatment Alternatives for Safe Communities - Illinois)
The College on Problems of Drug Dependence
The Gerontological Society of America
The Kennedy Forum
Treatment Communities of America
Trust for America's Health
Vista Pines

WestCare Foundation, Inc.

Westcare Ohio