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OFFICE OF NATIONAL DRUG CONTROL POLICY
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FY 2015 Budget Request of
the Office of National Drug Control Policy

Subcommittee on Financial Services and
General Government
Committee on Appropriations
United States House of Representatives

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2359 Rayburn House Office Building

Written Statement
of
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Chairman Crenshaw, Ranking Member Serrano, and Members of the Subcommittee, I am pleased to appear before you today to present the President's Budget Request for Fiscal Year (FY) 2015 for the Office of National Drug Control Policy (ONDCP). I am Michael Botticelli, Acting Director of ONDCP.

The principal purpose of ONDCP is to establish policies, priorities, and objectives for the Nation's drug control program. The goals of the program are to coordinate the Federal Government's efforts to reduce illicit drug use and its consequences, including drug manufacturing and trafficking, drug-related crime and violence, and drug-related health consequences. To achieve these goals, the Director of ONDCP is charged with producing the Administration's *National Drug Control Strategy (Strategy)* and ensuring agency and department drug control budget spending is in support of the Administration's *Strategy*.

November 2013 marked the 25th anniversary of ONDCP, which was first created by the Anti-Drug Abuse Act of 1988. The Office was most recently reauthorized in the Office of National Drug Control Policy Reauthorization Act of 2006. As Americans work together to address our Nation's shared challenges, the health, well-being, and safety of our citizens continues to serve as the basis for strengthening our economy and our country overall. A healthy, productive, and drug-free workforce fosters competitiveness and innovation within our neighborhoods, towns, and communities. Addressing drug use and its consequences will also ensure our fellow citizens can contribute to our shared successes, and that America's future generations will continue to lead the world in innovation and ingenuity.

Our children, and their children, will only be equipped to compete with their peers around the globe if the United States has a sound economy fueled by an educated, prepared, and healthy workforce. By reducing drug use and its consequences, teaching children the value of healthy and responsible life choices, and promoting education, innovation, and excellence, we can ensure that the future is ours to win.

Placing sufficient resources and evidence based strategies behind our efforts will lead to more progress. Recent data show some increase in drug use, particularly marijuana use;¹ however, the rate of Americans using illicit drugs is still lower than the peak usage observed in the late 1970s,² cocaine production in Colombia has dropped to its lowest levels since 1994,³ and alternatives to incarceration are being used to divert non-violent drug offenders into treatment instead of jail. Previous national efforts to reduce smoking, drunk driving, and other public health issues have shown that sustained and balanced approaches can significantly improve public health and safety. The Administration's *Strategy* provides a roadmap to decrease drug use and its consequences.

¹ Substance Abuse and Mental Health Services Administration. Results from the 2012 National Survey on Drug Use and Health: Detailed Tables. Department of Health and Human Services. [September 2013] Available: <http://www.samhsa.gov/data/NSDUH/2012SummNatFindDetTables/DetTabs/NSDUH-DetTabsSect7peTabs1to45-2012.htm#Tab7.44B>

² Substance Abuse and Mental Health Services Administration. Unpublished estimate from the National Household Survey on Drug Abuse and the National Survey on Drug Use and Health

³ Department of State, Bureau of International Narcotics and Law Enforcement Affairs. 2013 International Narcotics Control Strategy Report [March 2013] Available: <http://www.state.gov/j/inl/rls/nrcrpt/2013/vol1/index.htm>

In 2010, ONDCP launched the Obama Administration's inaugural *Strategy*, emphasizing community-based drug prevention, integrating evidence-based interventions and treatment into the healthcare system, promoting innovations in the criminal justice system to decrease recidivism, and forging and maintaining strong international partnerships to disrupt drug trafficking organizations. As part of that *Strategy*, we proposed a number of five-year goals to reduce the prevalence of drug use in America. We have made some progress in advancing these goals. For instance, we are on our way to achieving our goals to reduce use of illicit drugs (except marijuana) by youth and young adults, reducing the number of chronic users of cocaine and methamphetamine, and reducing the prevalence of drugged driving. However, other goals, such as reducing drug-induced deaths and drug-related morbidity, have proven more problematic. We soon will release the 2014 update of the *Strategy*, which will provide information on our progress to date in implementing the goals we established in the inaugural *Strategy*.

In addition to our work with international partners as part of the overall *Strategy*, we have responsibility for working with our national and international partners in the development of the *National Southwest Border Counternarcotics Strategy* and the *National Northern Border Counternarcotics Strategy*. The FY 2014 enacted budget also contains a directive for ONDCP to develop a *Caribbean Border Counternarcotics Strategy*, which is now in process. These strategies further our mission to help disrupt the trafficking of illegal drugs into this country while enhancing our efforts to provide border communities with enhanced prevention and drug treatment assistance that will help curb drug use in the long term.

ONDCP's Budget Request for FY 2015

ONDCP's budget reflects a commitment to responsibly reduce spending without compromising our ability to support the President in achieving the goals set forth in the *Strategy*. The Administration's FY 2015 Budget Request for ONDCP is \$311,423,000 and 95 full-time equivalents (FTEs). Our budget, programs, and policy emphases support a *Strategy* which represents a balanced approach to confronting the complex challenge of drug use and its consequences. Our budget builds on several major drug policy legislative achievements that have occurred since the initial *Strategy*.

ONDCP Signature Initiatives

As part of our work to implement the *Strategy*, ONDCP focuses on three signature initiatives, in addition to its ongoing activities, to help achieve the goals of the Administration's *Strategy*. These signature initiatives are in the areas of drug prevention, opioid drug abuse, and drugged driving.

Drug Prevention

There is some encouraging news about youth substance use in some areas. Survey data reveal that cigarette smoking and alcohol use among youth have continued to decline. However, these data also show there are areas of concern. Young people's attitudes toward marijuana use and nonmedical use of prescription drugs are softening - often a precursor to an uptick in actual use, which is also being seen in some surveys.⁴ More 12th graders now smoke marijuana than

⁴ See, e.g., National Institute on Drug Abuse. *Monitoring the Future Survey, Overview of Findings 2013*. Available: <http://www.drugabuse.gov/monitoring-future-survey-overview-findings-2013>; and Substance Abuse and Mental Health Services

cigarettes, and their perception of marijuana's risk is at their lowest point since the late 1970s,⁵ in spite of research demonstrating that heavy use starting in adolescence can have life-long negative consequences on cognitive development.⁶ Young adults between the ages of 18 and 25 have the highest rates of current illicit drug use (over 20 percent), and each day, an estimated 4,400 young people under age 18 initiate drug use for the first time.⁷ This also means the Administration will continue to oppose legalization efforts based on a concern for public health, as we are concerned it would increase the availability, use, and familiarity of drugs and thereby negatively impact the health of our communities.

Drug and alcohol use affects health outcomes, job opportunities, family life, military preparedness, and academic outcomes. Over the past three years, the Obama Administration has committed over \$27 billion to substance use prevention programs and support for expanding access to treatment for people with substance use disorders, ensuring that Federal funding to address the public health aspects of the issue has increased every year. The President's FY 2015 \$10.9 billion request for treatment and prevention is now nearly 20 percent higher than the \$9.2 billion request for Federally-funded domestic drug law enforcement and incarceration. Prevention is an essential component of this new public health approach and has become one of the highest national drug policy priorities of the Administration. We know prevention works. Recent research has shown that each dollar invested in a proven school-based prevention program can reduce costs related to substance use by as much as \$18.⁸ With this in mind, drug prevention is a foundational pillar of the *Strategy*. The Administration is committed to drug prevention and is investing significant resources into national efforts to prevent drug use before it starts. Federal resources totaling \$1.3 billion are requested in FY 2015 across all of the agencies and departments included in the National Drug Control Program Agencies Budget to support education and outreach programs aimed at preventing the initiation of drug use.

We are constantly monitoring and analyzing the results of prevention programs to identify what works and what does not, and seek ways to make our prevention efforts more effective. And we are committed to the partnership between prevention organizations and law enforcement professionals to enhance prevention activities and increase education surrounding substance abuse.

Opioid Drug Abuse

The abuse of opioids – a category of drugs including heroin and prescription pain relievers like oxycodone and hydrocodone – is having a considerable impact on public health and safety in

Administration. Results from the 2012 National Survey on Drug Use and Health: Detailed Tables. Department of Health and Human Services. [September 2013]. <http://www.samhsa.gov/data/NSDUH/2012SummNatFindDetTables/DetTabs/NSDUH-DetTabsSect3peTabs1to25-2012.htm#Tab3.1B>

⁵ National Institute on Drug Abuse. *Monitoring the Future Survey, Overview of Findings 2013*. Available: <http://www.drugabuse.gov/monitoring-future-survey-overview-findings-2013>

⁶ Gruber AJ, Pope HG, Hudson JI, Yurgelun-Todd D. Attributes of long-term heavy cannabis users: A case control study. *Psychological Med* 33(8):1415–1422, 2003. Available: <http://www.ncbi.nlm.nih.gov/pubmed/14672250>

⁷ Substance Abuse and Mental Health Services Administration. *Results from the 2012 National Survey on Drug Use and Health: Detailed Tables*. Department of Health and Human Services. [September 2013]. Available: <http://www.samhsa.gov/data/NSDUH/2012SummNatFindDetTables/DetTabs/NSDUH-DetTabsSect1peTabs1to46-2012.htm#Tab1.21B>

⁸ Miller, T., Hendrie, D. (2009). Substance abuse prevention dollars and cents: a cost-benefit analysis. DHHS Pub. No. (SMA) 07-4298. Rockville, MD: Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration

communities across the United States. Of the more than 38,300 overdose deaths in 2010, opioid pain relievers were involved in over 16,600, while heroin was involved in approximately 3,000.⁹ Overall, drug overdose deaths now outnumber deaths from gunshot wounds (31,000) or motor vehicle (35,000) crashes in the United States.¹⁰ Approximately 4.9 million Americans ages 12 or older reported using prescription pain relievers non-medically within the past month.¹¹ This makes prescription pain relievers the second most common type of drug used illicitly in the United States, trailing only marijuana. While heroin use remains relatively low in the United States as compared to other drugs, there has been an increase in the number of people using the drug in recent years – from 373,000 past year users in 2007 to 669,000 in 2012.¹²

There has been considerable discussion around potential connections between the non-medical use of prescription opioids and heroin use. There is evidence to suggest that some users eventually begin to substitute heroin for prescription opioids, which are often more expensive than heroin. While research into the potential nexus between these two types of opioids remains sparse, a recent report from the Substance Abuse and Mental Health Services Administration found that four out of five (79.5%) recent heroin initiates had previously used prescription pain relievers non-medically. However, only a very small proportion (3.6%) of those who had started using prescription drugs non-medically initiated heroin use in the following 5-year period.¹³ This suggests that while most new heroin users have previously used prescription opioids non-medically, a very small portion of all non-medical prescription drug users ever transitions to heroin.

As this Subcommittee is aware, in April 2011 the Administration released its comprehensive *Prescription Drug Abuse Prevention Plan*, entitled “Epidemic: Responding to America’s Prescription Drug Abuse Crisis.” This plan builds upon the *Strategy* and brings together Federal, state, local, and tribal leaders to reduce diversion and abuse of prescription drugs. It strikes a balance between our need to prevent diversion and abuse of pharmaceuticals with the need to ensure legitimate access. The *Plan* focuses on improving education for patients and healthcare providers, supporting the expansion of state-based prescription drug monitoring programs, developing more convenient and environmentally responsible disposal methods to remove unused medications from the home, and reducing the prevalence of pill mills and doctor shopping through targeted enforcement efforts. The Administration has made considerable progress in all four areas of the *Plan*.

⁹ Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 2000-2010 on CDC WONDER Online Database. Extracted May 2013.

¹⁰ Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 2000-2010 on CDC WONDER Online Database. Extracted May 2013.

¹¹ Substance Abuse and Mental Health Services Administration. *Results from the 2012 National Survey on Drug Use and Health: Detailed Tables*. Department of Health and Human Services. [September 2013]. Available: <http://www.samhsa.gov/data/NSDUH/2012SummNatFindDetTables/DefTabs/NSDUH-DefTabsSect1peTabs1to46-2012.htm#Tab1.1A>

¹² Substance Abuse and Mental Health Services Administration. *Results from the 2012 National Survey on Drug Use and Health: Detailed Tables*. Department of Health and Human Services. [September 2013]. Available: <http://www.samhsa.gov/data/NSDUH/2012SummNatFindDetTables/DefTabs/NSDUH-DefTabsSect7peTabs1to45-2012.htm#Tab7.2A>

¹³ Substance Abuse and Mental Health Services Administration. *Associations of Nonmedical Pain Reliever Use and Initiation of Heroin Use in the United States*. Department of Health and Human Services. [August 2013]. Available: <http://www.samhsa.gov/data/2k13/DataReview/DR006/nonmedical-pain-reliever-use-2013.pdf>

In June 2012, ONDCP convened top officials from Federal agencies to discuss the latest data regarding heroin trends in the United States and the Administration response. ONDCP directed Federal public health and safety officials to increase data sharing, identify trends in substitution between prescription opioid misuse and heroin use, and coordinate a timely and evidence-based response to any emerging trends in the use of opioids. This meeting also reinforced the existing overdose prevention and opioid use disorder treatment goals outlined in the *Strategy*.

The Administration is focusing on several key areas to reduce and prevent opioid overdoses, including heroin use; educating the public about overdose risks and interventions; increasing access to naloxone, an emergency opioid overdose reversal medication; and working with states to improve the operations and functionality of prescription drug monitoring programs and promote Good Samaritan laws and other measures that can help save lives. With the recent rise in overdose deaths across the country, it is increasingly important to prevent overdoses and make antidotes available.¹⁴

Drugged Driving

Driving after consuming drugs or alcohol continues to pose a significant threat to public safety. In response to this problem, four years ago, ONDCP identified drugged driving as a national priority in the Administration's inaugural *Strategy* and set an ambitious goal of reducing drugged driving in America by 10 percent by the year 2015. In the four years since we started, we have made progress. President Obama declared December National Impaired Driving Prevention Month in 2010, 2011, 2012, and 2013 and called on all Americans to commit to driving sober, drug free, and without distractions. And in October 2011, leaders in youth prevention, highway safety, law enforcement, government, and research gathered at ONDCP's Drugged Driving Summit to identify priorities to reduce this problem. At this event, ONDCP and Mothers Against Drunk Driving agreed to raise public awareness regarding the consequences of drugged driving. The "Above the Influence" media campaign, now managed by the Partnership at Drugfree.org, also released a Drugged Driving Toolkit to assist parents and community leaders with drugged driving prevention. In 2013 and 2014, the National Transportation Safety Board has included eliminating substance-impaired driving on its Most Wanted List, the top 10 advocacy and awareness priorities for the agency.

The Administration is also making training more available to law enforcement and prosecutors, creating an online version of the Advanced Roadside Impaired Driving Enforcement program (ARIDE), a training course that gives officers additional skills to recognize signs and symptoms of drugs other than alcohol. ONDCP is also supporting driving-simulator research to examine driving impairment as a result of marijuana and combined marijuana and alcohol use and to correlate the findings with the results of oral fluid testing.

As these initiatives move forward, ONDCP continues to support enhanced laws against drugged driving. Through the dissemination of best practices guidance documents, educational packets, and webinars, ONDCP provided states with information and technical assistance needed to enact drugged driving legislation. This reckless behavior not only includes drunk driving, but also driving after taking drugs.

¹⁴ Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 2000-2010 on CDC WONDER Online Database. Extracted May 2013.

ONDCP-Funded Initiatives

ONDCP's annual appropriation includes funding for its two major grant programs and for anti-doping activities.

Drug-Free Communities Support Program

The President's FY 2015 Budget requests \$85,676,000 for the Drug-Free Communities (DFC) Support Program. The DFC Support Program, created by the Drug Free Communities Act of 1997, serves as the Nation's leading effort to mobilize communities to prevent youth drug use. Directed by ONDCP in partnership with SAMHSA, the DFC Program provides grants to local drug-free community coalitions, enabling them to increase collaboration among community partners and to prevent and reduce youth substance use. ONDCP provides oversight of the DFC Support Program to include final award determination, program regulation, policy, and its national evaluation.

During FY 2013, a total of 643 DFC grants were awarded (620 DFC grants and 23 DFC Mentoring grants). These awards followed a competitive grant process, with 484 applicants for the DFC Program and 32 applicants for the DFC Mentoring Program. In September 2014, a total of 74 grantees will graduate out of the DFC program after receiving 10 years of funding, with 83 more completing their first 5 years of funding.

The most recent evaluation of the program found that rates of substance abuse are continuing to decline in DFC communities between DFC coalitions' first report and most recent report. The DFC National Evaluation found that past 30-day prevalence of use declined significantly from first to most recent observation of core measures data collected across targeted substances which include alcohol, tobacco, and marijuana at the middle school and high school level. At the same time, youth reports of perceptions of substance use as harmful and of parental disapproval of substance use are also improving in communities served by DFC grantees.

Of the amount requested for DFC in the FY 2015 President's Budget, \$76,821,920 will fund grants made directly to approximately 614 community-based coalitions focusing on preventing and reducing youth substance abuse throughout the United States. In addition, \$2,000,000 will be provided as a directed grant award to the National Community Anti-Drug Coalition Institute to provide training, technical assistance, and publications to coalitions. The remaining \$6,854,080 (8 percent of the total request) will fund program support expenses, such as costs associated with the position of DFC Administrator, specific training provided to grantees, daily oversight of grants via an interagency agreement, and the DFC national cross-site evaluation.

High-Intensity Drug Trafficking Areas (HIDTA)

The President's FY 2015 Budget requests \$193,400,000 for the HIDTA program. The FY 2015 budget request maintains the HIDTA program's focus and mission of reducing drug trafficking and production.

The purpose of the HIDTA program is to reduce drug trafficking and production in the United States by facilitating cooperation among Federal, state, local, and tribal law enforcement agencies. Nonetheless, the HIDTA program is a locally-based program that responds to local

problems. The agencies share information and implement coordinated enforcement activities; enhance law enforcement intelligence sharing among Federal, state, local, and tribal law enforcement agencies; provide reliable law enforcement intelligence to law enforcement agencies needed to design effective enforcement strategies and operations; and support coordinated law enforcement strategies to maximize available resources and reduce the supply of illegal drugs in designated areas. In addition to the individual initiatives supported by the 28 HIDTAs, there are three national initiatives supported by the HIDTA Program: the Domestic Highway Enforcement Program, the National Marijuana Initiative (NMI), and the National Methamphetamine and Pharmaceuticals Initiative (NMPI). NMI and NMPI are training and best practices initiatives.

In consultation with the HIDTA Directors, starting in FY 2013 ONDCP developed a plan for the allocation of discretionary funds that does not designate funds for specific projects but rather prioritizes three strategic categories, which allows requests to be based on each HIDTA's significant threats. The strategic categories are requirements that:

- strengthen the HIDTA program infrastructure, either regionally or nationally, such as enhanced connectivity and information sharing;
- address emergent drug threats, such as the production and trafficking of synthetic drugs, the increase of trafficking and abuse of heroin, and new threats in areas petitioned for HIDTA designation; and
- advance *National Drug Control Strategy* priorities, such as prevention activities that enable law enforcement personnel to participate in community prevention efforts.

The HIDTA program helps improve the effectiveness and efficiency of drug-control efforts by facilitating cooperation between drug-control organizations through resource and information sharing, and co-locating and implementing joint initiatives. HIDTA funds help Federal, state, local, and tribal law enforcement organizations invest in infrastructure and joint initiatives to confront drug-trafficking organizations.

Currently, 22 regional HIDTA programs support prevention initiatives across the country, connecting law enforcement with local prevention efforts to support best-practice activities designed to reduce drug use by replicating the HIDTA multi-agency model. HIDTA members work with community-based coalitions and adhere to evidence-based prevention practices, such as community mobilization and organizational change.

Anti-Doping Programs

The President's FY 2015 Budget request for ONDCP anti-doping activities is \$7,700,000. ONDCP oversees the grant administration for U.S. anti-doping activities. These funds are used to educate athletes on the dangers of drug use, eliminate doping in amateur athletic competitions, and rely on standards established and recognized by the United States Olympic Committee. They also support efforts to enforce compliance with the World Anti-Doping Code and adjudicate athlete appeals involving doping violations. Anti-doping activities seek to raise awareness about the health dangers and ethical implications of drug use in sport among young and future athletes. In addition, these activities support state-of-the-art research within the scientific and public health communities related to anabolic steroids and other performance

enhancing drugs. ONDCP also requests \$2,000,000 in FY 2015 for World Anti-Doping Agency (WADA) membership dues. This funding level will allow the U.S. Government to maintain compliance with its assessed WADA dues.

Salaries and Expenses

The President's FY 2015 budget request includes \$22,647,000 for ONDCP Salaries and Expenses (S&E). The requested funding will allow ONDCP to continue to focus on the goals of the *Strategy* by providing guidance to, and oversight and coordination of, the National Drug Control Program agencies. The S&E account provides support for 94 FTEs (the remaining FTE is funded through DFC), same as the FY 2014 enacted budget. Funding requested for the S&E account provides personnel compensation and operational support for ONDCP. The funding and FTE resources enable the agency to perform varying activities between both drug policy work and the administration of ONDCP programs. S&E funds support ONDCP's ability to meet its responsibilities, advise the President on drug control issues, and ensure the efficient and effective coordination and oversight of National Drug Control Program agencies' programs and policies.

The National Drug Control Budget

The President's FY 2015 National Drug Control Budget (Budget) request of \$25.4 billion, an increase of \$0.2 billion (0.6 percent) over the FY 2014 enacted level of \$25.2 billion, will support a balanced approach that brings all sectors of society together in a national effort to improve public health and public safety. This request demonstrates the Administration's continuing support for key policies and programs proven to make America healthier and safer. These efforts include expanding prevention, early intervention, treatment, recovery, and "smart on crime" efforts. It also continues support for international partnerships working to combat transnational criminal organizations. Under this Administration, Federal funding for public health approaches to drug policy have increased every year. In fact, the portion of the Budget requested for drug treatment and prevention efforts (43 percent) has grown to its highest level in over 12 years.

As noted earlier, the request includes Federal resources totaling \$1.3 billion to support education and outreach programs aimed at preventing the initiation of drug use while encouraging community outreach efforts focused on getting those who have begun to use illicit drugs to cease their use – a nearly 5 percent increase over the FY 2014 enacted level. New this year are efforts by HHS agencies to provide funding to prevent prescription drug misuse and abuse in high-priority age groups (including young and middle-aged adults) and other populations through education and other prevention strategies.

The FY 2015 Budget proposes \$9.6 billion in Federal funds for early intervention, treatment, and recovery services focused on reducing drug use and its consequences. These services focus on assisting individuals with substance use disorders to become free from the health consequences of the use of illicit drugs, including the abuse of prescription drugs. This is an increase of nearly 9 percent over the FY 2014 enacted level.

Federal, state, local, and tribal law enforcement agencies play an integral role in the Administration's balanced approach to reducing drug use and its consequences. The FY 2015 Budget proposes \$9.2 billion for domestic law enforcement efforts. This domestic law

enforcement support includes state and local assistance, as well as Federal investigations, prosecution, and corrections.

The FY 2015 Budget continues support to disrupt the flow of drugs entering the United States. The Federal Budget for interdiction totals \$3.9 billion. This includes support for Department of Homeland Security and Department of Defense (DoD) programs providing support for programs working to interrupt the trafficking of illicit drugs into the United States by targeting the transportation links, bringing traffickers and other criminals to trial, and addressing money laundering and associated corruption.

Support for international partnerships that help facilitate the disruption or dismantlement of the most significant international drug organizations is another key area supported by this Budget. The FY 2015 Budget requests nearly \$1.4 billion to provide such international support, but it should be noted that the DoD's Overseas Contingency Operations FY 2015 request has not yet been finalized.

Performance evaluation is a key tool for ONDCP in its oversight of the National Drug Control Program agencies – it enables ONDCP to assess the extent to which the *Strategy* achieves its goals and account for the contributions of drug control agencies. ONDCP tracks and reports performance measures and targets established for each goal and objective in the *Strategy*. ONDCP, in collaboration with its interagency partners, has developed a performance monitoring and assessment mechanism – the Performance Reporting System (PRS) – that monitors key performance measures to assess interagency progress toward the goals and objectives of the *Strategy*. The first PRS assessment will be released with the 2014 Strategy. This assessment, and follow-on assessments, will be used to inform prospective policymaking, planning, future *Strategy* development and implementation, and budget formulation and resource allocation.

Conclusion

ONDCP supports a comprehensive public health and safety approach in an effort to reduce drug use and its consequences. The President's FY 2015 budget request has been carefully developed to ensure we have the resources to meet the Administration's *National Drug Control Strategy* goals.

Thank you for this opportunity to testify. I am happy to answer any questions.