

**Nomination of James Carroll to be Director of the Office of National Drug Control
Policy Questions for the Record
July 18, 2018**

QUESTIONS FROM SENATOR FEINSTEIN

1. Directors of the Office of National Drug Control Policy have historically had significant drug policy experience — largely in the areas of prevention, treatment, interdiction and enforcement. By contrast, your drug policy experience is more limited and includes the prosecution of drug violations early in your career, serving as Assistant Bar Counsel, and implementing employee assistance programs at Ford Motor Company.
 - a. **How does your professional experience qualify you to be the Director of the Office of National Drug Control Policy? Please provide specific examples of how your previous experience will inform your work, should you be confirmed.**

The chance to improve my community and my country is why I get up every day. My career has been building to this point from the time I was a local prosecutor taking drug dealers off the street to my time managing a large component of a Fortune 50 company, where even there I saw how substance abuse can ruin lives. With the exception of my time at Ford Motor Company, my entire career has been spent in public service at the local, state, and Federal levels. As the person charged with coordinating the government-wide response to the opioid crisis, the fact that I have worked at every level of government gives me a unique perspective.

Prior to joining ONDCP, I served as the Deputy Chief of Staff for the President. Having someone with background working in the West Wing, with senior leadership in the Administration is a benefit for the organization and demonstrates the priority put on filling the position. The role of the Director of ONDCP involves coordinating across the entire government, working closely with the Cabinet members whose mission includes drug control. My personal relationships with Cabinet Secretaries and the West Wing team is a resource for ONDCP.

- b. **If confirmed, what specific new policy initiatives will you implement to better address the drug overdose epidemic currently facing our country, and how will you ensure that these policies embody a balanced approach that takes into account the need to focus proportionately on prevention, treatment, and enforcement?**

President Trump has made addressing the opioid crisis a top priority and in March, he announced his Initiative to Stop Opioid Abuse and Reduce Drug Supply and Demand. As Director of ONDCP, I will be responsible for mobilizing the President's plan across the Federal Government to ensure we are addressing the problem in a comprehensive and coordinated way. We will work to reduce demand through education and preventing over-prescription, ensure those struggling with addiction can access the evidence-based treatment and recovery support they need, cut off the supply of illicit drugs, and bring drug traffickers to justice.

The Administration has already been moving forward on this plan aggressively. We are dedicating unprecedented funding to address this crisis, including \$3 billion in

FY 2018 for prevention, education, safer prescribing, treatment research, drug courts, and law enforcement. Additionally, ONDCP has continued to strengthen the HIDTA program by establishing a HIDTA presence in all 50 states to help coordinate the Federal, state, local, and tribal response to drug trafficking threats. And last month, ONDCP, in partnership with the Ad Council and the Truth Initiative, released a major national public education media campaign to target prevention, particularly for youth and young children.

2. The primary responsibilities of the Director of the Office of National Drug Control Policy include coordinating and implementing an aggressive national drug control strategy and ensuring federal agencies meet the goals outlined in this strategy. **If you are confirmed as Director, how specifically will you:**

- a. communicate prevention messages related to opioids and other substances to the public;**

ONDCP has joined with the Truth Initiative and the Ad Council to develop the Truth About Opioids, a major national public education media campaign focused on raising awareness of the risks associated with opioids and reducing opioid misuse among youth and young adults.

Further, if confirmed, I will fight for the implementation of evidence-based prevention, continue to build upon the national infrastructure developed through the Drug-Free Communities Program, and encourage these types of efforts at the Department of Health and Human Services, Department of Education, and the Department of Agriculture, and other departments/agencies and encourage similar messaging from other organizations.

- b. garner support for policy changes;**

As the President's principal advisor on drug control policy, I will continue to advance the counter-drug mission within the Executive Office of the President ensuring it remains a top priority of the Administration.

- c. hold federal agencies accountable if they fail to meet the goals outlined in the national drug control strategy; and**

ONDCP possesses valuable budget authorities to provide tools to ensure ONDCP can hold agencies accountable in achieving the goals and objectives to fight this epidemic. These include issuing annual drug control funding guidance, reviewing and funding recommendations for agency drug control budget submissions, certifying drug control funding requests in agency budgets, reviewing agency financial plans for appropriated funds, and the authority to issue fund control notices. In addition, ONDCP has authority to review and certify policy changes to ensure agencies support the Administration's drug control policy goals. If confirmed, I will use these authorities to ensure that agency policies and budgets are aligned to fight the addiction epidemic in our country.

- d. better engage our international partners?**

At the bilateral level, I will work directly with senior leadership in these countries to reduce the cultivation and manufacturing of illicit drugs, as well as partner nation efforts to address Transnational Organized Crime and drug trafficking. At the regional level, I will lead Federal government efforts by working through regional organizations such as Organization of American States Inter-American Drug Abuse Control Commission (CICAD) and the North American Drug Dialogue (NADD), which ONDCP co-chairs with the State Department, to increase cooperation, harmonize policy, and create tangible outcomes among the United States, Canada, and Mexico on all drug trafficking issues. At the international level, I will exert U.S. leadership in international organizations such as International Narcotics Control Board (INCB) and the United Nations Commission on Narcotic Drugs (CND) to gain international support and drive outcomes to advance U.S. counterdrug interests within the Western Hemisphere and around the world. This includes the international scheduling of drugs and the international listing of chemicals of concern to complement and support U.S. efforts to reduce the availability of dangerous drugs and the precursors used to manufacture them throughout the global market.

3. Public reporting indicated that, in recent months, the Office of National Drug Control Policy employed individuals in high level positions who have virtually no drug policy experience. Others within the Administration, who also have little-to-no drug policy experience and who have no official role within the Office, have also taken leading public roles in coordinating the Administration's response opioid epidemic, even since you were named Deputy Director and Acting Director.

- a. **If confirmed, how will you ensure that those responsible for making policy decisions within the Office have the appropriate level of drug policy experience?**

The article you are referencing pre-dates my arrival at ONDCP. We have an excellent team of both political and career staff who are knowledgeable and deeply committed to our mission.

- b. **If confirmed, do you intend to take over both the decision making and public responsibilities associated with being Director that others within the Administration have assumed up until this point?**

The President has made confronting the opioid epidemic a top priority. We have mobilized across the entire government and deployed many voices, including the First Lady with her new "Be Best" initiative. Across the Administration, we are working closely together, focused on our common mission to address the opioid crisis. The President has charged me with making sure overdose deaths go down, access to treatment goes up, and drug traffickers are brought to justice – and that's what I'm committed to doing.

4. The opioid epidemic demands urgency, both in terms of funding and other resources, which I fully support. But with a 43 percent increase in cocaine and meth overdoses in 2016, which resulted in 18,000 deaths, it is clear that we must address the drug overdose epidemic as a whole, without focusing solely on one substance or class of drugs.

- a. **If confirmed, what steps will you take to ensure that our nation's drug policies do not disproportionately focus on one substance or on treatment**

over prevention?

The major drug problem in the United States today is the opioid epidemic, with two-thirds of the nearly 64,000 drug overdose deaths in 2016 involving opioids. However, it is not the only drug of concern. For example, we see record amounts of coca cultivation and potential cocaine production in Colombia, and increased methamphetamine production in Mexico.

It is equally important that our response is balanced. If confirmed, I will take a whole of government approach that balances prevention, treatment and recovery, and interdiction and law enforcement.

5. The United States faces an increasing number of drug-related threats from other countries. Mexico is the dominant supplier of meth and heroin in the U.S.; more than 90% of cocaine in the U.S. originates from Colombia; and transnational criminal organizations in Mexico control the wholesale distribution of Colombian cocaine in the United States, while Colombian transnational criminal organizations maintain control over its production and supply.
 - a. **Given these facts, if confirmed, what specific steps will you take to strengthen our international partnerships with Mexico, Colombia, and other Central and South American partners to reduce the flow of illicit drugs into the United States?**

If confirmed, I will work directly with the senior leadership of these countries; lead Federal government efforts by working through regional organizations such as The Organization of American States Inter-American Drug Abuse Control Commission (CICAD) and the North American Drug Dialogue (NADD), which ONDCP co-chairs with the State Department; and, exert U.S. leadership in international organizations such as International Narcotics Control Board (INCB) and the United Nations Commission on Narcotic Drugs (CND) to gain international support and drive outcomes advancing U.S. counterdrug interests.

6. Since 2008, Congress has appropriated over \$2.9 billion dollars to combat violence and drug trafficking while strengthening the rule of law in Mexico through the Mérida Initiative. We are now in the Mérida Initiative's tenth year, and Mexico has recently elected a new President.

- a. **In light of the facts that violence continues to escalate in Mexico; illicit drug production continues to increase in Mexico; and the Drug Enforcement Administration continues to identify Mexican drug trafficking organizations as "the most significant criminal drug threat facing the United States," if you are confirmed, do you intend to work with your State Department counterparts and the Administration of the newly elected Mexican President, Andrés Manuel López Obrador, to reorient aspects of the Mérida Initiative that have failed to achieve their desired outcomes?**

As the ONDCP Director, I will work with my Department of State counterparts, Secretary Michael Pompeo and Assistant Secretary Kirsten D. Madison who leads the Bureau of International Narcotics and Law Enforcement Affairs. Additionally, I will work with Mexican President-elect Andrés Manuel López Obrador's

Administration to reorient those aspects of the Mérida Initiative that failed to achieve their desired outcomes.

b. Which specific aspects of the Mérida Initiative do you believe should be changed in order to improve future results?

As the United States approaches the 10th Anniversary of this critical initiative with Mexico, it is fundamental that we undertake a thorough review with an eye toward reshaping the overall direction of the Mérida Initiative. Moving forward, the United States and Mexico should revisit the Mérida Initiative's broad pillars and focus on security threats such as source poppy cultivation, heroin and fentanyl production, and combatting Transnational Criminal Organizations who operate from Mexico and negatively influence the safety of American citizens within the United States.

7. Data released by the Office of National Drug Control Policy on June 28, 2018 indicated that coca production in Colombia increased by 11 percent in just one year. In the press release announcing this increase, you stated that “Even though Colombian eradication efforts improved in 2017, they were outstripped by the acceleration in production. The Government of Colombia must do more to address this increase. The steep upward trajectory is unacceptable. Colombia is an important United States partner with a critical role. We will continue to work with them to reduce drastically the production of cocaine destined for the United States.”

a. If confirmed, what specific strategies will you prioritize in Colombia to “reduce drastically the production of cocaine destined for the United States?”

As the ONDCP Director, I will work with the government of Colombia to refocus its efforts on counter-narcotics, and dedicate the resources needed to reverse the explosion of coca cultivation in Colombia. The government of Colombia must resume its successful aerial eradication program, terminated in 2015, as part of a comprehensive eradication program including aerial and manual eradication, along with the use of new technologies such as agricultural spray via Unmanned Aerial Systems (UAS). A successful eradication program must also be coupled with rural development that focuses on alternative crops, infrastructure development, citizen safety and security initiatives, and expanded government presence. Finally, the governments of Colombia and the United States, as well as other regional partners, must dedicate sufficient resources for land, riverine, coastal and offshore interdiction efforts.

b. How do you believe the United States should respond if Colombian coca production continues to increase?

Colombia is one of the United States' strongest regional partners, and I began to establish a working relationship with President-elect Duque and his team. We must renew our collective efforts to achieve our shared goal of cutting coca cultivation and cocaine production in half in five years. This will require allocating the right amount of resources to achieve tangible results and holding our partners to the same high standards that United States holds itself in addressing drug issues overall. The United States and Colombia will benefit from this great relationship by working together to confront this challenge in a serious manner.

8. Aerial crop eradication using glyphosate has long been touted as a method to disrupt drug production, but it is not without controversy. There are several conflicting studies related to the health effects of using glyphosate. For example, the World Health Organization found that it has cancer causing carcinogens, and California has added glyphosate to a statewide list of chemicals known to cause cancer. However, in March of 2017, the European Chemicals Agency determined that glyphosate should not be listed as a carcinogen.

While Colombian President Juan Manuel Santos previously banned aerial eradication due to the World Health Organization finding, he recently announced that Colombia will reinstate aerial eradication using glyphosate and low flying drones to simulate manual eradication.

- a. **What is your position on the use of glyphosate and aerial eradication? Do you believe it can produce sustained reductions in coca production over time?**

The use of glyphosate during Plan Colombia resulted in a 53 percent decrease in Colombian coca cultivation from 2007 to 2012, demonstrating the effectiveness of a well-planned, sustained eradication effort that includes aerial eradication. Additionally, President-elect Duque in Colombia included the need to return to aerial eradication as a part of his campaign.

- b. **If you support aerial eradication, what specific programs must it be coupled with to produce sustained reductions in coca production over time?**

Aerial eradication is vitally important, but must be part of a comprehensive eradication program that also includes manual eradication and the use of new technologies. Such an eradication program must be coupled with rural development that focuses on cultivating alternative crops, infrastructure development, citizen safety and security initiatives, and expanding government presence in key areas in order to achieve long term and sustainable success.

9. While originally produced in China, fentanyl is typically shipped in small quantities of powders to the U.S. directly, to Canada, or to transnational criminal organizations in Mexico where they are mixed into the U.S. heroin supply or pressed into a pill form and then smuggled into our country.

- a. **Given China's role in supplying Mexican transnational criminal organizations with illicit fentanyl, how can the U.S. better work with China and Mexico to counter the threat of synthetic drugs?**

Through the North American Drug Dialogue (NADD), which ONDCP co-chairs with the Department of State, I will facilitate trilateral engagements among the governments of Mexico and Canada to create a unified North American position to the government of China in regards to fentanyl trafficking. In addition, I will work with the Justice Department to promote cooperative investigations and the sharing of law enforcement information with the government of China to address the manufacture and trafficking of synthetic drugs. Moreover, it is important to help our international counterparts develop the capacity to conduct the full range

of narcotics interdiction activities within their countries, including the targeting of illicit opioid trafficking into the United States.

b. What steps do you intend to take to strengthen this relationship if you are confirmed?

It is important to ensure the government of China remains committed to targeting U.S. bound exports of substances, like fentanyl and its many analogues, which the U.S. determined to be a threat to public health and safety. I will work to ensure that continues to be the case, and will also work with ONDCP's partners in the Departments of Justice and Homeland Security to increase the exchange of law enforcement and scientific information with the Government of China, with a view toward coordinated actions between both our countries to control illicit substances and chemicals of concern.

10. Earlier this year, the Department of Justice established the Joint Criminal Opioid Darknet Enforcement team to investigate the online sale of opioids. The Food and Drug Administration also recently convened an Online Opioid Summit where it engaged internet stakeholders on the topic of the illicit online sale of opioids. These are positive steps. Nonetheless, many internet stakeholders do not proactively remove content that enables the sale of illicit narcotics, including the sale of prescription drugs without a prescription.

a. If you are confirmed, how will you engage federal and non-federal stakeholders to proactively prevent the online sale of illicit drugs – not only by banning ads promoting illegal online pharmacies, but also by removing search engine results that help facilitate the online illicit sale of drugs?

The internet sale of drugs is a relatively new phenomenon and clearly requires new approaches. The hierarchical drug trafficking organizations we are familiar with may lose their monopoly on supplying the most deadly drugs to the U.S. market as a result of thousands of individual purchasers joining the emerging direct-to-consumer market. I understand this challenge and will work with federal and non-federal stakeholders to rethink the framework of relationships, laws and regulations, and procedures to deal with this new drug trafficking environment. A sustained series of focused operations similar to the Justice Department's takedown of the Alphabay marketplace last year can disrupt the online sale of illicit drugs and build our understanding of this evolving drug trafficking environment.

b. Are there any additional tools that Congress can provide that would be helpful to these efforts?

President Trump's Initiative to Stop Opioid Abuse and Reduce Drug Supply and Demand contains specific action items to crack down on international and domestic illicit drug supply chains devastating American communities. These include shutting down illicit opioid sales conducted online and seizing any related assets; scaling up internet enforcement efforts under the Justice Department's new Joint Criminal Opioid Darknet Enforcement (J-CODE) team; requiring the U.S. Postal Service to receive advance electronic data for 90 percent of all

international mail shipments within three years in order for the Department of Homeland Security to flag high-risk shipments and leverage advanced screening technologies and drug-detecting canines on those shipments; and strengthening criminal penalties for dealing and trafficking in fentanyl and other opioids which includes reducing the threshold amount of drugs needed to invoke mandatory minimum sentences for traffickers who knowingly distribute illicit opioids that are lethal in trace amounts.

11. The illicit drug trade contributes to nearly every major challenge facing Afghanistan, and directly funds the insurgency. Despite this, and despite recommendations contained in both the 2014 Senate Caucus on International Narcotics Control report titled “U.S. Counternarcotics Efforts in Afghanistan” and the recently published Special Inspector General for Afghanistan Reconstruction report titled “Counternarcotics: Lessons from the U.S. Experience in Afghanistan,” the United States does not have a comprehensive, whole-of-government counternarcotics strategy in Afghanistan, and poppy production has reached near historic levels.

- a. **If confirmed, will you commit to working with other federal agencies, including the National Security Council, to implement a whole-of-government counternarcotics strategy in Afghanistan?**

As the ONDCP Director, I will work across the entirety of the Federal government, as well as the National Security Council (NSC) to implement the counternarcotics portion of the Administration’s strategy for Afghanistan. The Administration established cutting the revenue that the Taliban receives from narcotics as a key line of effort in its South Asia Strategy (SAS), a critical element that complements its efforts on counter insurgency and counter terrorism. A portion of the SAS requires ONDCP and the interagency to coordinate counternarcotics efforts in Afghanistan to reduce the Taliban revenue generated from opium production, and I am prepared to lead this effort toward concrete outcomes.

12. You have cited your experience as a prosecutor to illustrate your understanding of the country’s drug issues. However, at times, those suffering from addiction are exposed to lengthy prison sentences after committing crimes to support their addiction. In fact, according to the National Institute on Drug Abuse, “65 percent of all incarcerated individuals meet the criteria for a substance use disorder,” yet only 11 percent receive treatment.

- a. **Do you believe that treatment alternatives to incarceration more effectively stem illicit drug use and its associated crime when compared to incarceration without treatment?**

Increasing the use of alternatives to incarceration and combinations of supervision and drug treatment can result in more effective crime reduction, better health outcomes, and lower prison costs. One such model is the drug court program that includes Adult Treatment Courts, Veteran’s Treatment Courts, Juvenile Drug Courts, and Family Drug Courts. These alternatives allow incarcerated individuals with substance use disorders to return to their families and communities, while simultaneously receiving treatment and helping to break the cycle of drug use, arrest, incarceration, relapse, and re-arrest.

- b. If confirmed, would you support addiction treatment for incarcerated individuals, including medication assisted treatment? If not, why not?**

If confirmed, I will support a comprehensive and well-coordinated approach to treating and supporting sustained recovery from substance use disorder (SUD) for currently incarcerated individuals and during reentry.

13. In August 2016, the Department of Justice placed a notice in the Federal Register to solicit applications for the bulk manufacture of marijuana to supply legitimate researchers in the United States. Twenty-six applications were submitted. It has now been almost two years, and the Department has failed to respond to these applications. This could hinder important research that may lead to the development of FDA-approved drugs.

- a. If you are confirmed, will you commit to pushing the Justice Department to expeditiously respond to these applications?**

ONDCP has been coordinating with relevant Federal agencies regarding this matter and supports greater medical research and innovation for legitimate pharmaceutical development.

14. Nine states have legalized recreational marijuana. Yet, there is little available data related to the public health effects of recreational marijuana legalization or its effects on the black market.

- a. If you are confirmed, will you commit to working with other federal agencies and outside stakeholders to gather and synthesize this data and share it with both Congress and the public?**

If confirmed, I am committed to gathering the very latest data and scientific research regarding these issues and fostering greater sharing.

Senator Dick Durbin
Written Questions for Ryan Nelson, James Carroll, Stephen Clark, John O'Connor
July 18, 2018

For questions with subparts, please answer each subpart separately.

Questions for James Carroll

1. Mr. Carroll, the Drug Enforcement Administration is responsible for deciding how many opioid pills can be produced each year.

Between 1993 and 2015, DEA allowed production of oxycodone to increase 39-fold, hydrocodone to increase 12-fold, and fentanyl to increase 25-fold.

I've pressed DEA hard on this and now they're responding – over the past two years, they've heeded my call to lower opioid quotas by an average of 41%. But there's more work to be done. In 2016, drug companies flooded the market with 14 billion opioid doses, enough to fill a 3-week supply for every American adult. That is far too high.

Senator Kennedy and I have a bill to reform DEA's quota-setting statute to make prevention abuse and diversion a higher priority.

How is ONDCP working with DEA and FDA to help prevent opioid addiction by setting responsible production quotas for opioids? What more will you do if you are confirmed as ONDCP Director?

DEA, with input on use rates from HHS, regulates production and procurement of many opioid pharmaceutical products using a quota process.

On July 16, 2018, DEA finalized a rule that should improve this process by allowing some flexibility to consider the effect of diversion in quota decisions and to require additional information from manufacturers. These are needed improvements. However, much of what DEA can do to manage opioids through quota is constrained by the very statute that gives DEA authority to use quotas to ensure adequate supply of drug classes for medical and research needs. If confirmed, I will continue to work with the DEA and HHS on this matter.

2. In 2016, CDC released Opioid Prescribing Guidelines for Chronic Pain, a document that was distributed to every physician nationwide.

a. Do you believe that opioid prescribers should have to undergo mandatory training on our updated knowledge of opioids and responsible prescribing?

Providers who prescribe opioids should be trained. Experience has shown that when training is not required, many prescribers fail to seek it on their own. Although Federal agencies require training for employees who are opioid prescribers, not all non-Federal prescribers are subject to a mandatory training requirement.

- b. **In addition to the chronic pain guidelines, it would be helpful if CDC issued additional guidelines for treating acute pain after surgery and in the ER. I have included report language in the past two Labor-HHS appropriations bills to this end. Will the Administration soon release additional opioid guidelines for acute pain?**

The Comprehensive Addiction and Recovery Act authorized a Federal Advisory Committee, of which ONDCP is an active participant, to examine gaps in the Federal approach to pain management including its guidelines and through making recommendations to the HHS Secretary concerning how Federal guidelines should be addressed. The Committee, which was recently established, allows for the HHS Secretary to consider options on how to update its guidelines.

3. I am concerned that the Trump Administration is not prioritizing fighting the opioid epidemic, while 115 people die each day.

The position you seek to fill has remained vacant since President Trump's presidency began – for over a year and a half. The President's prior nominee, Tom Marino, withdrew from consideration under a cloud of scandal regarding his authorship of controversial legislation that makes it harder for the DEA to crack down on pill mills peddling prescription opioids.

Until at least January 2018, Taylor Weyeneth, a 24-year-old former Trump campaign worker was serving as the deputy chief of staff of ONDCP. According to press reports, he falsified his resume and his only professional experience after graduating from college was working for the Trump campaign.

ONDCP is required to annually submit a National Drug Control Strategy, and has not done so since the final year of the Obama Administration.

And there is confusion over who is coordinating White House drug policy – as Kellyanne Conway has reportedly been convening opioid cabinet meetings with federal agencies.

- a. **What do you believe the role ONDCP should be in developing the national strategy to fight against opioid abuse?**

ONDCP works to reduce drug use and its consequences by leading and coordinating the development, implementation, and assessment of U.S. drug policy. In addition to its vital ongoing work, ONDCP also provided administrative and financial support to the President's Commission on Combating Drug Addiction and the Opioid Crisis. ONDCP is leading the implementation of President Trump's Initiative to Stop Opioid Abuse and Reduce Drug Supply and Demand.

A few examples of how ONDCP works with Federal agencies and other partners are:

- *Understand epidemic trends;*

- *Expand community-based drug prevention efforts;*
- *Decrease the excess prescription opioid drug supply in circulation;*
- *Educate patients and prescribers on the risks involved with opioid prescribing;*
- *Expand access to evidence-based treatment, including medication-assisted treatment, for those with opioid use disorders, including those in the criminal justice system; and,*
- *Increase access to naloxone to reverse opioid overdose and promote treatment services to those administered naloxone; and*

ONDCP also works with Federal agencies and international partners to drive the efforts to disrupt the supply of heroin and fentanyl, fentanyl analogues, and precursor chemicals. On the international front, ONDCP is engaging numerous governments both bilaterally and multilaterally to enact controls on these dangerous drugs and precursor chemicals, share information on their illicit production and distribution, and develop our partners' capabilities to detect and disrupt their trafficking.

b. What is Ms. Conway's role?

As the Senior Counselor to the President of the United States, Kellyanne Conway has an important role in addressing a number of issues facing our country, including the opioid crisis. Responding to this crisis requires a whole-of-government approach and she convened the "Opioid Cabinet" to help coordinate opioid-specific efforts across the many Federal agencies involved in the response.

c. If confirmed, what will you do to ensure a unified strategy across federal agencies?

The role of the ONDCP Director centers on coordinating across the entire government and working closely with the Cabinet members whose mission includes aspects of drug control.

d. When will the 2018 National Drug Control Strategy be submitted?

I take very seriously ONDCP's responsibility to produce the National Drug Control Strategy. We currently have a draft that incorporates the volumes of feedback we received from partners throughout the government and stakeholders across the country. I fully anticipate the National Drug Control Strategy to be released this summer.

4. Fewer than 12 percent of Illinoisans who need substance abuse treatment actually receive it. We would not accept treatment rates that low for cancer or diabetes.

We must do more to protect and increase treatment access by preserving Medicaid and the coverage gains under the ACA and by enforcing parity laws so insurance plans truly cover drug treatment.

We should also fix an arcane rule that restricts Medicaid funding for residential substance abuse treatment to facilities with 16 beds or less, known as the "IMD Exclusion."

The President's Opioid Commission said lifting this outdated limit was "the single fastest way to increase treatment availability."

I have a bipartisan bill with Senator Portman, the Medicaid CARE Act, to fix this problem. We have 17 cosponsors.

a. Do you view opioid addiction as a moral failing or as a disease that can be treated?

Substance use disorder is a disease. Substance use disorder, including opioid use disorders, is included as one of the categories in the "Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)" which is the standard classification of mental disorders used by mental health professionals in the United States. Opioid addiction is treatable, and people can and do recover.

b. Do you believe our efforts are best spent on increasing access to treatment, such as lifting outdated barriers to care?

There is no doubt that increasing access to treatment is important. To address the treatment gap, the Administration has taken multiple steps including significantly increasing funding for treatment through grant programs at HHS, encouraging states to maximize Medicaid payment coverage for treatment for eligible individuals, and expanding access to treatment via telemedicine in rural and under-served communities. With respect to the IMD exclusion, in November of 2017, CMS updated its demonstration policy which came as a direct result of the President's commitment to address the opioid crisis and ensure states have immediate relief and flexibility.

If confirmed, I will focus on the President's Initiative to Stop Opioid Abuse and Reduce Drug Supply and Demand and mobilize the entire government so that we are addressing the problem in a comprehensive and coordinated way that focuses on prevention, treatment, recovery and law enforcement.

**Questions for the Record from Senator Sheldon Whitehouse for
James W. Carroll, Jr.
Senate Judiciary Committee Hearing on Nominations
July 11, 2018**

Please find attached a letter to you from my colleague, Senator Elizabeth Warren, dated March 2, 2018. I would like to associate myself with Senator Warren's letter and ask that you consider the nine questions posed therein my questions for the record.

1. Please provide a full description of your previous experience working in public health, or working on addiction policy, including a list of all public health, behavioral health, or addiction policy positions you have held. Do you feel that these experiences qualify you to direct the office responsible for coordinating the drug control activities of sixteen federal agencies and directing the Executive Branch's drug policies?

The chance to improve my community and my country is why I get up every day. My career has been building to this point from the time I was a local prosecutor taking drug dealers off the street to my time managing a large component of a Fortune 50 company, where even there I saw how substance abuse can ruin lives. With the exception of my time at Ford Motor Company, my entire career has been spent in public service at the local, state, and Federal levels. As the person charged with coordinating the government-wide response to the opioid crisis, the fact that I have worked at every level of government gives me a unique perspective.

Prior to joining ONDCP, I served as the Deputy Chief of Staff for the President. Having someone with background working in the West Wing, with senior leadership in the Administration is a benefit for the organization and demonstrates the priority put on filling the position. The role of the Director of ONDCP involves coordinating across the entire government, working closely with the Cabinet members whose mission includes drug control. My personal relationships with Cabinet Secretaries and the West Wing team is a resource for ONDCP.

2. President Trump's most recent budget suggests cutting the ONDCP's budget by 95%. Do you feel that the ONDCP would be able to fulfill its mission with such extensive cuts? As Director, which ONDCP functions would you prioritize and which would you cut under such strict budget restrictions?

The proposed reduction is primarily driven by the proposed transfer of the High Intensity Drug Trafficking Areas (HIDTA) program and the Drug-Free Communities (DFC) support program from ONDCP to other agencies. As I stated at my confirmation hearing, I would have worked to discourage the proposed move of the HIDTA and DFC programs from ONDCP if I had been there at that time. The White House has heard the

concerns of Congress and the American people and will revisit the issue again in the FY 2020 Budget.

3. Public reports suggest that existing drug policy aides in the White House, such as Ms. Conway, have failed to include drug policy experts while making opioid-related policy. As ONDCP Director, would you bring in public health and drug policy experts to guide your decision-making?

ONDCP has a hardworking and dedicated staff, many of whom are detailed from various agencies, who bring valuable experience and knowledge to inform our mission. ONDCP also regularly connects with local, state, and Federal officials to ensure organization and coordination across government in addition to working with health experts, stakeholders and law enforcement groups. Their feedback and partnership directly impacts our work.

4. The increased use of fentanyl has contributed to the opioid epidemic.¹⁷ As ONDCP Director, how would you work with federal agencies to improve fentanyl surveillance and support the work of states in dealing with significantly high rates of opioid overdoses due to illicitly produced fentanyl?

ONDCP's National Heroin Coordination Group (NHCG), which addresses all illicit opioid issues, is central in coordinating a Federal response that is informed by state, local, and tribal initiatives. In the last year alone the United States took concrete steps to tackle fentanyl availability including the President's signing of the INTERDICTION Act, the implementation of the Department of Justice's J-CODE initiative, Customs and Border Protection's success in training canines to detect fentanyl, and a Federal interagency working group's creation of Fentanyl Safety Recommendations and training video for First Responders. Moreover, HIDTA programs support enhanced investigations of fatal and non-fatal overdoses involving fentanyl. These operations led directly to the arrest of individuals supplying deadly quantities of fentanyl to user populations.

5. At the core of the opioid epidemic has been the overprescribing and misuse of addictive and dangerous prescription painkillers. The Comprehensive Addiction and Recovery Act, passed in July 2016, included a bipartisan provision that I worked on with Senator Capito, which empowers patients to talk to their physicians and pharmacists about partially filling their prescription medications in order to reduce the amount of unused opioids in circulation.¹⁸ This provision amended the Controlled Substances Act to allow partial filling of any Schedule II prescription.

¹⁷ Massachusetts Department of Public Health, "Data Brief: Opioid-Related Overdose Deaths Among Massachusetts Residents (November 2017)" (online at: <https://www.mass.gov/files/documents/2017/11/13/secl-od%20deaths%20mass%20residents%20Nov-17.pdf>).

¹⁸ See S. 524: Comprehensive Addiction and Recovery Act of 2016 (online at <https://www.congress.gov/bills/114th/congress/senate-bill/524/text>).

- a. Do you believe that reducing the number of unused medications in the home is an important tool in tackling the misuse of prescription medications?

Yes, reducing availability of unwanted, expired or unneeded medicines reduces medicines available for misuse. It is one part of a comprehensive solution.

- b. As ONDCP Director, how would you address the overprescribing and misuse of addictive prescription medications, while still ensuring that patients who need pain medication can receive it?

A balanced approach is important. The President's Opioid Initiative calls for decreasing prescribing by 30% by 2021. We can accomplish this without taking away medicines for those with chronic pain who are benefiting from their medicines and using their medicines responsibly and without reducing access to those in palliative care, including those with cancer pain. We will work with providers and payers to ensure that opioids are only used for acute pain at the right dose and where they are essential. Also, we will work to encourage coverage and reimbursement for alternative treatments and further research to expand availability and awareness of alternative approaches.

6. Access to naloxone, a prescription drug meant to reverse an opioid overdose, saves lives. However, more could be done to expand access to naloxone. As ONDCP Director, how would you work with federal agencies, manufacturers, and partners to expand access to naloxone?

The President's Opioid Initiative includes a commitment to ensure first responders are supplied with naloxone. The Administration currently supports supplying naloxone to law enforcement first responders through grants made by SAMHSA. The Department of Transportation recently updated guidance to states to ensure that naloxone provisions for all levels of emergency medical services would be permitted. ONDCP staff are currently tracking actions interagency partners have taken to address wider access and use of naloxone. As an aside, one of my first initiatives at ONDCP involved setting up training on overdose prevention, including use of naloxone, for all ONDCP employees.

7. Nine states and the District of Columbia have passed laws allowing for the recreational adult use of marijuana.¹⁹ Twenty-nine states, the District of Columbia, Puerto Rico, and Guam have laws allowing for the use of marijuana for medical purposes.²⁰ These common-sense policies help law enforcement focus on real threats to public health and safety while eliminating the black market sale of marijuana. Unfortunately, the Trump

¹⁹ German Lopez, "The spread of marijuana legalization, explained," *Vox* (January 22, 2018) (online at <https://www.vox.com/cards/marijuana-legalization/where-is-marijuana-legal>).

²⁰ National Conference of State Legislatures, "State Medical Marijuana Laws" (February 15, 2018) (online at <http://www.ncsl.org/research/health/state-medical-marijuana-laws.aspx>).

Administration has recently taken steps to remove protections for these states and has failed to take an evidence-based approach to marijuana policy.²¹ As ONDCP Director, how would you work to ensure that the careful balance between federal and state governments on marijuana is reinstated, and that the Administration takes steps to remove additional federal barriers to these efforts?

Federal law, as passed by Congress, on marijuana has not changed. Under the CSA and other relevant legislation, marijuana may be the subject of medical and scientific research. FDA's recent approval of a CBD product is an example of how the process for establishing safe and effective medications can be utilized to bring marijuana derived treatments to patients. I support a comprehensive and robust marijuana research agenda.

8. Accelerating research on effective alternatives to opioids for pain treatment, including medical cannabis, is critical to addressing the opioid crisis. As ONDCP Director; how would you work with federal agencies to expand research into alternative pain treatments?

ONDCP has been working with the National Institutes of Health on its HEAL (Helping to End Addiction Long-term) Initiative. The HEAL Initiative is an aggressive, trans-agency effort to speed scientific solutions to stem the national opioid public health crisis. Among other outcomes, HEAL will develop a data sharing collaborative, new biomarkers for pain, and a clinical trials network for testing new pain therapies.

9. The ONDCP plays a critical role in coordinating the efforts of all federal agencies, including the Department of Justice and the Department of Health and Human Services, and helps set the tone for the Administration's drug policies. It is essential that ONDCP set a positive public health agenda that does not perpetuate the failed war on drugs.²² As ONDCP Director, how would you work to modernize the Office's efforts and ensure an Administration -wide focus on harm reduction, eliminating stigma for individuals with substance use disorder, and reforming our criminal justice policies?

ONDCP's strategy must continue adapting to the drug use and trafficking environment. We are keenly aware of this reality and are working to implement specific strategies to modernize and maintain a cutting-edge approach to an unprecedented crisis. We are focused on coordinating efforts across the agencies effectively, while ensuring we synchronize the public health and national security and law enforcement components of our mission. We are facing 21st-century drug trafficking and drug use challenges, and I

²¹ Charlie Savage and Jack Healy, "Trump Administration Takes Step That Could Threaten Marijuana Legalization Movement," *New York Times* (January 4, 2018) (online at <https://www.nytimes.com/2018/01/04/us/politics/marijuana-legalization-justice-department-prosecutions.html>).

²² See Mona Chalabi, "The 'war on drugs' in numbers: a systematic failure of policy," *The Guardian* (April 19, 2017) (online at <https://www.theguardian.com/world/2016/apr/19/war-on-drugs-statistics-systematic-policy-failure-united-nations>).

intend to make sure we have a 21st-century Office of National Drug Control Policy to address them.

Senate Judiciary Committee
“Nominations”
Questions for the Record
July 11, 2018
Senator Amy Klobuchar

Questions for James Carroll, Nominee to be Director of the Office of National Drug Control Policy

- While five Minnesota counties are now part of the North Central High Intensity Drug Trafficking Area (HIDTA) – previously the Wisconsin HIDTA – my state was one of the last to be included in a HIDTA designation, and I continue to hear concerns from law enforcement in my state that we are not receiving sufficient resources through the program. Will you commit to looking into this issue if you are confirmed?

Yes, if confirmed I am committed to ensuring that the regional HIDTA programs have the resources required to accomplish their mission to reduce the supply of illegal drugs in the United States.

- I am leading legislation with Senator Portman – the Prescription Drug Monitoring Act – to require states receiving certain federal funding to have strong prescription drug monitoring programs (PDMPs) in place and to make their data available across state lines. My bill was endorsed by the President’s Opioid Commission, and a provision based on it has been included in the CARA 2.0 Act. Why is it important to ensure that states have strong PDMPs in place, and how do you view the role of these programs as part of the effort to combat addiction?

PDMPs play an important role in our efforts to reduce overprescribing and prescription drug misuse. The President’s Initiative to Stop Opioid Abuse and Reduce Drug Supply and Demand specifically calls for leveraging Federal funding opportunities related to opioids to ensure that States transition to a nationally interoperable PDMP.

**Nomination of James W. Carroll, Jr., to be
Director of National Drug Control Policy
Questions for the Record
Submitted July 18, 2018**

QUESTIONS FROM SENATOR COONS

1. Last year, several Senators and I asked the U.S. Government Accountability Office (GAO) to study federal efforts to limit the flow of synthetic opioids. GAO issued a report in March 2018 titled “ILLICIT OPIOIDS; While Greater Attention Given to Combating Synthetic Opioids, Agencies Need to Better Assess their Efforts,” in response to our inquiry and found that agencies involved in combatting synthetic opioids needed to a better job developing performance metrics.

- a. What progress has been made on developing metrics?

Since the beginning of the Trump Administration, Federal agencies have made good progress in expediting data collection and analysis. Specific examples are: the debut of the National Center for Health Statistics’ Vital Statistics Rapid Release product of provisional quarterly opioid mortality counts; the Department of Transportation’s National Highway Traffic Safety Administration’s (NHTSA) development of the National EMS Information System to support public health and law enforcement officials’ abilities to understand the opioid epidemic, assist with law enforcement activities, and allocate resources nationwide and in local communities; and the Substance Abuse and Mental Health Services Administration’s (SAMHSA) current work to reestablish the valuable Drug Abuse Warning Network (DAWN) that had collected drug-related information from hospital emergency departments prior to 2012.

- b. What other actions should be taken in response to this GAO report?

ONDCP in conjunction with the National Security Council (NSC) and Federal partners is reviewing various approaches to expand the deployment of the Overdose Detection Mapping Application (ODMAP) and evaluating the appropriate role for Federal departments and agencies to engage in this initiative. The leaders of High Intensity Drug Trafficking Areas (HIDTAs) participating in the Heroin Response Strategy (HRS) have also been actively engaged in developing more specific performance measures. As of early May 2018, nine core (mandatory) and two optional performance measures have been established for all HIDTAs participating in the HRS.

2. The FY19 House and Senate Financial Services Appropriations bills reject the Administration’s proposal to move the High Intensity Drug Trafficking Area (HIDTA) and Drug-Free Communities (DFC) programs out of ONDCP. Will you work to keep the programs at ONDCP?

As I stated at my confirmation hearing, I would have worked to discourage the proposed move of the HIDTA and DFC programs from ONDCP if I had been there at that time. The White House has heard the concerns of Congress and the American people and will revisit the issue again in the FY 2020 Budget.

3. Please provide a detailed update on ONDCP’s media campaign to combat opioid misuse.

- a. Will there be metrics to measure achieving the goals of the campaign, and if so, what will they be?

The goal of the national public service campaign is to target youth and young adults ages 15 to 34, with nearly \$20 million in donated media, in up to 200 media markets in order to close the knowledge gap on opioid abuse. We partnered with the Ad Council and the Truth Initiative in this campaign partly because of their expertise and experience with data-driven campaigns. The ads themselves were tested with the target audience prior to development to see which messages resonated most effectively. The ads will be tracked and evaluated.

- b. What are future plans beyond the current media campaign?

The President has allocated \$100 million to HHS in the FY 2019 request for a media campaign.

4. We know from research that in order to change behavior, it takes more than just providing information or raising awareness of harms and potential consequences through advertising and messaging. What other elements and programs could be included to complement the opioid media campaign, that could build on the raised awareness to ensure that it is robust enough to actually change behavior and prevent and reduce future opioid misuse?

ONDCP has partnered with the Truth Initiative and the Ad Council to develop The Truth About Opioids, a multi-channel media campaign focused on raising awareness of the risks associated with opioids and reducing opioid misuse among youth and young adults. ONDCP's Drug Free Communities (DFC) grant program delivers almost \$100 million-primary prevention programs for youth, including anti-opioid efforts, in more than 700 communities across all 50 states. In addition, we are dedicating unprecedented funding to address this crisis, including \$3 billion in FY 2018 for prevention, education, safer prescribing, treatment research, drug courts, and law enforcement.

5. As part of a White House/ONDCP conference call with federal, state, and local leaders in early June, a Loudon County, Virginia, sheriff asked about anti-drug programs in schools or D.A.R.E. programs that target pre-teen youth, but the question was not answered. Are any resources contemplated for the pre-teen population?

Yes. Several existing programs support the pre-teen population, a key group we focus on in our prevention efforts. These programs include universal school-based programs such as Life Skills Training, a three year middle school classroom curriculum that teaches students drug-resistance skills; and Guiding Good Choices, a five-session program for parents of children in middle school. The Department of Education currently offers resources to local educational agencies to implement primary prevention programs in schools. In FY 2019, \$43 million was requested in support of this program.

6. How important is primary prevention to stop drug use before it ever starts?

Primary prevention programs and interventions can help reduce the risk factors associated with substance use and the early initiation of substance use. Intervening early can alter the life course trajectory of young people in a positive direction, increase protective factors against drug use, and reduce the risk factors associated with drug use.

7. What federal primary prevention programs do you think have been effective and why?

Since 1998, the Drug Free Communities Support Program (DFC) has funded community coalitions to address the use of alcohol, tobacco and marijuana. In 2012, DFC provided funds to coalitions to address prescription drug misuse, and now all opioids. This federal grant program develops strategies using an evidence-based model driven by local conditions, and empowers coalitions to implement their own local solutions. The program is highly successful and has shown a reduction in drug use among youth in communities that have a DFC program.

8. If confirmed, will you work to support more funding for these primary prevention programs?

Yes. Strengthening the prevention infrastructure is critical to turning the tide of the crisis we are seeing today. The Administration is committed to increasing prevention activities, as can be seen in the FY 2019 President's Budget Request and the Budget Addendum. The FY 2019 request includes \$1.6 billion in funding, an increase of 1.0% over what was spent in FY 2017. Within the addendum, the President has requested \$3.0 billion to address prevention, treatment, and recovery. The addendum request emphasizes reaching young people with effective prevention messaging through a targeted media campaign, and making funds available to states and tribes to develop, implement, and maintain their own prevention activities. If confirmed, I will continue to engage with our interagency partners to ensure that across the federal, state, local, and tribal governments, resources are committed to stopping drug use before it starts.

Questions for the Record for Mr. James William Carroll, Jr.
Submitted by Senator Richard Blumenthal
July 18, 2018

1. Reports have indicated that the Trump administration has primarily relied on political appointees, rather than drug policy experts, to address this devastating opioid crisis. I understand that your professional background is primarily in law and corporate risk and compliance.

- **Do you consider yourself a public health or drug policy expert?**

The chance to improve my community and my country is why I get up every day. My career has been building to this point from the time I was a local prosecutor taking drug dealers off the street to my time managing a large component of a Fortune 50 company, where even there I saw how substance abuse can ruin lives. With the exception of my time at Ford Motor Company, my entire career has been spent in public service at the local, state, and Federal levels. As the person charged with coordinating the government-wide response to the opioid crisis, the fact that I have worked at every level of government gives me a unique perspective.

Prior to joining ONDCP, I served as the Deputy Chief of Staff for the President. Having someone with background working in the West Wing, with senior leadership in the Administration is a benefit for the organization and demonstrates the priority put on filling the position. The role of the Director of ONDCP involves coordinating across the entire government, working closely with the Cabinet members whose mission includes drug control. My personal relationships with Cabinet Secretaries and the West Wing team is a resource for ONDCP.

- **How will you use subject matter experts within the office if you are confirmed?**

We have an excellent team of both political and career staff who are deeply committed to our mission. ONDCP subject matter experts will work relentlessly with our internal and external partners to reduce demand through education and preventing over-prescription; ensure those struggling with addiction can access the evidence-based treatment and recovery supports they need to rebuild their lives; and cut off the supply of illicit drugs and bring drug traffickers to justice.

2. As you may know, I introduced the Access to Increased Drug Disposal (AIDD) Act with my colleagues, Senators Ernst and Grassley, in April 2018. This legislation aims to increase participation in the federal prescription drug take-back programs to help combat prescription drug abuse and the growing opioid epidemic.

- **What is your strategy to combat prescription drug abuse?**

President Trump has made addressing the opioid crisis a top priority and in March, he announced his Initiative to Stop Opioid Abuse and Reduce Drug Supply and Demand. As Director of ONDCP, I will be responsible for mobilizing the President's plan across the Federal Government to ensure we are addressing the problem in a comprehensive and coordinated way. We will work to reduce demand through education and preventing over-prescription, ensure those struggling with addiction can access the evidence-based treatment and recovery support they need, cut off the supply of illicit drugs, and bring drug traffickers to justice.

The Administration has already been moving forward on this plan aggressively. We are

dedicating unprecedented funding to address this crisis, including \$3 billion in FY 2018 for prevention, education, safer prescribing, treatment research, drug courts, and law enforcement. Additionally, ONDCP has continued to strengthen the HIDTA program by establishing a HIDTA presence in all 50 states to help coordinate the Federal, state, local, and tribal response to drug trafficking threats. And last month, ONDCP, in partnership with the Ad Council and the Truth Initiative, released a major national public education media campaign to target prevention, particularly in the youth population.

- **Would this piece of legislation help achieve your goals?**

Medication disposal is part of an overall strategy to help end the scourge of drug abuse. National Prescription Drug Take Back Day addresses a crucial public safety and public health issue, and events provide an opportunity for Americans to prevent drug addiction and overdose deaths.

3. In March 2018, I joined a number of my colleagues urging insurance companies to evaluate their policies to identify any practices that could be contributing to the opioid epidemic. Specifically, my colleagues and I expressed concerns about deep-rooted prescribing practices and a lack of awareness regarding opioid alternatives, but we also noted that health insurance policies can play a significant role in access to non-addicting pain treatment alternatives. For example, a doctor may prescribe a non-addictive treatment that gets overridden by the insurance company for a cheaper opioid alternative.

- **What is the role of health insurance companies in combatting the opioid epidemic?**

Combatting the opioid crisis requires efforts from private for-profit, non-profit, and governmental entities. Health insurance companies have a role to play in terms of reimbursing for some of the costs of treatment and recovery support services for those with opioid use disorder, as well as reimbursing for the cost of some medicines and determining if formularies offer alternatives.

- **How do we better train doctors to identify and prescribe non-addictive alternatives to opioids?**

The Comprehensive Addiction and Recovery Act authorized a Federal Advisory Committee to review current pain treatment guidelines and determine gaps, including gaps in training. The Committee, which ONDCP is an active participant on, will be making recommendations to HHS on ways to better train prescribers after a thorough review.

Nomination of James W. Carroll
Office of National Drug Control Policy
Questions for the Record
Submitted July 18, 2018

QUESTIONS FROM SENATOR BOOKER

1. According to a Brookings Institute study, African Americans and whites use drugs at similar rates, yet blacks are 3.6 times more likely to be arrested for selling drugs and 2.5 times more likely to be arrested for possessing drugs than their white peers.¹ Notably, the same study found that whites are actually *more likely* to sell drugs than blacks.² These shocking statistics are reflected in our nation's prisons and jails. Blacks are five times more likely than whites to be incarcerated in state prisons.³ In my home state of New Jersey, the disparity between blacks and whites in the state prison systems is greater than 10 to 1.⁴

- a. Do you believe there is implicit racial bias in our criminal justice system?

Drug control policy affects the criminal justice environment in many ways. I am committed to advancing the Administration's drug control priorities. These include helping to create and sustain healthy individuals and safe communities, and achieving the President's goal of strengthening vulnerable families and communities, and building and growing a stronger, healthier, and drug-free society. The Administration supports several alternative-to-incarceration programs, including drug courts, and swift and certain sanction programs such as Project HOPE (Hawaii's Opportunity Probation with Enforcement).

- b. Do you believe people of color are disproportionately represented in our nation's jails and prisons?

African Americans are the Nation's largest racial minority, at 13 percent, and Hispanics are the largest ethnic minority at nearly 18 percent. However, nearly 40 percent of prison inmates are African American and 33 percent are Hispanic.

- c. Prior to your nomination, have you ever studied the issue of implicit racial bias in our criminal justice system? Please list what books, articles, or reports you have reviewed on this topic.

¹ JONATHAN ROTHWELL, HOW THE WAR ON DRUGS DAMAGES BLACK SOCIAL MOBILITY, BROOKINGS INSTITUTE (Sept. 30, 2014), available at <https://www.brookings.edu/blog/social-mobility-memos/2014/09/30/how-the-war-on-drugs-damages-black-social-mobility/>.

² *Id.*

³ ASHLEY NELLIS, PH.D., THE COLOR OF JUSTICE: RACIAL AND ETHNIC DISPARITY IN STATE PRISONS, THE SENTENCING PROJECT 14 (June 14, 2016), available at <http://www.sentencingproject.org/publications/color-of-justice-racial-and-ethnic-disparity-in-state-prisons/>.

⁴ *Id.* at 8.

No, but this is an important issue for me. If confirmed, I will establish, support, and sustain policies and programs to reduce the number of Americans who find themselves in some part of the cycle of drug use and addiction. This includes evidence-based adolescent drug prevention programs, focused on high-risk youth to prevent the drug use that so often leads to criminal behavior. It also includes proven programs to divert non-violent drug offenders from incarceration and into the treatment programs they need to achieve sustained recovery and become positive members of their communities. And I will advance the Administration's efforts to provide effective treatment to those who are incarcerated and have a drug use disorder so they can continue their recovery upon release, allowing them to rejoin their communities in a positive way with a lower likelihood of re-arrest and re-incarceration.

2. According to a Pew Charitable Trusts fact sheet, in the 10 states with the largest declines in their incarceration rates, crime fell an average of 14.4 percent.⁵ In the 10 states that saw the largest increase in their incarceration rates, crime decreased by an 8.1 percent average.⁶
 - a. Do you believe there is a direct link between increases of a state's incarcerated population and decreased crime rates in that state? If you believe there is a direct link, please explain your views.

The relationship between incarceration and crime rates is complex and involves a number of variables. If confirmed, I will lead the Administration's efforts to prioritize alternatives to incarceration for nonviolent drug offenses. Programs such as drug courts are a prime example of proven alternatives to incarceration. I am a very strong proponent of drug courts, which are on the front lines of the crisis, and I believe that individuals with a substance use problem who violate probation terms with substance use should be diverted into drug court rather than prison. ONDCP is committed to knocking down the systemic barriers that make it hard for states to support a drug court. For example, we need to make sure prosecutors and judges know that a drug court is an option when they have potential participants standing before them. We also need judicial staff to know that addiction is a medical issue that can be treated, and the drug court can help make this happen.

3. Do you believe the United States Congress should end the federal marijuana prohibition?

As an officer of the Executive Branch, it is my job to execute the laws of the land. Federal law, as passed by Congress, on marijuana has not changed. Under the CSA and other relevant legislation, marijuana may be the subject of medical and scientific

⁵ THE PEW CHARITABLE TRUSTS, NATIONAL IMPRISONMENT AND CRIME RATES CONTINUE TO FALL 1 (Dec. 2016), available at http://www.pewtrusts.org/~media/assets/2016/12/national_imprisonment_and_crime_rates_continue_to_fall_web.pdf.

⁶ *Id.*

research. FDA's recent approval of a CBD product is an example of how the process for establishing safe and effective medications can be utilized to bring marijuana derived treatments to patients. I support a comprehensive and robust marijuana research agenda.

4. Do you believe marijuana has medicinal value? Please explain.

The United States has a well-established process for determining the efficacy and safety of medications. The FDA has approved the use of synthetic or plant-derived compounds of constituent chemicals present in marijuana. For example, the FDA recently approved the first drug comprised of an active ingredient from marijuana to treat epilepsy.

5. Do you believe marijuana can be used in addressing the opioid abuse heroin use epidemic?

Research and development of marijuana-derived products or use of marijuana or its constituent components as a medicine must be done within the FDA process for ensuring safe and effective medicines. For instance, last month, the FDA approved a cannabidiol product for the treatment of seizures associated with two rare and severe forms of epilepsy.

6. Do you believe that the budget of the Office of National Drug Control Policy should be cut by 95 percent?

- a. Do you think it should be cut at all?

The proposed reduction is primarily driven by the proposed transfer of the High Intensity Drug Trafficking Areas (HIDTA) program and the Drug-Free Communities (DFC) support program from ONDCP to other agencies. As I stated at my confirmation hearing, I would have worked to discourage the proposed move of the HIDTA and DFC programs from ONDCP if I had been there at that time. The White House has heard the concerns of Congress and the American people and will revisit the issue again in the FY 2020 Budget.

7. Do you believe drug courts are successful in diverting people away from the criminal justice system?

Drug court's use of supervision, accountability, and drug treatment, successfully diverts people from further involvement in the criminal justice system. Drug courts offer offenders with substance use disorders access to substance use treatment, including medication-assisted treatment; counseling services and other behavioral health services; overdose prevention and treatment; recovery support services; and treatment for HIV, hepatitis, and other infectious diseases. They also provide an opportunity for individuals to sustain recovery from substance use disorders and return to their families and communities.

- a. Do you believe drug courts should be utilized more at the federal level to divert people away from the criminal justice system?

Federal drug courts have been proven effective in significantly reducing illicit drug use and alcohol use among offenders who participate in them.

Senate Judiciary Committee - Questions for the Record from Senator John Kennedy
July 25, 2017

Hearing entitled: “Nominations”

Questions for Mr. James William Carroll, Jr. nominated to be Director of the Office of National Drug Control Policy

1. Please describe your office’s comprehensive strategy for addressing all aspects of the opioid crisis – including overprescribing. Please list out concrete steps you will be taking to achieve the overarching goals.

President Trump has made addressing the opioid crisis a top priority and in March, he announced his Initiative to Stop Opioid Abuse and Reduce Drug Supply and Demand. As Director of ONDCP, I will be responsible for mobilizing the President’s plan across the Federal Government to ensure we are addressing the problem in a comprehensive and coordinated way. We will work to reduce demand through education and preventing over-prescription, ensure those struggling with addiction can access the evidence-based treatment and recovery support they need, cut off the supply of illicit drugs, and bring drug traffickers to justice.

2. Please describe your plans to coordinate with other departments and describe the steps you will take to execute that plan.

The Director of ONDCP is the principal advisor to the President on drug control issues, and the role of ONDCP is to coordinate the drug control activities and related funding of the National Drug Control Agencies. ONDCP has budgetary authority over the agencies to coordinate among the departments. The role of the Director of ONDCP involves coordinating across the entire government, working closely with the Cabinet members whose mission includes drug control.

The Administration is dedicating unprecedented funding to address this crisis, including \$3 billion in FY 2018 for prevention, education, safer prescribing, treatment research, drug courts, and law enforcement. ONDCP has continued to strengthen the HIDTA program by establishing a HIDTA presence in all 50 states to help coordinate the Federal, state, tribal, and local response to drug trafficking threats. In partnership with the Ad Council and the Truth Initiative, ONDCP launched a major national public education media campaign to target prevention, particularly among youth. Additionally, ONDCP has been instrumental in assisting the community coalitions respond to the opioid crisis and local drug threats with the \$2.75 million CARA grants Congress appropriated.