



# **American Bridge**

## **Trump Policy Brief: Cuts to the Office of National Drug Control Policy**

5.8.17

## CUTS TO THE OFFICE OF NATIONAL DRUG CONTROL POLICY

President Trump's FY2018 budget called for cuts of 95% to the Office of National Drug Control Policy. These cuts would reduce the ONDCP's staff by roughly half, and totally eliminate the High-Intensity Drug-Trafficking Area program and the Drug-Free Communities program, both critical to curbing drug use and proliferation.

The ONDCP was effectively replaced by a redundant, wasteful commission on opioid addiction led by Chris Christie. Critics argued that the new commission would re-do work that had already been done while wasting precious time in the fight against opioid abuse. As of May 2017, Trump had not appointed anyone to the new commission.

By cutting the agency leading the fight against opioid addiction, Trump went back on a major campaign promise to help people caught in its grips. The Washington Post's "Right Turn" blog said Trump had shed "crocodile tears" over the issue, and Republican Senator Rob Portman criticized the cuts to "those who serve on the front lines of this epidemic."

The cuts to the ONDCP were not Trump's first attack on programs addressing the opioid crisis. He also supported the American Health Care Act, the GOP plan to repeal and replace the Affordable Care Act, which would no longer require states to provide substance abuse treatment to Medicaid expansion beneficiaries.

The cuts come at a time when the opioid epidemic has reached true crisis levels across the country. Each day in the United States, 78 Americans die from opioid-related overdose, 3,900 initiate non-medical use of prescription opioids, and 580 initiate heroin use.

### Trump Proposed 95% Cuts To The Office Of National Drug Control Policy, A Senseless Setback In The Fight Against Opioid Addiction

#### THE TRUMP ADMINISTRATION PROPOSED CUTTING THE OFFICE OF NATIONAL DRUG CONTROL POLICY BY 95%

**Trump's Fiscal 2018 Budget Included Cuts Of About 95% Of Funding For The Office Of National Drug Control Policy.** According to Politico, "President Donald Trump's fiscal 2018 budget would cut about 95 percent of funding for the Office of National Drug Control Policy, effectively ending its mission as the lead agency in charge of combating the opioid crisis and other drug epidemics, according to an internal office email and two sources who spoke with Politico." [Politico, [5/5/17](#)]

- **The Office Of National Drug Control Policy Received \$388 Million In Federal Funding In Fiscal 2017, But The White House Budget Proposal Only Allotted \$24 Million For The Agency.** According to Politico, "President Donald Trump's fiscal 2018 budget would cut about 95 percent of funding for the Office of National Drug Control Policy, effectively ending its mission as the lead agency in charge of combating the opioid crisis and other drug epidemics, according to an internal office email and two sources who spoke with POLITICO. The office, which received \$388 million in federal funding in fiscal 2017, would only receive \$24 million in fiscal 2018, according to the White House budget proposal. The agency's high-intensity drug-trafficking program, which received \$254 million in federal funding in 2017, and its drug-free communities support program,

which received \$100 million, would be completely zeroed out under Trump's proposal." [Politico, [5/5/17](#)]

## **TRUMP'S BUDGET CUT WOULD CUT ONDCP'S STAFF ROUGHLY IN HALF**

**Trump's Budget Would Cut Almost \$7 Million In Salaries From The ONDCP, A Cut Projected To Reduce The Office's Staff By About Half.** According to Politico, "President Donald Trump's fiscal 2018 budget would cut about 95 percent of funding for the Office of National Drug Control Policy, effectively ending its mission as the lead agency in charge of combating the opioid crisis and other drug epidemics, according to an internal office email and two sources who spoke with POLITICO. [...] The budget also seeks to cut almost \$7 million in salaries, leading to projected cuts of as many as 33 full-time equivalents. About 70 people currently work at the drug control office." [Politico, [5/5/17](#)]

**Acting Director Rich Baum, In An Internal Email To Staff: "These Drastic Proposed Cuts Are Frankly Heartbreaking And, If Carried Out, Would Cause Us To Lose Many Good People Who Contribute Greatly To ONDCP's Mission And Core Activities."** According to Politico, "These drastic proposed cuts are frankly heartbreaking and, if carried out, would cause us to lose many good people who contribute greatly to ONDCP's mission and core activities," acting Director Rich Baum wrote in an internal email to staff that was shared with POLITICO." [Politico, [5/5/17](#)]

- **Baum Was A Former Hill GOP Staffer Picked By The Trump White House To Lead The Office Of Drug Control Policy.** According to Politico, "The White House on Tuesday also shuffled the leadership at the Office of Drug Control Policy, replacing acting head Kemp Chester — a compromise pick between the outgoing Obama and incoming Trump administrations — with acting head Rich Baum, a former Hill GOP staffer who's been critical of legalizing marijuana and wants to tackle drug cartels abroad. Baum specializes in what's called the 'supply side' of drug policy — cracking down on the flow of illegal drugs — as opposed to 'the demand side,' or treating the end user. Baum is close to GOP policy experts who worked to enact the 'war on drugs' tactics under previous Republican presidents, several sources told POLITICO." [Politico, [3/29/17](#)]

## **TRUMP'S BUDGET WOULD TOTALLY DEFUND THE HIGH-INTENSITY DRUG-TRAFFICKING PROGRAM**

**ONDCP's High-Intensity Drug-Trafficking Program Received \$254 Million In Federal Funding In 2017 But Would Receive No Funding At All Under Trump's Budget.** According to Politico, "President Donald Trump's fiscal 2018 budget would cut about 95 percent of funding for the Office of National Drug Control Policy, effectively ending its mission as the lead agency in charge of combating the opioid crisis and other drug epidemics, according to an internal office email and two sources who spoke with POLITICO. [...] The agency's high-intensity drug-trafficking program, which received \$254 million in federal funding in 2017, and its drug-free communities support program, which received \$100 million, would be completely zeroed out under Trump's proposal." [Politico, [5/5/17](#)]

**The HIDTA Program Is A Coordinated Effort Between Federal, State, And Local Law Enforcement To Address Drug Trafficking In Specific Areas.** According to congressional testimony by Office of National Drug Control Policy Director Michael P. Botticelli in Congressional Quarterly, "The HIDTA Program was created as part of ONDCP's original authorization to reduce drug trafficking and production in the United States by facilitating cooperation among Federal, state, local, and tribal law enforcement agencies. The HIDTA Program is a locally-based program that responds to the drug trafficking issues facing specific areas of the country. Law enforcement agencies at all levels of government share information and implement coordinated enforcement activities; enhance intelligence sharing among Federal, state, local, and tribal law

enforcement agencies; provide reliable intelligence to law enforcement agencies to develop 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.” [CQ Congressional Testimony, 12/2/15]

### **Approximately 60% Of Americans Live In High-Intensity Drug-Trafficking Areas**

**The Nation’s 28 High-Intensity Drug-Trafficking Areas Cover About 17% Of U.S. Counties And About 60% Of The Population.** According to The Washington Post, “By comparison, the \$2.5 million being committed to the latest program by the White House Office of National Drug Control Policy is a small investment, but a senior law enforcement official involved in developing the new strategy said the pairing of public health workers and police is a key step toward ‘both reducing crime and reducing the number of people who end up in emergency rooms.’ The new money will pay for hiring ‘a cop and a health data analyst’ in 15 of the nation’s 28 High Intensity Drug Trafficking Areas, which cover about 17 percent of U.S. counties and about 60 percent of the population, the official said.” [Washington Post, [8/16/15](#)]

### **TRUMP’S BUDGET WOULD TOTALLY DEFUND THE DRUG-FREE COMMUNITIES SUPPORT PROGRAM**

**The ONDCP’s Drug-Free Communities Support Program Received \$100 Million In Federal Funding In 2017, But Would Receive No Funding At All Under Trump’s Proposal.** According to Politico, “President Donald Trump’s fiscal 2018 budget would cut about 95 percent of funding for the Office of National Drug Control Policy, effectively ending its mission as the lead agency in charge of combating the opioid crisis and other drug epidemics, according to an internal office email and two sources who spoke with POLITICO. [...] The agency’s high-intensity drug-trafficking program, which received \$254 million in federal funding in 2017, and its drug-free communities support program, which received \$100 million, would be completely zeroed out under Trump’s proposal.” [Politico, [5/5/17](#)]

**The Drug-Free Communities Support Program Was The Nation's Leading Effort To Mobilize Communities To Prevent Youth Drug Use.** According to congressional testimony by Office of National Drug Control Policy Director Michael P. Botticelli in Congressional Quarterly, “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 the Substance Abuse and Mental Health Services Administration (SAMHSA) in the Department of Health and Human Services, 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.” [CQ Congressional Testimony, 12/2/15]

**The Drug-Free Communities Support Program At Least Doubled The Financial Resources Available To Implement And Enhance Community Substance Use Prevention Activities Through Matching Federal Funds.** According to the Drug-Free Communities Support Program 2014 National Evaluation Report by ICF International, “From the beginning of the DFC Support Program to the awarding of Fiscal Year (FY) 2013 DFC grants, ONDCP has awarded over 2,000 DFC grants to community coalitions across the nation. DFC grantees have included community coalitions in all 50 states, the District of Columbia, the Virgin Islands, American Samoa, Puerto Rico, Guam, Micronesia, and Palau. They represent rural, urban, suburban, and tribal communities. DFC grantees receive awards of up to \$125,000 per year for up to five years per award, with a maximum of 10 award years. DFC grantees are required to match Federal funds, thus at a minimum doubling the financial resources available to implement and enhance community substance use prevention activities and resources.” [Drug-Free Communities Support Program 2014 National Evaluation Report – ICF International, [August 2015](#)]

## Nearly Every State In America Benefited From Drug-Free Communities Support Program Grants

**Drug-Free Communities Support Program Grants Were Awarded In Almost Every State.** According to the Drug-Free Communities Support Program 2014 National Evaluation Report by ICF International:

**FIGURE 1: FY 2013 DFC GRANTEES (618) ARE LOCATED IN MOST STATES AND IN MICRONESIA**



[Drug-Free Communities Support Program 2014 National Evaluation Report – ICF International, [August 2015](#)]

## A Group Of Over 200 Medical And Drug Policy Organizations Wrote To OMB Director Mick Mulvaney In Defense Of The Program

**Group Of 200+ Medical And Drug Policy Organizations: The Drug Free Communities Program Was “Critically Important” And “Proven To Effectively Reduce Alcohol, Tobacco, Marijuana And Prescription Drug Misuse Among Middle And High School-Aged Children.”** According to a letter to Office of Management and Budget director Mick Mulvaney from over 200 medical and drug policy organizations, “The critically important Drug Free Communities (DFC) program, which provides funding directly to communities to prevent drug use. DFC-funded coalitions are proven to effectively reduce alcohol, tobacco, marijuana and prescription drug misuse among middle and high school-aged children.” [Letter from the American Public Health Association, Drug Free Schools Coalition, Johns Hopkins Bloomberg School of Public Health and others to Mick Mulvaney, [2/23/17](#)]

## The ONDCP Was Effectively Replaced By A Redundant, Wasteful Commission On Opioids Run By Chris Christie

### MARCH 2017: TRUMP ISSUED AN EXECUTIVE ORDER CREATING A NEW NATIONAL OPIOID COMMISSION TO BE LED BY CHRIS CHRISTIE

**March 2017: Trump Issued An Executive Order Creating A New National Opioid Commission To Be Led By Chris Christie.** According to PBS, “New Jersey Gov. Chris Christie will lead a new national opioid commission created Wednesday by an executive order from President Donald Trump that also maps out his administration’s latest strategy to combat the public health crisis. The fight against the opioid epidemic is ‘one that’s incredibly important to every family in every corner of this country,’ Christie said Wednesday in an interview with The Today Show, adding he and Trump ‘both care passionately about this issue and we want to save lives.’” [PBS, [3/29/17](#)]

- **The Commission Was To Submit An Interim Report To Trump With Its Findings After 90 Days, And Submit A Final Report By October 2017 Unless More Time Was Needed.** According to PBS, “According to Trump’s signed order, the commission is designed to: Identify existing federal dollars to combat drug addiction, including opioids; Assess availability and access to addiction treatment centers and overdose reversal and identify underserved areas; Measure the effectiveness of state prescription drug monitoring programs; Evaluate public messaging campaigns about prescription and illegal opioids, and identify best practices for drug prevention. In 90 days, the commission will submit an interim report to Trump with its findings. It will submit a final report by Oct. 1, unless more time is needed, according to the executive order. The commission will dissolve a month later.” [PBS, [3/29/17](#)]

### CRITICS PANNED THE NEW COMMISSION AS REDUNDANT AND A WASTE OF PRECIOUS TIME IN THE FIGHT AGAINST OPIOID ADDICTION

**Politico: Public Health Advocates Said Trump’s Plan For “Yet Another Big Presidential Commission” Would, At Best, Duplicate Those Of The Obama White House And, At Worst, Set Back Efforts To Combat The Opioid Epidemic.** According to Politico, “Trump won many of those communities — often overwhelmingly. But as president, he’s proposing deep cuts to research and treatment in favor of funding a border wall to stop drug traffic, while hinting at bringing back policies like criminalization of drug misuse — and announcing Wednesday yet another big presidential commission to study the problem. Public health advocates say those plans at best duplicate those of the Obama White House and at worst could set back efforts to tackle a problem that contributes to more than 47,000 deaths per year.” [Politico, [3/29/17](#)]

- **Baltimore Health Commissioner Dr. Leana Wen: “We Do Not Have The Luxury Of Giving This Commission Months To Rehash Facts That Experts, Including The Surgeon General And Coalitions Of Doctors And Public Health Experts, Already Agree Upon.”** According to an opinion by Baltimore health commissioner Dr. Leana S. Wen for CNN, “Little is known about the Trump administration’s plan to end this public health epidemic of opioid abuse, apart from the creation of a Commission on Combating Drug Addiction and the Opioid Crisis. So far, the White House has only said that the commission will produce a report and look for federal funding mechanisms. But that is not nearly enough. At a time when opioid overdose deaths kill tens of thousands of Americans every year -- including more than 33,000 in 2015 -- we do not have the

luxury of giving this commission months to rehash facts that experts, including the surgeon general and coalitions of doctors and public health experts, already agree upon.” [Dr. Leana Wen – CNN, [4/12/17](#)]

- **A Former Obama Administration Official Who Worked To Address The Opioid Crisis: “These People Don’t Need Another Damn Commission.”** According to Politico, “Public health experts question the value of the commission. It was just last November when Surgeon General Vivek Murthy released his office’s first-ever report on opioids and addiction, which included tools and recommendations collected from more than a year of research. The CDC also released prescribing guidelines after thorough study. ‘These people don’t need another damn commission,’ said a former Obama administration official who worked to address the opioid crisis and asked not to be named. ‘We know what we need to do. ... It’s not rocket science.’” [Politico, [3/29/17](#)]
- **Longtime Drug Policy Official: “You Know What’s Redundant And A Waste Of Time, Effort And Money? The Commission.”** According to Politico, “Another said that the office would be redundant, given the new White House opioids commission. ‘You know what’s redundant and a waste of time, effort and money?’ a longtime drug policy official countered. ‘The commission.’” [Politico, [5/5/17](#)]

## **AS OF MAY 2017, TRUMP HAD NOT YET APPOINTED ANYONE TO SERVE ON THE COMMISSION**

**May 2017: Trump Had Not Yet Appointed Anyone To Serve On The Commission.** According to NPR, “But since Trump took office, advocates and lawmakers have expressed concern over a lack of action. In March, Trump signed an executive order creating the President's Commission on Combating Drug Addiction and the Opioid Crisis. The order directed the commission to present a report within 90 days. However, the president has not yet appointed anyone to serve on the commission (though New Jersey Gov. Chris Christie, who is supposed to chair it, has been holding meetings).” [NPR, [5/5/17](#)]

- **NPR: The White House “Responded For Weeks With The Same Reply: ‘We Don’t Have Any Announcements At This Time On That.’”** According to NPR, “A White House spokesman, whom NPR has been asking about the commission, has responded for weeks with the same reply: ‘We don’t have any announcements at this time on that.’” [NPR, [5/5/17](#)]

## **MORE THAN 200 MEDICAL AND DRUG POLICY ORGANIZATIONS ADVOCATED IN SUPPORT OF ONDCP’S “CRITICAL AND UNIQUE ROLE” WHICH INCLUDED “PREVENTING DUPLICATE PROGRAMS”**

**A Coalition Of 200+ Medical And Drug Policy Organizations Wrote OMB Director Mick Mulvaney In Strong Support Of ONDCP Due To Its “Critical And Unique Role,” Including “Preventing Duplicate Programs And Strategies Among Various Federal Agencies.”** According to a letter to Office of Management and Budget director Mick Mulvaney from over 200 medical and drug policy organizations, “In light of the Administration’s prioritization, we write in strong support of the Office of National Drug Control Policy (ONDCP), due to the critical and unique role the office serves: • ONDCP eliminates waste and fraud in the federal government by preventing duplicate programs and strategies among various federal agencies, designed to reduce drug consumption (through prevention, treatment, and recovery support) and its consequences, and to eliminate drug trafficking. • ONDCP oversees/coordinates federal efforts to combat the opioid overdose epidemic, which has been the fastest growing drug epidemic in U.S. history. It coordinates all federal agencies responsible for reducing drug trafficking and use, and thus ensures agencies adhere to the President’s priorities and are not duplicative or wasteful.” [Letter from the American Public

Health Association, Drug Free Schools Coalition, Johns Hopkins Bloomberg School of Public Health and others to Mick Mulvaney, [2/23/17](#)]

- **Coalition: “At A Time When Drugs Now Kill More People Than Firearms Or Car Crashes, It Is More Important Than Ever For ONDCP To Remain A Strong Voice In The White House And A Visible Presence Nationally.”** According to a letter to Office of Management and Budget director Mick Mulvaney from over 200 medical and drug policy organizations, “At a time when drugs now kill more people than firearms or car crashes, it is more important than ever for ONDCP to remain a strong voice in the White House and a visible presence nationally.” [Letter from the American Public Health Association, Drug Free Schools Coalition, Johns Hopkins Bloomberg School of Public Health and others to Mick Mulvaney, [2/23/17](#)]

## **By Cutting The Agency Leading The Fight Against Opioid Addiction, Trump Broke One Of His Major Campaign Promises**

### **TRUMP REPEATEDLY PROMISED TO DO MORE TO HELP AMERICANS ADDICTED TO OPIOIDS**

**Trump: “I Would Dramatically Expand Access To Treatment Slots And End Medicaid Policies That Obstruct Inpatient Treatment.”** [Donald Trump, Rally, Portsmouth, NH, 10/15/16]

**Trump On The Opioid Epidemic: “We’re Going To Clean It Up And Help The People Badly Addicted.”** [“Morning Joe,” MSNBC, 2/8/16]

**Trump On The Opioid Epidemic: “We Must Do More To Help These Addicts, We’re Not Doing Enough.”** [Donald Trump, Rally, Windham, NH, 1/11/16]

**Trump: “We Will Fight To Increase Access To Life-Saving Treatment To Battle The Addiction To Drugs, Which Is Afflicting Our Nation Like Never Ever Before.”** Trump: “As part of our commitment to safe communities, we will also work to address the mental health crisis. Prisons should not be a substitute for treatment. We will fight to increase access to life-saving treatment to battle the addiction to drugs, which is afflicting our nation like never ever before -- ever.” [Donald Trump, MCCA Conference, Washington, DC, 2/8/17]

**Trump Promised “Our Terrible Drug Epidemic Will Slow Down And Ultimately Stop.”** [Donald Trump, Speech to a Joint Session of Congress, Washington, DC, 2/28/17]

**Trump Promised Rural Towns And States That He Would Solve The Epidemic Ravaging Their Communities: “We Will Give People Struggling With Addiction Access To The Help They Need.”** According to Politico, “As a candidate, Donald Trump promised rural towns and states hit hard by opioid addiction that he'd solve the epidemic ravaging their communities. ‘We will give people struggling with addiction access to the help they need,’ Trump vowed in October.” [Politico, [3/29/17](#)]

### **WASHINGTON POST’S “RIGHT TURN” BLOG: TRUMP SHED “CROCODILE TEARS” OVER THE OPIOID EPIDEMIC**

**WaPo Conservative “Right Turn” Blog: “Trump’s Crocodile Tears About Opioid Abuse And Professed Concern For Rural Americans Who Are In The Throes Of The Drug Epidemic Mean Nothing If He Is Unwilling To Put Resources Into The ONDCP.”** According to The Washington



Post's "Right Turn" blog, "President Trump has brought Republicans and Democrats together — in opposition to what is surely among the most misguided budget decisions of his presidency. [...] Trump's crocodile tears about opioid abuse and professed concern for rural Americans who are in the throes of the drug epidemic mean nothing if he is unwilling to put resources into the ONDCP." [Right Turn – Washington Post, [5/5/17](#)]

- **“Right Turn” Blog: “While The President Is Insistent On A Huge Tax Cut For The Rich, Increases In Defense Spending And No Reform Of Our Entitlement Programs, Worthwhile Functions Such As This Are Going To Be Slashed Or Eliminated.”** According to The Washington Post's "Right Turn" blog, "This issue reflects a more fundamental problem. While the president is insistent on a huge tax cut for the rich, increases in defense spending and no reform of our entitlement programs, worthwhile functions such as this are going to be slashed or eliminated. If permitted, it will amount to a huge transfer of wealth and abandonment of much of the safety net. [...] The administration insists the budget process is by no means complete. Nevertheless, the administration's thoughtlessness and lack of concern for the health and well-being of the American people remain some of its rotten, defining features." [Right Turn – Washington Post, [5/5/17](#)]

## **REPUBLICAN SENATOR ROB PORTMAN CALLED OUT THE CUTS TO “THOSE WHO SERVE ON THE FRONT LINES OF THIS EPIDEMIC”**

**Republican Senator Portman: The White House Should Not Have Been “Proposing Drastic Cuts To Those Who Serve On The Front Lines Of This Epidemic.”** According to the Washington Examiner, “Sen. Rob Portman, R-Ohio, bashed the Trump administration for planning to cut a White House agency that fights drug abuse. Portman, who sponsored legislation last year aimed at fighting the opioid epidemic, was upset about proposed cuts of \$356 million to the Office of National Drug Control Policy. ‘We have a heroin and prescription drug crisis in this country and we should be supporting efforts to reverse this tide, not proposing drastic cuts to those who serve on the front lines of this epidemic,’ Portman said. [...] Portman was also perturbed the White House was going to eliminate funding from the Drug-Free Communities Support Act, which Portman authored as a House member in 1997. ‘I’ve known and worked with our drug czars for more than 20 years and this agency is critical to our efforts to combat drug abuse in general, and this opioid epidemic, in particular,’ Portman said in a statement Friday.” [Washington Examiner, [5/5/17](#)]

## **Republican Senator Shelley Moore Capito Had Supported Obama-Era ONDCP Funding**

**West Virginia’s Republican Senator, Shelley Moore Capito, Had Applauded Obama-Era ONDCP Funding.** According to West Virginia Metro News, “U.S. Senator Shelley Moore Capito (R-W.Va.) says she supports the federal funding announcement made this week by the White House Office of National Drug Control Policy to benefit West Virginia’s rising heroin problem. ONDCP Director Michael Botticelli said \$13.4 million will go toward High Intensity Drug Trafficking Areas across the United States. Advance drug prevention initiatives will receive \$2.5 million in funding in the Appalachia region as well as New England, Philadelphia/Camden, New York/New Jersey and Washington/Baltimore. Capito said Botticelli is really focusing on hot spot areas for heroin addiction, which includes the Eastern Panhandle, Huntington and other pockets around the state. ‘These high intensity drug task force collaboration efforts – they’ve decided to put more money into Appalachia, which will really help us, I think, to focus to help our local responders work with the health officials, work with the state and federal officials to really plant down on this,’ said Capito on Wednesday’s MetroNews “Talkline.” [West Virginia Metro News, [8/19/15](#)]

## **Trump Also Supported The American Health Care Act, A Bill That Would Undermine The Effort To Fight Opioid Addiction**

### **THE AHCA WOULD NO LONGER REQUIRE STATES TO PROVIDE SUBSTANCE ABUSE TREATMENT TO MEDICAID EXPANSION BENEFICIARIES**

**The GOP Bill Would No Longer Require States To Provide Substance Abuse And Mental Health Coverage To Medicaid Expansion Beneficiaries, A Requirement Put In Place Under The ACA's Medicaid Expansion.** According to The Washington Post, "House Republicans confirmed Wednesday that their health-care bill would remove a requirement to offer substance abuse and mental-health coverage that's now used by at least 1.3 million Americans. Substance abuse and mental-health services are among the 'essential benefits' states are required to provide under the Affordable Care Act's expansion of Medicaid, a program that provides health-care coverage to those who can't afford it. But during a Wednesday meeting of the House Energy and Commerce Committee, a lawyer for the committee Republicans confirmed such coverage would no longer be mandated under the Medicaid expansion. Instead, individual states could decide whether to include mental-health coverage in their Medicaid plans." [Washington Post, [3/9/17](#)]

### **NEARLY 1.3 MILLION AMERICANS RECEIVE SUBSTANCE ABUSE OR MENTAL HEALTH TREATMENT UNDER MEDICAID EXPANSION, AND 29% OF EXPANSION BENEFICIARIES SUFFER FROM MENTAL HEALTH OR ADDICTION PROBLEMS**

**Nearly 1.3 Million Americans Receive Mental Health Or Substance Abuse Treatment Under Medicaid Expansion.** According to The Washington Post, "According to an estimate by health-care economists Richard Frank of Harvard and Sherry Glied of New York University, nearly 1.3 million people are receiving treatment for mental-health and substance use disorders under Obamacare's Medicaid expansion. The true number affected could be even greater, Frank said via email. "Some states changed their benefits for all Medicaid when they expanded, therefore a retreat would affect both expansion and other recipients." [Washington Post, [3/9/17](#)]

**Emily Kaltenbach Of The Drug Policy Alliance Said 29% Of Those Who Benefitted From Medicaid Expansion Have Mental Health Or Addiction Problems.** According to Vice, "This plan would be a disaster for individuals who are struggling with problematic drug use, currently enrolled in treatment services, or would want to be," said Emily Kaltenbach, the Drug Policy Alliance's senior director of national criminal justice reform strategy. She noted that about 29 percent of the people enrolled in the Medicaid expansion have mental health or addiction problems, and said virtually all of those people could eventually lose health coverage if Congress approves the current version of the Republican plan." [Vice, [3/9/17](#)]

### **SUBSTANCE ABUSE TREATMENT UNDER THE ACA'S MEDICAID EXPANSION HAS SAVED AMERICAN LIVES**

**The Affordable Care Act Saved The Life Of Kentuckian Tyler Witten Who Was Able To Access Rehab Through Medicaid Expansion For His Addiction To Painkillers.** According to the Associated Press, "While the Affordable Care Act has brought health coverage to millions of Americans, the effects have been profound, even lifesaving, for some of those caught up in the nation's opioid-addiction crisis. In Kentucky, which has been ravaged worse than almost any other state by fentanyl, heroin and other drugs,

Tyler Witten went into rehab at Medicaid's expense after the state expanded the program under a provision of the act. Until then, he had been addicted to painkillers for more than a decade. 'It saved my life,' he said. Addicts and mentally ill people who gained access to treatment programs for the first time are worried about how that might change as President Donald Trump and Republicans in Congress try to make good on their promise to repeal and replace 'Obamacare.'" [Associated Press, [2/22/17](#)]

**Pennsylvanian Erika Lindgren Credited The ACA With Giving Her To Access Rehab And Daily Medications To Fight Her Opioid Addiction.** According to the Associated Press, "In Pennsylvania, nearly 63,000 newly eligible Medicaid enrollees received drug and alcohol treatment in 2015, the first year of the state's expansion. One of them was 44-year-old Pittsburgh restaurant hostess Erika Lindgren, who credits the health care law with quickly getting her into a 26-day rehab program in 2015 and covering the daily medications she takes to fight opioid cravings. When she was uninsured, getting into rehab involved waiting lists and daily phone calls to see if a publicly funded bed had opened up. With coverage under the Affordable Care Act, 'I was able to pack my bag at that moment,' she said. 'I was in an in-patient rehab within an hour and a half of making that call.' 'I am scared to death to lose my coverage,' she added. 'It saves my life every day.'" [Associated Press, [2/22/17](#)]

## The Opioid Epidemic Has Reached True Crisis Levels Across The Country

### THE AMERICAN OPIOID EPIDEMIC HAS REACHED CRISIS LEVELS, WITH 78 OVERDOSE DEATHS AND 580 NEW HEROIN USERS DAILY

**On An Average Day, 78 Americans Die From Opioid-Related Overdose.** According to the Department of Health and Human Services, "On an average day in the U.S.: [...] 78 people die from an opioid-related overdose." [Department of Health and Human Services, [6/15/16](#)]

**On An Average Day, 580 Americans Initiate Heroin Use.** According to the Department of Health and Human Services, "On an average day in the U.S.: [...] 580 people initiate heroin use." [Department of Health and Human Services, [6/15/16](#)]

**On An Average Day, 3,900 Americans Initiate Non-Medical Use Of Prescription Opioids.** According to the Department of Health and Human Services, "On an average day in the U.S.: [...] 3,900 people initiate nonmedical use of prescription opioids." [Department of Health and Human Services, [6/15/16](#)]

**On An Average Day, Over 650,000 Opioid Prescriptions Are Dispensed In The United States.** According to the Department of Health and Human Services, "On an average day in the U.S.: More than 650,000 opioid prescriptions dispensed." [Department of Health and Human Services, [6/15/16](#)]

**Former Senior Drug Policy Office Official Rafael Lemaitre: The Opioid Epidemic Kills More Than 47,000 Americans Annually, Roughly As Many Lives As Were Lost Over The Course Of The Entire Vietnam War.** According to Politico, "It's the latest item in the Trump agenda that addiction advocates fear would erode the government's ability to fight an epidemic killing more than 47,000 Americans per year. [...] Rafael Lemaitre, who was a senior official with the drug policy office across three administrations[:] 'This is an epidemic that steals as many lives as the Vietnam War took during the entire conflict, and Trump's moves remove some of the most effective tools.'" [Politico, [5/5/17](#)]

### OPIOID ADDICTION CAN HAVE HEALTH, SOCIAL, AND FINANCIAL CONSEQUENCES FOR THOSE STUCK IN ITS GRIPS

**Katie Harvey's Opioid Addiction Brought Her From Being A Popular Honors Student To Overdosing 5 Times And Getting Arrested For Prostitution.** According to the New York Times, “[Katie] Harvey had been a popular honors student. But she developed anorexia. Alcohol was next. By 21, she was hooked on heroin. In 2015, she was arrested on charges of prostitution. In an extraordinary act of contrition, she wrote a public apology online to her friends and family. Still, she plunged in deeper. She estimated that at her worst, she was shooting up a staggering number of times a day, perhaps as many as 15 — heroin, cocaine, fentanyl. She overdosed five times. In Massachusetts, almost five residents die every day from overdoses.” [New York Times, [1/6/17](#)]

**Jordan, A Heroin Addict In Los Angeles, Spent A \$20,000 Inheritance In One Month On His Addiction.** According to the New York Times, “In 2014, heroin became the most common reported drug of choice among those seeking treatment in Los Angeles County, surpassing marijuana and methamphetamine. Dr. Samuels began with what he called a reality check. ‘How many of you have been to at least five treatment centers?’ he asked. Nearly every one of the 19 clients in the room raised a hand. ‘How about 10?’ Still half of the clients raised their hands. One of them, Jordan, who agreed to tell his story only if his last name was not disclosed, knows he is one of the lucky ones. This is only his third time in rehab, a relative rookie at 33 years old. This was his 118th day sober. He had smoked pot, taken ecstasy and occasionally snorted cocaine. But heroin seemed off-limits to him, a college-educated son of two therapists, until a friend offered him some to smoke. Four years later, he blew through a \$20,000 inheritance in a month to get what he called the best heroin in the city.” [New York Times, [1/6/17](#)]

**Milwaukee County Medical Examiner Brian Peterson Handled 299 Drug Related Deaths Last Year, Including His Own Son's.** According to the New York Times, “They work in the county medical examiner's office, in a low-slung brick building downtown in the shadow of an old Pabst factory. Here is where they take over after a drug addiction has been more powerful than pleas from family, 12-step programs or even Narcan. ‘We're the end of the line,’ said Sara Schreiber, the forensic technical director, walking through the autopsy rooms to talk about the office's part in the opioid addiction epidemic — a crisis that has hit especially hard here. Last year, 299 people in Milwaukee County died of drug-related overdoses. One of them was the medical examiner's own son. Adam Peterson died in September at the age of 29, found unresponsive in a friend's apartment. ‘At this time I am not speaking publicly about Adam's death, and I appreciate your forbearance as my wife and I work through this issue,’ his father, Brian L. Peterson, the medical examiner, wrote in an email.” [New York Times, [1/6/17](#)]

## **IN ADDITION TO LOSS OF LIFE, THE OPIOID EPIDEMIC COSTS THE U.S. BILLIONS EACH YEAR IN HEALTHCARE AND SOCIAL COSTS**

**Leaving People With Substance Abuse Disorders Untreated Ultimately Costs Taxpayers More In The Long Run, In The Form Of Lost Economic Productivity, More Car Accidents, And More Incarcerations.** According to Vice, “Cuts to Obamacare could result in more people with addiction problems going untreated, [Johns Hopkins Bloomberg School of Public Health assistant professor Brendan] Saloner warned, creating ‘a lot of downstream negative public health consequences’ that end up costing U.S. taxpayers more in the long run. ‘When someone has a substance use problem and they're not getting help, what you see is they're often not holding a job, which means there's less economic productivity,’ Saloner said. ‘They're at higher risk of getting in motor vehicle accident. They're at a higher risk of going to jail or prison, which is a high cost to taxpayers.’” [Vice, [3/9/17](#)]

**The Opioid Epidemic Costs The United States \$55 Billion Annually In Health And Social Costs.** According to the Department of Health and Human Services, the opioid epidemic costs the United States “\$55 billion in health and social costs related to prescription abuse each year.” [Department of Health and Human Services, [6/15/16](#)]

**The Opioid Epidemic Costs The United States \$20 Billion Annually In Emergency Room Visits And Inpatient Care.** According to the Department of Health and Human Services, the opioid epidemic costs the United States “\$20 billion in emergency department and inpatient care for opioid poisonings.” [Department of Health and Human Services, [6/15/16](#)]