



The Role of the Office of National Drug Control Policy (ONDCP)

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ONDCP Mission and Responsibilities

The Office of National Drug Control Policy (ONDCP) is responsible for creating, implementing, and evaluating U.S. drug control policies to reduce the use, manufacturing, and trafficking of illicit drugs as well as drug-related health consequences, crime, and violence. ONDCP is located in the Executive Office of the President. It was created by the Anti-Drug Abuse Act of 1988 and most recently reauthorized by the Office of National Drug Control Policy Reauthorization Act of 2006. Authorization of appropriations for ONDCP expired at the end of FY2010, but it continues to receive funding.

The ONDCP director must develop a National Drug Control Strategy (Strategy) to direct the nation's antidrug efforts—and a companion National Drug Control Budget (Budget)—and evaluate the implementation of the Strategy by agencies contributing to the Federal Drug Control Program and the outcomes (reducing illicit drug use and its consequences). In addition, ONDCP manages the High Intensity Drug Trafficking Areas (HIDTA) program and other programs, including Drug Free Communities (DFC).

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Shifting Priorities

ONDCP was created during the "war on drugs"—a term popularized by former President Nixon and commonly used for nearly 40 years to describe U.S. drug policy. In 2009, however, ONDCP distanced itself from the term. While drug use had been considered primarily a criminal justice problem, it has transitioned to being viewed as a combination of criminal justice and public health problems. Mirroring this shift, federal drug control spending has increased the proportion of money allocated for prevention and treatment and decreased that for enforcement and interdiction. Nonetheless, the Budget continues to show a majority of funding is dedicated for supply reduction, as outlined in **Table 1**.

Function	FY2013	FY2014	FY2015	FY2016	FY2017
Treatment	\$7.889	\$9.482	\$9.553	\$9.845	\$10.580
Prevention	1.275	1.317	1.342	1.486	1.507
Domestic Law Enforcement	8.857	9.349	9.395	9.283	9.299
Interdiction	3.941	3.949	3.961	4.735	4.569
International	1.849	1.637	1.643	1.525	1.521
Total	\$23.811	\$25.734	\$25.894	\$26.874	\$27.476
Demand Reduction ^a	9.164	10.799	10.895	11.332	12.088
Percentage of Total Drug Control Budget	38.5%	42.0%	42.1%	42.2%	44.0%
Supply Reduction ^b	14.646	14.934	14.998	15.543	15.389
Percentage of Total Drug Control Budget	61.5%	58.0%	57.9%	57.8%	56.0%

Table I. Federal Drug Control Budget by Function, FY2013-FY2017

Source: Amounts taken from ONDCP, *National Drug Control Budget: FY2018 Funding Highlights*, p. 19. Percentages calculated by CRS.

Notes: Amounts may not add to totals due to rounding.

- a. ONDCP defines demand reduction as treatment and prevention.
- b. ONDCP defines supply reduction as domestic law enforcement, interdiction, and international initiatives.

Potential Reauthorization Issues

Oversight of ONDCP

Over the last several years, ONDCP has not released its Strategy during the relevant fiscal year, and it has not released a 2017 or 2018 Strategy to accompany the FY2018 Budget highlights released in May 2017. It has, however, been directly involved in the President's Commission on Combating Drug Addiction and the Opioid Crisis. Congress might consider whether ONDCP's modern role involves more coordinating and advising than implementing and evaluating strategy and policy.

Should Congress consider reauthorizing ONDCP, it may question its role. Specifically, if ONDCP continues to delay the release of the Strategy and Budget, and the director's position remains outside of the President's Cabinet, Congress may question the role ONDCP plays in U.S. drug policy.

Policymakers may also consider the nature of ONDCP altogether. In the FY2019 budget request, the Trump Administration proposes transferring the HIDTA program to the Drug Enforcement Administration (DEA) and DFC program to the Substance Abuse and Mental Health Services Administration (SAMHSA). While SAMHSA currently co-administers DFC and other grant programs, DEA does not

manage grant programs. Congress may question whether DEA has sufficient resources to properly administer a grant program or whether another Department of Justice (DOJ) entity—such as the Office of Justice Programs—would be better suited to administer the HIDTA program if it were moved out of ONDCP. Policymakers may also question whether the HIDTA program, if administered by DEA, would continue to be seen as a collaborative law enforcement program rather than one directed by a single federal law enforcement agency. Further, if ONDCP no longer administers these grant programs, Congress may consider how this might affect its overall role in federal drug control.

Since ONDCP first received funding in FY1989, its operating budget and number of full-time equivalents (FTEs) have fluctuated. However, both the operating budget (not including funding designated for grant programs) and number of FTEs have decreased each fiscal year since FY2010—the longest continual decline in its history. ONDCP's FY2018 operating budget is \$18.4 million, and the number of FTEs is 65—the lowest levels for both over the last two decades.



Figure 1. ONDCP FTEs and Operational Budget

FY1989-FY2018

Source: For budget data, see GAO/GGD-93-144, the National Drug Control Budget Summary for FY1994-FY2017, P.L. 115-31, and P.L. 115-141. FTE data provided by ONDCP.

Notes: For certain years, the number of FTEs does not appear to match the ONDCP operating budget; the reasons for this are unclear. Funding data are provided in nominal dollars and not adjusted for inflation.

Opposition to Legalization of Schedule I Substances

In 1970, the Controlled Substances Act (CSA) designated marijuana and other drugs as Schedule I controlled substances. This officially prohibited the unauthorized manufacture, distribution, dispensing, and possession of these substances. Current law requires the director of ONDCP to ensure that ONDCP's funding is not used for any study or contract relating to the legalization of a substance listed in Schedule I of the CSA and oppose any attempt to legalize any substance that the Food and Drug Administration has not approved for medical use. Despite federal restrictions on marijuana, states have deviated by establishing a range of laws and policies allowing its medical and recreational use. As such, Congress may choose to address ONDCP's ability to support or oppose legalization or remain neutral.

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