



EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF NATIONAL DRUG CONTROL POLICY
Washington, D. C. 20503

E.O. 13985 Equity Action Report

I. Executive Summary: Intersection of Agency mission with Equity

The mission of the Office of National Drug Control Policy (ONDCP) is to reduce substance use disorder and its consequences by coordinating the nation's drug control policy through the development and oversight of the National Drug Control Strategy (NDCS) and the National Drug Control Budget.

ONDCP serves the American public by leading and coordinating the policies and programs executed by the 18 National Drug Control Program Agencies (NDCPAs) in the Executive Branch of the Federal Government, to efficiently improve the health and lives of the American people. ONDCP accomplishes this through:

- i. Developing and overseeing the implementation of the NDCS. The Strategy uses the latest evidence and research to promote public health and public safety approaches that address substance use disorder, reduce the consequences associated with it, and help Americans recover from substance use disorder.
- ii. Developing and overseeing implementation of the National Drug Control Budget. Through the budget, ONDCP aligns the funding resources for all NDCPAs to the measurable goals set in the NDCS; and
- iii. Administering the High Intensity Drug Trafficking Areas (HIDTA) and the Drug-Free Communities (DFC) grant programs. Through the HIDTA program, ONDCP supports collaborative Federal, State, local, and Tribal law enforcement and public health efforts to address overdoses and disrupt drug trafficking and production. Through the DFC program, ONDCP supports community-led efforts to reduce youth substance use across the nation.

The spirit of Executive Order 13985, *Advancing Racial Equity and Support for Underserved Communities Through the Federal Government*, is incorporated throughout the ONDCP's development of the 2022 NDCS. When released, the 2022 NDCS will establish the federal government's policy in the areas of prevention, harm reduction, substance use disorder treatment, recovery, illicit drug supply, criminal justice, and data systems and research.

II. Summary of Early Accomplishments

- In February 2021, ONDCP hosted ten roundtable stakeholder listening sessions to inform development of the Administration's first-year drug policy priorities. Developing drug policy that supports underserved communities was a leading theme raised by group members representing various sectors, including prevention, treatment, recovery, harm reduction, and law enforcement organizations. In addition, two stakeholder listening sessions were organized solely on themes of racial equity and social determinants of

health, which included extensive conversation and recommendations on how to craft drug policies that help tackle racism and discrimination.

- As part of the formal Tribal consultation process, ONDCP issued letters to the 574 Federally recognized American Indian and Alaska Native tribes and villages requesting their opinions and feedback on drug policy. Thereafter, in March 2021, ONDCP hosted three consultations to engage Tribal Nations and Tribal officials in a substantive discourse.
- In April 2021, ONDCP developed and distributed a Spanish language Applicant Workshop for communities interested in applying for the Drug-Free Communities Support Program grant, which has been viewed 51 times to date. Concurrently, ONDCP released a presentation, in Spanish, that overviews the grant program, and the program's potential impact to reduce youth drug use in communities.
- On May 13, 2021, the ONDCP Human Capital Specialist coordinated with the Equal Employment Opportunity Commission (EEOC) to deliver an equity training session on Equal Employment Opportunity (EEO) issues and the EEO processes. All supervisory personnel within the ONDCP attended this training.
- As part of managing and mitigating risk as well as protecting the human assets who are essential to the success of the HIDTA Program, a virtual training course was held on May 20, 2021 for the regional HIDTA Directors and Deputy Directors. This unique training was designed to provide HIDTA leadership with the skills to accurately assess their workplace environment and address the challenges, hopes, and concerns held by their staff. Moreover, the training develops a cohesive multidisciplinary team to assist participants in identifying opportunities for cultural shifts in the workplace from stress to support.
- In May and June 2021, ONDCP hosted three conversations on evidence-based harm reduction efforts in rural and urban communities. Among the attendees were community organizers representing and/or serving Black, Indigenous, and People of Color (BIPOC) communities, as well as those serving Lesbian, Gay, Bisexual, and Transgender (LGBTQ+) organizations and communities.
- On June 22, 2021, the Acting Director of ONDCP testified before Congress in support of proposed legislation to end the federal sentencing disparity between crack cocaine and powder cocaine. ONDCP continues to work on efforts to support this proposed legislation.
- In July 2021, ONDCP published a Request for Information (RFI) in the Federal Register (86 FR 35828) to solicit comments and input on the Application of Equity in U.S. National Drug Control Policy. This RFI allowed ONDCP to engage with members of the general public and stakeholder organizations to evaluate and assess to what extent ONDCP's policy development process, drug budget review and certification processes, and grant administration programs perpetuate systemic barriers to opportunities for

underserved communities. ONDCP received more than 75 comments from stakeholders, citizens, and interest groups.

- On August 2, 2021, ONDCP announced that \$2.5 million had been awarded through the Model Acts Program to the Legislative Analysis and Public Policy Association (LAPPA). This grant will “support the establishment of state-level model legislation that advances efforts to expand access to harm reduction services, as well as promote equity in access to treatment and drug enforcement efforts for underserved communities.” ONDCP is working with LAPPA on publishing model state laws for states that advance efforts to reduce overdoses, as well as promote equity.
- On August 5, 2021 ONDCP published a grant notice on Grants.gov for the Combating Overdose through Community-Level Interventions (COCLI) funding opportunity. One of the stated goals of this funding notice is to “research and analyze a range of existing community-based efforts to address overdoses, and current evidence-based and proven strategies to reduce overdose deaths that incorporate approaches that advance equity.” The application period for this grant closed on August 13, 2021.
- On August 30, 2021 ONDCP hosted a half-day virtual summit entitled *Opioid Litigation Settlement: Using Evidence to Lead Action*. The summit invited a range of stakeholders including state, county, municipal, and Tribal officials, to explore ways to effectively use opioid settlement resources. A significant portion of the agenda concerned allocating settlement money to achieve greater equity in BIPOC communities that have been disproportionately affected by the overdose epidemic.
- Through the Community Anti-Drug Coalitions of America (CADCA) National Coalition Institute (NCI), a National Youth Advisory Committee (NYAC) was formed in September 2021 to ensure that diverse youth voices are involved in the development of substance use prevention solutions. Additionally, the 2022 National Coalition Academy (NCA) curriculum was revised with a health equity lens to increase understanding of its correlation to substance use prevention.
- The Fiscal Year (FY) 2022 DFC Notice of Funding Opportunity Announcement (NOFO), which will be published in February 2022, now incorporates stronger language to encourage DFC applicants to consider working in communities and with populations disproportionately affected by substance use and to incorporate addressing health equity into their comprehensive action plans when working towards the prevention of youth substance use.

III. **Equity Action Plan**

Focus Area #1: NDCS Policy Development Process

One of ONDCP’s main functions is to lead and coordinate drug policy among the 18 National Drug Control Program Agencies. This work is done principally through the development and implementation of the National Drug Control Strategy (NDCS). As ONDCP develops the 2022

NDCS, the agency is prioritizing equity through a robust consultation process that included comments from the general public through its RFI, consultations with Native American Tribes, and consultations with external stakeholders that prioritized culturally appropriate approaches to drug policy. The upcoming 2022 NDCS will analyze specific topic areas, including data systems and research, criminal justice, prevention and early interventions, and harm reduction.

Background

The COVID-19 pandemic brought to the forefront health inequities in communities of color – most evident among BIPOC and Native American communities, whose rates of contraction and death have been disproportionately higher than in white communities.¹ This reality, compounded with social unrest, sparked a renewed public discourse on the racial health inequities in our country. Evidenced in all areas of healthcare for decades, these inequalities call attention to a lack of access to and quality of care, as well as to the resulting poor health outcomes.

The Centers for Disease Control and Prevention (CDC) has referenced racism as a serious threat to public health, noting the interface between structural and systemic racism within systems of healthcare and public health. Factors such as insecure housing, lack of education and employment opportunities, low socioeconomic status and poverty, and inaccessibility to health resources create conditions of instability that lead to poor health outcomes and are exacerbated over time and generations. Further, individual and collective histories of trauma have been shown to have direct correlations between poor physical and mental health, as well as lowered life expectancy rates. Extensive research conducted on adverse childhood experiences (ACEs) has linked histories of childhood neglect, abuse, and household dysfunction with poor health outcomes in a variety of domains.^{2,3}

Inequities in the substance use disorder (SUD) treatment system mirror that of the larger healthcare system. Availability and access to quality and evidence-based treatment is lacking in many communities and geographical locations, thereby affecting racial and ethnic populations, LGBTQ+ communities, people with disabilities, and people living isolated in both urban and rural communities. For BIPOC communities, availability and access are considerably worse. Recent research has revealed that Black people with SUD enter treatment four to five years later than their white counterparts.⁴ Other studies have raised accessibility issues, demonstrating a

¹ Center for Disease Control. Risk for COVID-19 Infection, Hospitalization, and Death By Race/Ethnicity. November 22, 2021. <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html#print>. Accessed January 20, 2022.

² Felitti V, Anda R, Nordenberg D, et al. Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*. 1998; (1) 4: 245-258. Accessed July 23, 2021. [https://www.ajpmonline.org/article/S0749-3797\(98\)00017-8/fulltext](https://www.ajpmonline.org/article/S0749-3797(98)00017-8/fulltext)

³ Anda R, Dube S, Felitti V, et al. Childhood Abuse, Neglect, and Household Dysfunction and the Risk of Illicit Drug Use: The Adverse Childhood Experiences Study. *Pediatrics*. 2003;111;564. Accessed July 23, 2021. <https://www.icmec.org/wp-content/uploads/2015/10/ACE-and-Illicit-Drug-Use-Pediatrics-2003.pdf>

⁴ Lewis B, Hoffman L, Garcia CC, Nixon SJ. Race and socioeconomic status in substance use progression and treatment entry. *J Ethn Subst Abuse*. 2018;17(2):150-166. doi:10.1080/15332640.2017.1336959 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6125691/pdf/nihms1502071.pdf>

notable gap between who receives a prescription to buprenorphine and who gets methadone.⁵ Methadone is dispensed through Opioid Treatment Programs (OTPs) that are often located in urban, Black neighborhoods. Buprenorphine, on the other hand, is prescribed by approved medical professionals, usually in office-based opioid treatment (OBOT) environments to a patient base that is largely white and middle class. The differences underscore structural imbalances that beg to be addressed, especially as rates of overdose deaths are increasing in BIPOC communities.

Racial discrepancies in treatment are likely related to drug policies that have been directive in arresting and incarcerating people who use drugs, rather than offering prevention, medical attention, treatment, and recovery supports. Providing treatment for those who commit crimes to support an addiction is more effective than continuing the cycle of arrest and incarceration.⁶ Furthermore, punitive practices have had a deleterious impact on BIPOC individuals, families, and communities. Under similar conditions of drug possession, Black people have an incarceration rate that is five times that of their white counterparts.⁷ In addition to being disproportionately arrested for the same drug crimes, Black people also serve longer time behind bars than white people.⁸

Acknowledging the harms done to BIPOC communities by the healthcare and criminal justice systems is the first step in a complex process of dismantlement. Following this, the Federal government needs to reinforce a robust system of care that incorporates flexible and interlocking components of evidence-based prevention, harm reduction, treatment, and recovery services. The design elements of this system are key, featuring person-centered care, an array of health and service options, and culturally-appropriate practices. Establishing a full continuum of care will work towards generating a balance between public health and public safety approaches. Criminal justice reform and deflection from arrests cannot successfully occur without a system of care that people with SUD can access in a timely manner. Referrals to care can only be effective when there is direct system-response in the moment when assistance to care is needed.

President Biden has called for full access to treatment by 2025 and has also underscored the need to eliminate racial inequities in the criminal justice system, while prioritizing treatment over arrest. Executive Order 13985 directs agencies to pursue a comprehensive approach to advancing

⁵ National Academies of Sciences, Engineering, and Medicine, Health and Medicine Division; Board on Health Sciences Policy; Committee on Medication-Assisted Treatment for Opioid Use Disorder; Manchler M, Leshner AI, editors. Medications for Opioid Use Disorder Save Lives. Washington (DC): National Academies Press (US); 2019 Mar 30. 3, Treatment with Medications for Opioid Use Disorder in Different Populations. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK541398/>; *See also* Hansen H. Sociocultural factors impacting access to MAT and care delivery: New qualitative data from buprenorphine prescribers in OTPS. *American Journal on Addictions*. 2017;26(3):236.

⁶ Ziedenberg, J, Schiraldi, V, & McVay, D., Treatment or Incarceration: National and State Findings on the Efficacy and Cost Savings of Drug Treatment Versus Imprisonment. Open Society Foundation and Justice Policy Institute. 2004. Treatment Versus Incarceration (opensocietyfoundations.org)

⁷ Rosenberg A, Groves AK, Blankenship KM. Comparing black and white drug offenders: implications for racial disparities in criminal justice and reentry policy and programming. *Journal of drug issues*. 2017;47(1):132-142. doi:10.1177/0022042616678614

⁸ Rehavi MM, Starr SB. Racial disparity in federal criminal sentences. *Journal of political economy*. 2014;122(6):1320-1354.

equity for all, including people of color and others who have been historically underserved, marginalized, and adversely affected by persistent poverty and inequality.

As these directives form the basis of our approach to addressing equity in the 2022 NDCS, the subject is woven through each of the topic areas on data systems and research, criminal justice, prevention, harm reduction, SUD treatment, and recovery.

A. Barriers to Equitable Outcome(s):

1. The Criminal Justice System

While data gaps and discrepancies concerning race and ethnicity exist in the criminal justice system, there is ample data to suggest that BIPOC individuals get arrested and receive harsher penalties than white people for similar crimes and that access to treatment for people of color, including the type and quality of treatment, is systematically deficient in comparison with white counterparts.^{9,10}

Further, racial inequities are evident in such things as mandatory minimum sentencing practices, the bail system, drug courts, and deflection programs.^{11,12,13} Reentry is an issue for every person returning to their community following incarceration.¹⁴ For example, a person who has been receiving medication for an opioid use disorder needs to leave incarceration with a bridge prescription or take-home medication and be provided naloxone and naloxone training since they are vulnerable to overdose if they start using again upon release.

For BIPOC individuals, the stakes are often higher, especially if they are returning to communities that have scant resources for housing, educational and employment opportunities, medical and social services, and recovery networks. Even when community resources exist,

⁹ Mitchell, O., & Caudy, M., S. (2015). Examining Racial Disparities in Drug Arrests. *Justice Quarterly*, 32(2), 288-288-313. 10.1080/07418825.2012.761721

¹⁰ Lippold KM, Jones CM, Olsen EO, Giroir BP. Racial/Ethnic and Age Group Differences in Opioid and Synthetic Opioid–Involved Overdose Deaths Among Adults Aged ≥18 Years in Metropolitan Areas — United States, 2015–2017. *MMWR Morb Mortal Wkly Rep* 2019;68:967–973. DOI: [http://dx.doi.org/10.15585/mmwr.mm6843a3external icon](http://dx.doi.org/10.15585/mmwr.mm6843a3external%20icon).

¹¹ Mitchell, O., & Caudy, M., S. (2015). Examining Racial Disparities in Drug Arrests. *Justice Quarterly*, 32(2), 288-288-313. 10.1080/07418825.2012.761721

¹² Nicosia, N., Macdonald, J. M., & Arkes, J. (2013). Disparities in Criminal Court Referrals to Drug Treatment and Prison for Minority Men. *American Journal of Public Health*, 103(6), e77-e84.

¹³ Mukku VK, Benson TG, Alam F, Richie WD, Bailey RK. Overview of substance use disorders and incarceration of african american males. *Front Psychiatry*. 2012 Nov 12;3:98. doi: 10.3389/fpsy.2012.00098. PMID: 23162480; PMCID: PMC3495267.

¹⁴ Substance Abuse and Mental Health Services Administration. (2021). Intercept 4: ReEntry. <https://www.samhsa.gov/criminal-juvenile-justice/sim-overview/intercept-4>

problems arise when someone leaves incarceration without referrals and warm handoffs, proper identification, and gaps in Medicaid coverage. Close coordination between community supervisors, treatment providers, medical professionals, and recovery coaches is instrumental in providing a comprehensive plan for successful reentry.

2. Access to Harm Reduction

While harm reduction programs serve a diverse range of people, the common denominator among those who use these services is that they are people who use illicit drugs, which places them in a marginalized or outsider status. Some are further marginalized because they are homeless or have unstable housing, they are sex workers, they have histories of incarceration, and/or they are uninsured. Due to stigma and the nature of their lives, many individuals who use harm reduction services have experienced extreme health inequities. Having been rejected or self-exiled from healthcare systems and services, they often suffer long-term consequences from lack of preventive care and neglect of symptoms that emerge over time.¹⁵

The good news is the harm reduction programs have skilled workers that are adept at engaging with individuals who are skeptical about interfacing with health service providers or who have lost trust in the system. At best, their main point of contact may be with emergency departments, which provide one-off experiences with no promise of continuing care. In a harm reduction setting, something as simple as connecting someone with wound care can create a conversation about further steps that can be taken for improved health.

3. Inadequacy of Data Systems and Research

The starting point to address equity is to assess areas in which inequities exist. This entails identifying substance use patterns among subpopulations, in addition to more prevalent categories of age, sex, and race. An overriding challenge is having robust and comprehensive data systems that can address the range of issues in building equitable systems and services.

For example, until recently, demographic data was not collected on sexual orientation and gender identity, two separate but sometimes interlocking categories. Data may be collected for lesbian, gay, and bisexual (LGB) identities that do not include transgender experience. LGB data combines experience that, unless they can be disaggregated, make it difficult to discern different drug use patterns within those groups. Another example is that diverse experiences in major ethnic groups may not be discernable. A Hispanic category may include a number of important national and racial identities that include widely divergent drug use prevalence rates.

Another challenge is that surveillance data may not capture groups and populations at highest risk. Surveys often involve self-reporting and are location-based (i.e., household or school). While these surveys are useful in presenting a general snapshot, they leave out specific groups that are instrumental in forming a comprehensive picture. For example, when determining drug use or overdose patterns, data needs to be collected from and about people who are homeless or

¹⁵ Lennox, R., Lamarche, L. & O'Shea, T. Peer support workers as a bridge: a qualitative study exploring the role of peer support workers in the care of people who use drugs during and after hospitalization. *Harm Reduct J* 18, 19 (2021). <https://doi.org/10.1186/s12954-021-00467-7>

have unstable living conditions, people who engage in sex work, and people who are incarcerated. In turn, there is increasing interest in people who live in rural areas and who have often been left out of data collection.

B. Actions and Intended Impacts on Barriers

The 2022 NDCS is currently being developed, is undergoing interagency review, and will be provided to Congress in 2022. Each of the subject areas identified in this section has a set of proposed policy actions that may be slightly altered upon interagency review, some of which are discussed below.

1. The Criminal Justice System

- **Action:** Simplify the regulation of methadone and buprenorphine to create the necessary flexibility for jails and prisons to offer medications for opioid use disorder (MOUD).
Impact: Expand access to life-saving medications to underserved people in correctional settings.
- **Action:** Work with federal, state, and local partners to support pre-arrest diversion programs.
Impact: Reduce the number of BIPOC people with SUD who are arrested and incarcerated for nonviolent crimes.
- **Action:** Engage prosecutors and judges to ensure equitable treatment for individuals involved in the criminal justice system. Expand training for staff in drug court settings to reduce the role of personal biases in screening out eligible drug court candidates.
Impact: Increase unbiased and fair decision-making in courts regarding BIPOC individuals.
- **Action:** Ensure evidence-based reentry support, improving linkages to the community and reentry and recovery outcomes.
Impact: Fortify community treatment and recovery supports, particularly in BIPOC communities.

2. Increasing Access to Harm Reduction

- **Action:** Facilitate low-barrier buprenorphine induction through harm reduction organizations.
Impact: Decrease barriers to MOUD in underserved and underrepresented people in the treatment and healthcare system.
- **Action:** Promote access to services and supports addressing social determinants of health for those receiving harm reduction services.

Impact: Increase engagement with BIPOC and underserved and underrepresented communities through a holistic approach to treatment and healthcare that addresses social determinants of health.

3. Improving Data Systems and Research

- **Action:** Prioritize data and analytic efforts to support advancing equity for traditionally underserved populations.
Impact: Development of data systems that will yield more accurate findings regarding demographics about BIPOC and other underserved communities.
- **Action:** Establish systems to collect and analyze data on subpopulations at high risk of drug use for which data is inadequate.
Impact: Promote systems to yield disaggregation of data to reveal greater depth of data for subpopulations of underserved communities.

C. Goals:

- Address equity in each chapter of the forthcoming 2022 NDCS to inform and direct the 18 NDCPAs of the Administration’s commitment to serving all populations.
- In an effort to maintain relationships and ensure greater feedback from stakeholders on key policy priority areas, ONDCP will host quarterly calls with researchers, organization leaders, and individuals with lived experiences. Each call will include a specific topic on equity to better understand the needs of the most vulnerable populations affected by substance use disorder.

Focus Area #2: **High Intensity Drug Trafficking Areas (HIDTA) Program**

Through the HIDTA program, ONDCP supports collaborative Federal, State, local, and Tribal law enforcement and public health efforts to disrupt and dismantle drug trafficking and money laundering organizations, and to reduce drug-related overdoses. President Biden has emphasized the need to eradicate racial inequities in the criminal justice system, and law enforcement plays a role in this critical objective. Assessing the HIDTA program may identify barriers to equity that ONDCP can work to overcome.

Drug enforcement efforts should target those criminal organizations most responsible for producing, transporting, and distributing illegal drugs into, and within, the United States, and should not disproportionately focus on specific racial or ethnic groups.

HIDTA’s Overdose Response Strategy (ORS) is a cross-agency, interdisciplinary collaboration to reduce overdoses and save lives. Through the ORS, public health analysts support promising interventions like post-overdose outreach programs. Such programs follow up, either in person or telephonically, with people who have experienced a non-fatal overdose to offer them the lifesaving drug naloxone, and treatment referrals among other services. Public health analysts

also support efforts to inform communities about the risks associated with drug use, focus on addressing trauma, and reach young people in high schools and colleges. Analysts often provide information about drug use and overdose trends in their jurisdiction to inform the development of interventions for underserved and at-risk populations.

At the regional level, HIDTAs engage with underserved communities, including Tribal members and law enforcement. The HIDTA program serves as a resource for much-needed services including substance use prevention activities, training, equipment, prosecutorial support, and law enforcement deconfliction.

Intersecting Systems and Processes: Intersecting systems and processes include broader criminal justice reform questions, of which ONDCP only has a small portion (*e.g.*, sentencing disparities for crack cocaine and powder cocaine, treatment behind the walls, overdose prevention upon reentry to the community, decisions made at the local level regarding criminal charges, and opportunities for diversion away from the criminal justice system). Focus Area #1 addresses these items in greater detail.

A. Barriers to Equitable Outcomes

- One of the products developed by the Washington/Baltimore HIDTA is the Overdose Detection Mapping Application Program (ODMAP). ODMAP provides near real-time suspected overdose surveillance data. Currently, data is not widely available by race/ethnicity and other demographic characteristics, and exploring challenges to data disaggregation may be useful for designing and delivering culturally competent interventions.
- There is a lack of research on best practices for advancing equity in the course of conducting investigations of high-level targets/transnational criminal organizations/drug trafficking organizations.
- While there is abundant research on street-level policing/areas of recommended reform, research into the line of effort targeting transnational criminal organizations/drug trafficking organizations is often limited by national security safeguards.
- HIDTA does not have the discretionary funding or the resources to undertake a comprehensive assessment of the entire HIDTA program (*i.e.*, its operations) to determine where the highest-impact areas for advancing equity might be. With the exception of a small amount appropriated for auditing, HIDTA funding is allocated by statute to the regional HIDTAs.
- HIDTA comprises nearly 1,000 discrete initiatives (generally investigative task forces) that implement strategies developed by the regional executive boards. Furthermore, HIDTA program participants are not ONDCP employees, nor are HIDTAs considered federal agencies.

- The geographic focus of the HIDTAs is generally limited to HIDTA-designated areas. If there are underserved populations outside these designated areas, HIDTA resources and funding cannot be unilaterally redirected.

B. Executed Actions and Ongoing Assessment

The *Critical Conversation* training is uniquely designed to assist the HIDTA leadership achieve an effective workforce by obtaining the skills to accurately assess their workplace environment's climate and address the challenges, hopes, and concerns their staff may have that are undetected currently.

As part of managing and mitigating risk as well as protecting the human assets who are essential to the success of the HIDTA program, an immediate need has been identified to address the risk of hostile workplace incidents arising within the HIDTA program. As a consequence, a course of virtual instruction that develops a cohesive multidisciplinary team and helps participants see the need for a cultural shift in the workplace environment from stress to one of support, will be provided to the HIDTA leadership to include Directors and Deputy Directors.

Architects of this training curriculum are subject matter experts who bring unique and real-time perspectives to the training environment that draw upon specific expertise and relevant examples to deliver training to the HIDTA leadership. ONDCP has a goal of requiring annual/biannual training in this area; however, the Agency needs to ensure that it has identified and/or developed appropriate curriculum. That effort is currently underway. Because the grants have an established funding cycle, award recipients are bound to the terms and conditions of the award at the time of receipt. ONDCP will work towards implementing equity requirements and internal equity audits for future disbursements of awards, consistent with applicable laws. The Agency's immediate effort is focused on HIDTA workplaces, as there may be underserved populations amongst these police departments.

The broader focus on underserved communities that come into contact with law enforcement is currently being studied by the Interagency Criminal Justice Reform working group. In March 2021, ONDCP undertook a preparatory survey of law enforcement grant recipients and leadership in order to develop this training. ONDCP assured respondents to the survey that their responses would be kept confidential to increase the likelihood of unabridged feedback. In April 2021, ONDCP conducted a pilot session of the training, and is poised to begin administering the full training in FY 2022.

C. Goals

By the end of FY 2022, barring any further impediments from COVID restrictions, the HIDTA program aims to:

- Finalize the workplace training and administer that training to HIDTA leadership (Directors and Deputy Directors).
- Codify a requirement for this training in the HIDTA Program Policy and Budget Guidance (PPBG). The practical effect of amending the PPBG creates a new

requirement in the grant terms and conditions of all future HIDTA grant awards.

- Incorporate language into grant awards for FY 2023 requiring grantees to adhere to E.O. 13985.

Focus Area #3: National Drug Control Budget Oversight Process

ONDCP reviews and certifies drug control budget requests for 18 federal departments and agencies to ensure the funding supports the achievement of the policy objectives of the NDCS. In FY 2022, the National Drug Control Budget encompassed a \$41.0 billion request for drug policy efforts. As identified in Focus Area #1, ONDCP prioritized equity in the policy development process of the NDCS. The ONDCP budget oversight process is designed to ensure that drug control agencies provide the necessary funding to ensure the implementation and success of the policy objectives of the NDCS. Over the past year, ONDCP provided funding guidance to NDCPAs emphasizing the importance of ensuring the appropriate funding support for equity efforts. In the summer of 2021, ONDCP reviewed bureau budget submissions and provided guidance to agency heads on priorities for fall budget submissions. In the fall, ONDCP reviewed the agency budget submissions and issued budget certification letters to the heads of the NDCPAs. A key component of the ONDCP review process was ensuring that budget submissions aligned with and provided adequate funding to support achieving drug control policy priorities, including those related to equity.

A. Barrier to Equitable Outcomes

- The infrastructure to implement a uniform set of elements to capture and report budget demographic has yet to be designed or achieved.
- Significant changes are needed to allow agencies to report the alignment of funding by program for underserved communities. Minor changes may be accomplished administratively, but most may require statutory amendments or exemptions to the Paperwork Reduction Act of 1980.
- Compliance with the Paperwork Reduction Act of 1980 constrains the immediate uniform collection of data from the general public and organizations.

B. Action and Intended Impact on Barrier

ONDCP is represented in the Equitable Data Working Group (EDWG) coordinated by the Executive Office of the President's Office of the United States Trade Representative (EOP/USTR) and the Office of Management and Budget (OMB). The EDWG is federal-wide in scope and is preparing a report with recommendations for the Director of the U.S. Domestic Policy Council, Ambassador Susan Rice. The EDWG was created under E.O. 13985, which was signed on January 20, 2021. The E.O. defines the functions of the EDWG and includes representatives from major federal departments and agencies, including the United States Census Bureau, National Aeronautics and Space Administration (NASA), the Internal Revenue Service

(IRS), the Department of Homeland Security (DHS), and other agencies that have administrative or data collection functions. After the EDWG review and recommendations are submitted to Ambassador Rice, ONDCP expects broad guidance federal-wide pertaining to data on equity.

Upon publication, ONDCP will lead the Data Interagency Working Group (Data IWG) to encourage adoption of the federal guidance. ONDCP will incorporate the guidance as it applies to the subject area of drug use, its correlates, and consequences. ONDCP reconvened the first meeting of the reconstituted Drug Data Interagency Working Group (Data IWG) on December 15, 2021. The meeting was attended by representatives from 20 agencies and bureaus. The main agenda item was to begin the process of developing a data plan as required by the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act. The Data IWG will assist in creating opportunities for targeted collaboration and sharing of research across the interagency. The Data IWG will continue to convene quarterly, or as needed, in calendar year (CY) 2022 to address various drug data needs, including, but not limited to, data equity.

C. Goals

For the FY 2023 budget, ONDCP will include a section presenting a summary of the actions taken by the agency to address equity and to identify any specific equity initiatives in their drug control efforts in each bureau's chapter of the National Drug Control Strategy's budget summary. This reporting requirement is closely aligned to the reporting requirements identified by the OMB for reporting on equity efforts in the FY 2023 budget.

For FY 2024 and in future years, ONDCP will utilize the budget review and certification process to ensure that NDCPAs support the implementation of drug control policy priorities addressing equity and request the necessary funding to implement equity initiatives. In addition to the budget review and certification process, ONDCP may direct the obligation of all or part of an amount appropriated to a NDCPA through a Fund Control Notice (21 U.S.C. § 1703(f)).

Focus Area #4: Ongoing Outreach to Tribal Nations

In the Spring of 2021, the Acting Director of ONDCP prepared a consultation letter that was mailed to the Tribal leaders of Federally recognized tribes. ONDCP also established a Tribal Affairs e-mail account dedicated to communication with Tribal Nations and Tribal officials.

ONDCP hosted three consultations that engaged Tribal Nations and Tribal officials from Alaska and Washington on March 23, 2021; Arizona, Colorado, New Mexico, and Utah on March 24, 2021; and officials from Michigan, Minnesota, North Dakota, South Dakota, and Wisconsin on March 25, 2021. Each session had a common agenda focused on ways to engage through consultation as well as ONDCP priorities.

A. Barriers to Achieving Equitable Outcomes

- Engaging in significant coordination with tribes to determine the scope of substance use disorders and the impact of the pandemic on Tribal communities.

- There is a lack of research for creating evidence-based, culturally-appropriate prevention curriculums and the expansion of prevention activities for Tribes to reduce the risk of substance use initiation.
- Addressing the impact of historical, intergenerational, and current trauma in Tribal communities on behavioral health outcomes related to drug misuse, addiction and overdose.

B. Goals

The following outlines ONDCP’s plan of actions for developing a consultation and coordination policy with Tribal Nations. The ideas and initiatives are a starting point and will undergo continuing review and evaluation in order to improve consultation efforts and adapt to changing priorities within ONDCP and/or changing program authorities. The plan is designed to reflect the mission of ONDCP with respect to American Indians and Alaska Natives and to comply with Legislative and Executive Branch mandates. ONDCP plans to:

1. **Goal 1:** Provide a single point of contact within ONDCP for Tribes. This central source for communication between the agency and Tribal Nations will serve as the agency’s liaison with Tribal Nations and the Associations that serve them.

Status: The Associate Director of Outreach serves as ONDCP’s liaison with Tribal nations and the Associations that serve them. They can reach the Associate Director of Outreach at Tribal.Affairs@ondcp.eop.gov.

2. **Goal 2:** Host annual consultations to allow Tribal Nations and Tribal officials to provide input on specific issues or policy areas. These issues or areas for input will be tied to specific strategic priorities faced by the agency. Where possible, ONDCP will take advantage of national meetings sponsored by federal partners and Tribal associations to engage with Tribal leaders in consultation.

Status: As part of its strategy consultation process, ONDCP invited Tribal Nations and Tribal officials through the White House Tribal Affairs listserv to provide input on the development of the Administration’s inaugural NDCS. The Strategy uses the latest evidence and research to promote public health and public safety approaches that reduce substance use and the consequences associated with it. The upcoming Strategy, which will be published in 2022, included input from Tribal leaders. ONDCP plans to hold a formal Tribal Consultation in 2022.

3. **Goal 3:** Identify agency policies and critical events which require Tribal consultation and participation.

Status: ONDCP is in the process of developing the Strategy that must be submitted to Congress. Based on feedback received from Tribal leaders and the anticipated Tribal consultation next year, ONDCP will develop additional opportunities for

Tribal input and participation related to the implementation of the Strategy. Tribal leaders have also spoken at and participated in ONDCP virtual meetings and events.

4. **Goal 4:** Maintain the Tribal.Affairs@ondcp.eop.gov email address to enable and encourage ongoing input from Tribal governments and communities; regularly communicate with Tribal leaders, and explore the ability to use video-conferencing, webinar, and related electronic means to facilitate communication and information-gathering.

Status: ONDCP continues to maintain our Tribal Affairs email address and sends regular updates on its activities, including those that affect Tribal communities. Tribal leaders also participate in ONDCP virtual meetings and events.

5. **Goal 5:** Utilize the ONDCP webpage as the primary portal for Tribal related information such as consultation meeting schedules, upcoming consultation events, meeting summaries and other related information.

Status: ONDCP's Plan of Action for Tribal Consultation is posted on the ONDCP [webpage](#). The document includes summaries from meetings, held in March 2021, with Tribal leaders about developing ONDCP's drug policy priorities. The ONDCP webpage will be updated as new Tribal related events and opportunities are announced.

Focus Area #5: Drug Free Communities Grant Program

The Drug-Free Communities (DFC) Support program and Comprehensive Addiction and Recovery Act (CARA) Local Drug Crises programs are directed by the White House Office of National Drug Control Policy (ONDCP) in partnership with the Centers for Disease Control and Prevention (CDC), National Center for Injury Prevention and Control (NCIPC). Through the DFC and CARA programs, ONDCP funds over 800 community coalitions across the country focused on youth substance use prevention.

The Drug-Free Communities (DFC) Support Program, created by the Drug-Free Communities Act of 1997, is the Nation's leading effort to mobilize communities to prevent youth substance use. The DFC Program provides grants to community coalitions to strengthen the infrastructure among local partners to create and sustain a reduction in local youth substance use.

The DFC Support Program provides grants, up to \$125,000 per year for five years, to community coalitions to strengthen the infrastructure among local partners to create and sustain a reduction in local youth substance use. After five years, community coalitions may re-compete for another five-year cycle. Recognizing that local problems need local solutions, DFC-funded coalitions engage multiple sectors of the community and employ a variety of environmental strategies to address local substance use problems. DFC coalitions consist of community leaders across twelve sectors that organize to meet the local prevention needs of the youth and families in their communities.

As a compliment to the DFC program, the CARA program was established by the Comprehensive Addiction and Recovery Act of 2016. Grants awarded through the CARA Program are intended to serve as an enhancement to current or formerly funded DFC grant award recipients. The program provides grants up to \$50,000 per year to strengthen efforts with leaders in their communities to identify and address local youth's (ages 12-18) use of opioid, methamphetamine, and/or prescription medication, and to create sustainable community-level change.

A. **Goal 1:** *Strengthen Programmatic Implementation* - Increase understanding of how health inequities and social determinants of health impact youth substance use.

1. **Barrier to Equitable Outcome:** There is a lack of understanding among community-based coalitions of how health inequities and social determinants of health impact youth substance use and what communities can do to address these issues at the local level.
2. **Action and Intended Impact on Barrier:** During the first six (6) months of 2022, CDC is planning to conduct a health equity session during the CADCA National Leadership Forum, a listening session/workshop on ACEs for a subset of coalitions, and a health equity webinar for DFC and CARA funded coalitions. These presentations will introduce key health equity principles and ACE's prevention and how they are related to youth substance use prevention efforts. Presenters will highlight CDC activities that address health equity and substance use, including risk and protective factors. Presenters will also share tools and resources to help coalitions engage various populations in substance use prevention activities. DFC-funded community coalitions workshop/listening session on ACEs among diverse racial and ethnic communities is scheduled to take place in March 2022.
3. **Tracking Progress:** CDC will disseminate evaluations after each webinar that captures the extent to which there was an increase in understanding of health equity principles, how they relate to youth substance use prevention efforts, and how to address these issues at the local level.
4. **Accountability:** For accountability, CDC will identify opportunities to track and capture activities related to health equity and social determinants of health through the review of progress reports and action plans.

B. **Goal 2:** *Strengthening Program Reporting* - Strengthen DFC and CARA Program data collection instruments to better understand populations served by these grant programs.

1. **Barrier to Equitable Outcome:** DFC progress reports collect limited data on work with specific populations of youth, making it difficult to specify the extent to which the grant program is serving communities equitably. The CARA progress report did not specifically include any items with regard to diversity of communities served.

Qualitative data may include references to coalitions work with regard to diversity and equity, but these data are not collected in a single space within the report.

2. **Action and Intended Impact on Barrier:** Beginning in 2021 and continuing into 2022, the DFC & CARA National Cross Site Evaluation Team is reviewing progress reports in preparation for submitting revisions in an OMB packet. Draft revisions will be submitted no later than February 2022 with the full packet to be approved no later than December 2022. ONDCP and CDC are directly involved in the review process. The review team has prioritized how to better capture data from grant recipients as it pertains to diversity and equity. A specific qualitative section will invite grant recipients to share detailed information about their work in these areas. Additionally, technical assistance during progress report submission will emphasize the importance of inclusion of this information.
3. **Tracking Progress:** The DFC & CARA National Cross Site Evaluation Team will continue to review and summarize the data submitted by grant recipients. Findings will be included in annual evaluation reports and/or in issue briefs focused narrowly on this topic.
4. **Accountability:** The DFC & CARA National Cross Site Evaluation Team will work with partners at CDC who monitor/approve progress reports to identify any challenges or successes grant recipients have with incorporating relevant data into their reports.

C. **Goal 3:** *Strengthen Training and Technical Assistance*

1. **Barrier to Equitable Outcome(s):** There is a lack of understanding among community-based coalitions on how health inequities and social determinants of health impact youth substance use and what communities can do to address these issues at the local level. The barrier we are trying to address is inclusivity of marginalized communities within coalitions.
2. **Action and Intended Impact on Barrier:** To eliminate/reduce the barrier there will be modifications made to the NCA to include the introduction of a mixed delivery (extended hybrid) training. The modification of NCA curriculum delivery will include topics such as health equity and social determinant of health. In addition, revisions will include updates to the training framework of the Strategic Prevention Framework (SPF).
3. **Tracking Progress:** CADCA will use both internal and external evaluation to determine the efficacy of these actions. CADCA will also use the Got Outcomes Awards and Blue Ribbon recognition to determine the efficacy of the actions identified above.
4. **Accountability:** CADCA will be held accountable to implementing these actions funded through both the internal evaluation and feedback of the NCA, Graduate

Coalition Academy, Bootcamps, and technical assistance associated with the NCI. The evaluation data will be communicated to stakeholders during our monthly partner meetings. Community coalitions will be updated about our progress during CADCA Leadership Forum and Mid-Year Training Institute.

IV. Agency Wide Accountability

To ensure coordination of the equity initiatives outlined above, ONDCP is contemplating the dynamics of an internal Equity Working group. This workgroup will assess the needs of marginalized populations, review published research, and track progress on the deliverables stated within this document. This effort is under consideration as ONDCP, and the larger EOP, does not have a dedicated Civil Rights Office. Once appropriately outlined, the working group will convene quarterly and report updates to the ONDCP Chief of Staff.

Furthermore, ONDCP will continue its ongoing practice of hosting regularly-scheduled stakeholder roundtables and other convenings to highlight emerging trends, issues, and interventions and inform current and future drug policy initiatives. Participants will include researchers, organizational and community leaders, BIPOC and LGBTQ+, and rural community members, and people with lived experiences, including family members. Each call will include a specific topic on equity, including those outlined in the NDCS, to better understand the needs of the most vulnerable populations affected by substance use disorder.