Audit of the Drug Enforcement Administration's Community-Based Efforts to Combat the Opioid Crisis

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Objectives

Overdose related drug deaths in the United States have claimed the lives of nearly 800,000 people in the past 20 years. In recent years, approximately 70 percent of those deaths – over 45,000 per year – were caused by an opioid. To combat this crisis, the Drug Enforcement Administration (DEA) developed its 360 Strategy, which it describes as an innovative approach to combatting heroin and opioid use through law enforcement, diversion, and community outreach. In September 2019, the Department of Justice (DOJ) Office of the Inspector General (OIG) issued a Review of the DEA's Regulatory and Enforcement Efforts to Control the Diversion of Opioids, which reported on issues related to law enforcement and diversion. In this audit, we focus primarily on the DEA's 360 Strategy outreach efforts in specific communities or "pilot cities" struggling with opioid-related issues across the U.S. Specifically, we: (1) examined the DEA's 360 Strategy pilot city-selection methodology, (2) assessed the DEA's integration of a performance measurement strategy to enhance its community-based efforts, (3) evaluated the DEA's collaboration with federal and non-federal entities in combatting the opioid crisis, and (4) assessed the DEA's efforts to sustain progress in the communities it assists.

Results in Brief

Through 2019, the DEA had deployed its 360 Strategy in 20 communities across the U.S., where it has helped to increase awareness of opioid-related issues, provide training, build anti-drug coalitions, and create online resources available to the public at no charge. Our audit identified areas for improvement in the DEA's pilot city selection process, allocation of resources, and collaborative efforts with other federal entities tasked with combatting the opioid crisis. We also found that, despite multiple oversight efforts, the DEA still lacks an outcome-oriented performance measurement strategy to assess the effectiveness of its community outreach efforts. Finally, we identified potential opportunities to further reduce misconceptions surrounding medication-assisted treatment.

Recommendations

Our report contains five recommendations to assist the DEA in improving administration and oversight of the community outreach phase of the DEA's 360 Strategy. We discussed the results of our audit with the DEA and provided a copy of the draft audit report for review and response. The DEA's response can be found in Appendix 3, and our analysis of those responses is included in Appendix 4.

Audit Results

Our audit focused on the DEA's community-based efforts to combat the opioid crisis in 20 cities between 2016 and 2019.

Pilot City Selection - The DEA's primary mission is law enforcement. However, the DEA also recognizes the need to work within communities after enforcement actions to prevent drug-related issues from regaining momentum. To this end, each year since 2016 the DEA has selected a group of four to six "pilot cities" for inclusion in its 360 Strategy. These pilot city selections allow the DEA to focus its efforts in order to address the unique challenges faced by a particular city or region. We found that 19 of the 20 pilot cities selected by the DEA demonstrated high levels of opioid-related overdose deaths, which is the DEA's primary criterion for pilot city selection. Additionally, while we noted that one recent pilot city selection did not appear consistent with the DEA's stated pilot city selection criteria, the DEA is using its presence in the region to provide needed assistance to surrounding tribal communities.

To select its pilot cities, the DEA first reviews mortality data gathered and analyzed each year by the Centers for Disease Control (CDC). While CDC data provides a comprehensive overview of public health issues in the United States, it also contains gaps that may hinder the DEA's ability to identify communities in critical need of assistance. For example, national mortality data underreports deaths attributed to synthetic opioids such as fentanyl, which, based on the most current data, cause about as many deaths in the United States as prescription opioids and heroin combined. In our judgment, a review of DEA field data which analyzes substances such as fentanyl from an availability and seizure standpoint would strengthen the DEA's ability to ensure its resources are deployed to communities most in need of opioid-related assistance.

Performance Measurement and Program Sustainability - Evaluation of evidence-based results allows federal agencies to review their efforts to ensure programs are operating effectively. We found that the DEA has established multiple output-oriented performance metrics for many aspects of its 360 Strategy, and that national partners have provided services including training, educational events, and drug awareness campaigns. Additionally, the DEA has produced an opioid-related digital curriculum, which is available to schools, educators, and the public online and free of charge.

We also found that the DEA lacks effective outcome-oriented performance measurements, an issue identified in our 2003 Audit of the Department of Justice Drug

Demand Reduction Activities. While the DEA has taken steps to improve its performance measurement strategy, including working towards the creation of a strategic plan of action for each pilot city, clearly defined goals and expected outcomes prior to project implementation would assist the DEA in effectively assessing the overall impact of its community outreach efforts.

We also identified areas for potential refinement in the DEA's resource allocation. For example, in each pilot city the DEA conducts a 13-week media campaign to raise awareness of opioid-related issues and direct people to a region-specific website for additional information available online. In total, approximately 40 percent of each $775,000 pilot city budget is allocated to these efforts. We provided updates to the DEA regarding these concerns over the course of our audit, and DEA officials acknowledged the need for improvements in this area and have made adjustments to their media strategy, including stronger messaging through social media and refinements to the regional websites themselves. While these are positive steps, we believe the DEA would benefit from a comprehensive review of its media efforts in order to determine if sustained spending in this area is the most impactful use of its limited resources.

Collaboration **-** As the DEA is primarily a law enforcement agency, effective collaboration with other federal and non-federal entities is necessary in order to provide a comprehensive community outreach response to the opioid epidemic. However, we found that the DEA's collaborative efforts with DOJ grant making agencies are limited. For example, the DEA has not engaged in meaningful coordination the DOJ's Office of Justice Programs, or DOJ's Office on Community Oriented Policing Services (COPS Office). These two grant making entities award millions of dollars to community organizations and local law enforcement to combat opioid-related issues.

Finally, as the opioid crisis has grown, many communities throughout the U.S. lack access to treatment. Through its community outreach efforts, the DEA has sought to ensure that links to treatment options are included on pilot city websites, and some pilot cities have created partnerships with state and local health organizations that are intended to raise awareness of treatment options. However, 30 percent of the pilot city leadership we surveyed indicated that their community outreach efforts had not included services, information, education, or other efforts specifically related to medication-assisted treatment of opioid addiction. Additionally, as recently as December 2019, the DEA has publicly acknowledged that there may be a perception among treatment providers that the DEA unfairly targets providers who have obtained a unique license that allows them to provide medication assisted treatment as part of their general practice. As the DEA continues to deploy its community outreach efforts, increased coordination between the DEA and treatment-based organizations may reduce the misconceptions surrounding the DEA and treatment providers, resulting in an increase in those willing to provide treatment and thereby assisting the DEA in achieving its goal of reducing the number of opioid-related deaths in the U.S.

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In March 2020, DEA officials informed the OIG that they are considering broadening their current approach to incorporate a focus on other drugs, such as methamphetamine, and to deploy efforts nationally rather than focus on specific pilot cities. At the time of our audit, a formal plan of action for future demand-reduction efforts had not been formalized. Nevertheless, the recommendations in this report are written with these possible future plans in mind.

AUDIT OF THE DRUG ENFORCEMENT ADMINISTRATION'S COMMUNITY-BASED EFFORTS TO COMBAT THE OPIOID CRISIS

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INTRODUCTION

Overdose-related drug deaths in the United States have claimed the lives of nearly 800,000 people in the past 20 years. In recent years, approximately 70 percent of those deaths – over 45,000 per year – were caused by an opioid. To combat this crisis, the Drug Enforcement Administration (DEA) developed its 360 Strategy, which it describes as an innovative approach to combatting heroin and opioid use through law enforcement, diversion, and community outreach. In September 2019, the Department of Justice (DOJ) Office of the Inspector General (OIG) issued its Review of the DEA's Regulatory and Enforcement Efforts to Control the Diversion of Opioids, which examined the regulatory activities and enforcement efforts of the DEA's efforts to combat the diversion of opioids to unauthorized users.[1] In this audit, we focus primarily on the DEA's 360 Strategy outreach efforts in specific communities, also referred to by the DEA as "pilot cities," struggling with opioid-related issues across the United States.

The Rise of America's Opioid Epidemic

The Department of Health and Human Services (HHS) traces the opioid epidemic to the late 1990s, as pharmaceutical companies assured doctors that patients would not become addicted to opioid pain relievers, resulting in healthcare providers prescribing these drugs at greater rates.[2] Increased prescription of opioid medications led to widespread misuse of both prescription and non-prescription opioids before it became clear that these medications could indeed be highly addictive.[3] In subsequent years, a second wave in the opioid crisis

Figure 1: Overdose Deaths by Drug Category
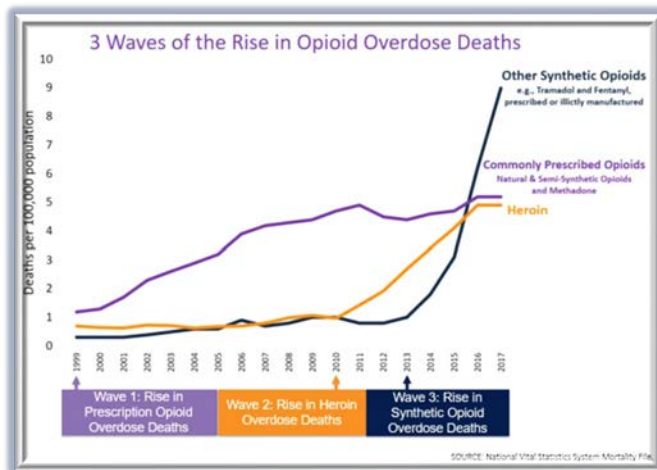
Source: CDC's National Vital Statistics System Mortality File

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[1] USDOJ OIG, Review of the DEA's Regulatory and Enforcement Efforts to Control the Diversion of Opioids, Evaluation and Inspections Report 19-05 (October 2019), www.oversight.gov/sites/default/files/oig-reports/e1905.pdf (accessed January 14, 2020).

[2] HHS, "What is the U.S. Opioid Epidemic," September 4, 2019, https://www.hhs.gov/opioids/about-the-epidemic/index.html (accessed February 10, 2020).

[3] HHS, "What is the U.S. Opioid Epidemic."

became apparent – deaths attributed to heroin.[4] According to the DEA, individuals from every demographic use heroin, and rates of deaths involving heroin increased in nearly all U.S. Census regions between 2006 and 2016. While deaths attributable to heroin have begun to level in recent years, a third wave in the opioid crisis is already clear – deaths attributable to synthetic opioids such as fentanyl. As shown in Figure 1, fentanyl currently causes approximately as many deaths as those attributed to heroin and prescription opioids combined.

However, according to the DEA's 2018 National Drug Threat Assessment, the drug's extremely strong opioid properties make it an attractive drug of abuse for both heroin and prescription opioid users.[5] The DEA notes that traditionally, fentanyl was mixed with or sold as white powder heroin, which potentially limited the size of the fentanyl user market. However, as traffickers have expanded into the sale of fentanyl-containing counterfeit pills, the number of users who were exposed to fentanyl increased significantly. Currently, the prescription pain reliever "misuser population" is almost 10 times that of the heroin user population.[6]

Figure 2: DEA Images of Counterfeit Fentanyl

Source: The DEA

Despite additional regulations pertaining to commonly prescribed opioids and enhanced law enforcement efforts dedicated to targeting those who traffic heroin and illicit fentanyl, opioid abuse remains a public health epidemic. In response, the federal government has developed a multifaceted approach intended to reduce opioid abuse and, in fiscal year (FY) 2018, appropriated over $7.4 billion in opioid-related funding; of this amount, approximately $516 million funds various DOJ programs.[7] This funding enhances efforts by agencies including, but not limited to, the DOJ, HHS, the Office on National Drug Control Policy, the Department of Veterans Affairs, and the Department of Homeland Security. Together, the federal funding allocated to combat the opioid epidemic is intended to provide comprehensive assistance to enhance areas such as enforcement, prevention, and treatment.

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[4] CDC, "Heroin Overdose Data," June 20, 2019, https://www.cdc.gov/drugoverdose/data/heroin.html (accessed January 24, 2019).

[5] DEA, "2018 National Drug Threat Assessment," DEA-DCT-DIR-032-18 (October 2018), www.dea.gov/sites/default/files/2018-11/DIR-032-18%202018%20NDTA%20fi-nal%20low%20resolution.pdf (accessed January 14, 2020), 21.

[6] DEA, "2018 National Drug Threat Assessment," 25.

[7] Goals of these programs include, but are not limited to, improving criminal justice response, implementing the state-run prescription drug programs, in increasing access to treatment.

The DEA's 360 Strategy

The DEA describes its 360 Strategy as an innovative approach to combatting heroin and opioid use through three primary areas: (1) coordinated law enforcement actions against drug cartels and heroin traffickers in specific communities; (2) diversion control enforcement actions against DEA registrants operating outside the law and long-term engagement with pharmaceutical drug manufacturers, wholesalers, pharmacies, and practitioners; and (3) community outreach through local partnerships that empower communities to take back affected neighborhoods after enforcement actions and prevent the same problems from cropping up again. This audit focuses on the prong of the 360 Strategy that relates to the DEA's community-outreach efforts. According to the [DEA's Community Outreach Division](#), the overall goals of these efforts are to establish key partnerships with community coalitions, promote opioid-specific public messaging, and create a grassroots movement intended to empower communities to "create a safer place for their children."[8] The efforts, which generally last approximately 1 year, are primarily focused on youth, as well as parents, caregivers, and educators.

Audit Objectives

Based on the overdose rates attributed to prescription opioids, heroin, and fentanyl in recent years, as well as the DEA's authority to respond to this epidemic, we focused our audit on the DEA's community-based efforts to combat the opioid crisis. Our audit objectives were to: (1) examine the DEA's pilot city-selection methodology, (2) assess the DEA's integration of a performance measurement strategy to enhance its community-based efforts, (3) evaluate the DEA's collaboration with federal and non-federal entities in combatting the opioid crisis, and (4) assess the DEA's efforts to sustain progress in the communities it assists.

Unless otherwise stated in this report, the criteria we used to evaluate the DEA's compliance with its 360 Strategy on community outreach are included in DEA policies and procedures, contracts, and memorandums of understanding. To accomplish our objectives, we interviewed key employees at DEA headquarters, surveyed 20 DEA employees tasked with oversight of a DEA pilot city and received a 100 percent response rate to that survey, and conducted additional interviews with DEA staff, partner organizations, the Government Accountability Office (GAO), and HHS OIG. Additionally, we evaluated mortality data from the Centers for Disease Control (CDC) and supplemental state public health databases. We also reviewed DEA contracts and memorandums of understanding with national partners, including a review of the outputs and other efforts produced under those

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[8] DEA, "360 Strategy – Community Outreach," https://www.dea.gov/360-strategy-community-outreach (Accessed April 16, 2020).

agreements.[9] Finally, we reviewed the DEA's performance measurement strategy, analyzed the DEA's collaborative efforts with other federal entities situated to provide assistance in combatting the opioid epidemic, and assessed the DEA's plans to sustain progress in the communities it assists.

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[9] Specifically, we reviewed activities and outputs detailed in contracts, memorandums of understanding, or general partnerships between the DEA and the: (1) Community Anti-Drug Coalitions of America, (2) DEA Educational Foundation, (3) Benevolent and Protective Order of the Elks, (4) Boys & Girls Clubs, (5) Boy Scouts & Girl Scouts of America, (6) Partnership for Drug-Free Kids, (7) Young Marines, (8) Lions Club International Foundation, (9) the National Police Athletic/Activities League, Inc, (10) A. Bright Idea, and (11) EEI Communications, Inc.

AUDIT RESULTS

During fiscal years (FY) 2016 through 2019, the DEA deployed its 360 Strategy in 20 communities across the United States. In each community, the DEA has worked to increase awareness of opioid-related issues, provide training and educational assistance, and build anti-drug coalitions. The DEA's partnerships with national organizations have resulted in the creation and distribution of opioid-related educational materials that are available to schools, coalitions, and the public at no charge.[10] However, our audit identified areas for improvement in the DEA's pilot city selection process and allocation of its resources. We also identified the need for improved collaboration with other federal entities who are situated to strengthen the DEA's 360 Strategy efforts. We also found that, despite multiple oversight efforts, the DEA still lacks a performance measurement strategy to assess the effectiveness of its community outreach efforts. Finally, we identified potential opportunities to further reduce misconceptions surrounding medication-assisted treatment.

Pilot City Selection

The DEA's primary mission is law enforcement. However, the DEA also recognizes the need to create and maintain local partnerships that empower communities to assist affected neighborhoods after enforcement actions to help prevent drug-related problems from regaining momentum. To this end, each year since 2016 the DEA has selected a group of four to six "pilot cities" for inclusion in its 360 Strategy. These pilot city selections, shown in Figure 3, allow the DEA to focus its efforts on the unique challenges faced by a particular city or region.

The DEA initiated its 360 Strategy in November 2015. During our initial interviews, DEA officials stated that, at that time, pilot cities were chosen without specific selection criteria. We reviewed drug-related mortality rates for the four cities selected for 2016 - Milwaukee, Wisconsin;

Figure 3: The DEA's 2016 – 2019 Pilot Cities

2016	2017
Louisville, Kentucky	Dayton, Ohio
Milwaukee, Wisconsin	Albuquerque, New Mexico
Pittsburgh, Pennsylvania	Charleston, West Virginia
St. Louis, Missouri	Manchester, Pennsylvania

DEA 360 Strategy Pilot Cities

2018	2019
Baltimore, Maryland	Cleveland, Ohio
Knoxville, Tennessee	Flagstaff, Arizona
Newark, New Jersey	Los Angeles, California
South Jersey, New Jersey	New Bedford, Massachusetts
Philadelphia, Pennsylvania	New Orleans, Louisiana
Salt Lake City, Utah	Tampa, Florida

Source: The DEA

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[10] The DEA and Discovery Education, "Operation Prevention," 2020, www.operationprevention.com, (accessed January 14, 2020).

Manchester, New Hampshire; Charleston, West Virginia; and Louisville, Kentucky – and found that all demonstrated fatal overdose rates that, according to data maintained by the CDC, exceeded the national average.

In subsequent years, the DEA formalized criteria governing pilot city selection. Specifically, each year the DEA coordinates with the CDC's National Center for Injury Prevention and Control to obtain drug-related mortality data. This data provides an overview of the total number of drug overdose deaths by county throughout the U.S., as well as the rate of overdose deaths in relation to the overall population of each county. The DEA reviews that data and populates a shortlist of cities with high rates of fatal drug overdoses.[11] The DEA then obtains state-level mortality data in order to determine the specific underlying cause of death – i.e., the exact drug attributable to the overdose. This secondary review is conducted to ensure that the DEA is selecting cities with high rates of opioid-related deaths rather than high rates of deaths attributable to other drugs, such as methamphetamine or cocaine. Finally, the DEA considers secondary factors such as its relationship with state and local law enforcement agencies and the local US Attorney's Office, proximity to a DEA field office, and existing community anti-drug coalitions in the area.

In order to assess the DEA's pilot city selection process, we conducted an independent review of national and state-level mortality data to identify gaps in data accuracy or reliability. We also reviewed additional data sets that analyze opioid use from a non-mortality standpoint in order to identify potential areas for improvement. Finally, we reviewed the pilot cities selected by the DEA to ensure the DEA had deployed its community-outreach efforts in cities with a demonstrated opioid problem. Through our review, we identified gaps in national mortality data that may hinder the DEA's ability to ensure timely and proactive identification of cities or regions struggling with synthetic opioids in general, and fentanyl in particular. We also noted that 1 of the 20 pilot cities selected by the DEA did not appear to be consistent with the DEA's stated selection criteria; however, the DEA is using its presence in the area to provide assistance to Tribal communities. The results of our review are detailed below.

Data Reliability and Gaps: The DEA Should Enhance its Pilot City Selection Process to Better Identify Emerging Issues Related to Fentanyl

As previously noted, the DEA uses CDC mortality data as one of its primary criteria for pilot city selection. Although the data analyzed and published by CDC provides a comprehensive overview of public health issues in the United States, it is not without limitation. For example, it takes over 1 year for all data to be

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[11] We determined that the average rate of death across the U.S. was approximately 22 individuals per 100,000. While Los Angeles has a death rate of only 8.2 per 100,000, (it is second only to Cook County, Illinois, in terms of the total number of deaths.

gathered, analyzed, and publicly released, meaning data released in 2019 provides drug-related statistics for 2017.[12]

Additionally, the CDC data includes known gaps relating to the identification of a particular drug that is responsible for an overdose. Specifically, for an opioid overdose, the underlying cause of death should identify the drug that contributed to the death – for example, heroin, morphine, or oxycodone. However, a January 2019 CDC study published in the *Morbidity and Mortality Weekly Report* identified the following weaknesses related to substance testing:[13]

1. During an autopsy, substances tested for vary by time and jurisdiction.

2. Specific types of drugs were omitted from 15 percent of drug overdose death certificates in 2016, and 12 percent in 2017.

3. Because heroin and morphine are metabolized similarly, some heroin deaths may have been misclassified as morphine deaths, resulting in underreporting of heroin deaths.[14]

In addition to the limitations noted above, CDC has identified further weaknesses specific to the identification of synthetic opioids such as fentanyl. For example, CDC notes that deaths attributable to fentanyl analogs such as acetylfentanyl, furanylfentanyl, and carfentanil are likely underreported because, while these drugs are similar to fentanyl in chemical structure, they are not routinely detected during an autopsy because specialized toxicology testing is required.[15] Given the dramatic spike in deaths attributed to fentanyl in recent years, we discussed with DEA officials the possibility of enhancing the DEA's pilot city selection process by supplementing CDC data with data from other sources, including data that provides information about drug-related issues from a non-mortality standpoint, and information that is gathered by the DEA itself.

For example:

1. The DEA's Diversion Control Division (DCD) maintains the National Forensic Laboratory Information System (NFLIS). This system includes data from forensic laboratories across the nation that analyze substances secured in law enforcement operations and is, according to the DCD, a valuable resource for monitoring drug trafficking and abuse

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[12] The CDC releases provisional data on a monthly basis, but also notes that provisional releases are often incomplete, and the degree of completeness varies by jurisdiction and 12-month ending period.

[13] Scholl, Lawrence; Seth, Puja; Kariisa, Mbabazi; Wilson, Nana; Baldwin, Grant; "Drug and Opioid-Involved Overdose Deaths — United States, 2013–2017," Morbidity and Mortality Weekly Report, 67:1419–1427, (2019), www.cdc.gov/mmwr/volumes/67/wr/mm675152e1.htm (accessed January 14, 2020).

[14] The study also included a fourth weaknesses: Potential race misclassification may have led to underestimates for certain categories, primarily for tribal communities. We discuss this issue in detail in the Collaboration section of this report.

[15] CDC, "Synthetic Opioid Overdose Data," March 19, 2020, https://www.cdc.gov/drugoverdose/data/fentanyl.html (accessed May 22, 2020).

trends. DEA community outreach staff stated that while CDC data should remain the primary dataset of use, NFLIS data may be a useful additional indicator of the drugs that exist in that particular community.

2. In the DEA's 2018 National Drug Threat Assessment Report, we noted that 11 DEA field divisions reported high fentanyl availability in their area, meaning the drug was "easily obtained at any time." We further noted that only 5 of those 11 cities or regions had been selected for inclusion in the DEA 360 Strategy. The DEA stated that this data may be incorporated into 360 Strategy deployment in FY 2021 and beyond to assist communities within the area of responsibility in each of the DEA's 23 field offices in order to address the top local drug threats.

Considering the still emerging threat of synthetic opioids such as fentanyl, and gaps related to those drugs in mortality data as well as limitations in the data gathered and analyzed by the CDC, we believe that the DEA may benefit from supplementing its review of CDC data with a review of data that analyzes opioids, including fentanyl, from a non-mortality standpoint. Therefore, in order to ensure a continued evidence-based selection of cities with current or emerging issues, we recommend that the DEA enhance its pilot city selection process by supplementing its use of the CDC data with broader information, including from available DEA data sets.[16]

OIG Review of Opioid Related Mortality Data: 19 of the 20 Pilot Cities Selected by the DEA Demonstrated High Rates of Opioid-Related Deaths

The CDC disseminates public health information through its Wide-ranging ONline Data for Epidemiologic Research (CDC Wonder) database, a comprehensive resource that makes health-related data available to the public. As CDC mortality data is a primary tool for pilot city selection, we accessed CDC Wonder and retrieved mortality data for FYs 2013 through 2017, the most recent years for which data was available at the time of our audit. We also accessed public state databases to confirm the rates of opioid-related overdoses. While we noted that some cities with extremely high rates of opioid-related overdoses had not yet been selected for inclusion in the DEA's 360 Strategy – Chicago, Illinois, and Detroit, Michigan, for example -we did confirm that the majority of cities selected demonstrated generally high rates of opioid abuse. Specifically, 19 of the 20 pilot cities selected by the DEA were consistent with an evidence-based review of opioid data.

In contrast, the selection of Flagstaff, Arizona, did not appear to be consistent with the DEA's stated pilot city selection criteria as opioid-related overdose numbers were extremely low. However, given the DEA's focus in Flagstaff on Tribal communities, many of whom are in critical need of opioid-related assistance, we make no additional recommendations related to the DEA's pilot city selection process.

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[16] Because we audited the DEA's opioid-related efforts as part of the 360 Strategy, we use the term "pilot cities" in this recommendation. However, increased analysis of available DEA data sets would, in our judgment, have a positive impact on determining the areas in most significant need of demand-reduction efforts going forward.

360 Strategy Performance Measures

In recent years, the federal government has spent billions of dollars intended to address the opioid epidemic. Given the critical nature of a public health crisis in which tens of thousands of people are dying each year due to drug-related overdoses, it is imperative that agencies tasked with combatting this crisis are able to evaluate the effectiveness of their efforts. The establishment of clear goals and objectives, and the corresponding identification of data to measure progress towards meeting those goals, is necessary to enable management to assess a program's success, and the propriety of the allocation of resources to it.

Figure 4: Percentage of US Americans Who Reported Illicit Drug Use in the Past Year

Source: OIG analysis of SAMHSA data

The federal oversight community has reported on the need for effective performance measurement strategies for years, and a repeated finding has been agency reliance on outputs (generally the number of times an action was completed) versus outcomes (the actual impact of agency efforts).[17] In this audit, we found that the DEA continues to rely primarily on output-based performance metrics for its community-based opioid programs, or has introduced new metrics that do not establish meaningful program goals that the DEA could use to enhance an evidence-based assessment of program effectiveness. Additionally, while program sustainability is a primary goal of the DEA's community outreach efforts, we found that plans ostensibly targeted towards sustainability were more directly connected to project implementation, or were otherwise unclear. Our results are detailed in the following sections.

The DEA Should Enhance its Outcome-Oriented Performance Measurement Strategy to Better Assess the Effectiveness of its Community-Outreach Efforts and Ensure a Focus on Sustainability

In March 2018, the GAO issued its Illicit Opioids report, which included a review of how federal agencies measure performance in their opioid response strategies.[18] The report included one recommendation to the DEA. Specifically, the GAO recommended that the DEA Administrator should establish goals and outcome-

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[17] Oversight in this area includes the OIG's 2003 Audit of DOJ Drug Demand Reduction Activities, the GAO's 2018 Illicit Opioids review, and the OIG's 2019 Review of the DEA's Regulatory and Enforcement Efforts to Control the Diversion of Opioids.

[18] GAO, Illicit Opioids: While Greater Attention Given to Combatting Synthetic Opioids, Agencies Need to Better Assess their Efforts, GAO-18-205 (March 2018), https://www.gao.gov/assets/700/690972.pdf, 46 – 52.

oriented performance measures for the enforcement and diversion control activities within the 360 Strategy and establish outcome-oriented performance measures for the community engagement activities within the 360 Strategy.[19] Additionally, in October 2019, the OIG issued its Review of the DEA's Regulatory and Enforcement Efforts to Control the Diversion of Opioids.[20] While the review focused primarily on the DEA's diversion efforts, it did include a recommendation that the DEA develop a national prescription opioid enforcement strategy that encompasses the work of all DEA field divisions tasked with combatting the diversion of controlled substances, and establish performance metrics to measure the strategy's progress.

When our audit commenced, the DEA had established one outcome-oriented performance metric for the community outreach phase of 360. Specifically, DEA officials stated that the DEA intended to connect the success of its efforts to an overall reduction in fatal and non-fatal opioid-related overdoses in the communities it assists. We asked DEA officials how the DEA intended to connect a reduction in fatal overdoses with its community outreach efforts. Those officials stated that the DEA reviews media reports and medical examiner data and has identified indicators that legal and illegal opioid use have dropped, but also conceded that, due to the massive response to the opioid crisis, no single effort can be shown to have a direct correlation between community outreach efforts and the reduction in fatal overdoses.

Because the initial proposed performance measure could not be directly correlated to the DEA's 360 community outreach efforts, we reviewed a summary of goals and outcomes the DEA prepared in response to the GAO's 2018 Illicit Opioid report. In that summary, DEA officials stated that reasonable outcome-oriented performance measurements related to opioids would be to seek increased efforts in six general areas. Those six areas include efforts to: (1) capture the number and type of meetings, presentations, summits, symposiums, and trainings which DEA personnel attend and lead related to raising awareness and educating the public on the dangers of heroin and opioid use; (2) document in official statements from the SAC of community engagement successes within the bi-annual Threat Enforcement Planning Process Impact Statement; (3) increase the number of public-private partnerships in the city to collaborate on efforts to reduce opioid-related problems; (4) increase community members' awareness of the scope of opioid-related problems in the city; (5) increase engagement by educators and parents in using science-based prevention materials, such as the DEA's Operation Prevention, to prevent prescription drug misuse, and; (6) continue to collect and publish DEA 360 Strategy Reach and Impact Reports for each pilot city. However, as these metrics generally track increases in the number of times an action was completed, or other general areas such as an increase in awareness, in our judgment they do not constitute sufficiently outcome-oriented performance measurements.

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[19] The GAO determined that goals and outputs did exist for the community outreach portion of the 360 Strategy, which we verified during our audit.

[20] DOJ OIG, Regulatory and Enforcement Efforts to Control the Diversion of Opioids, 13.

In July 2019, the DEA again supplemented its performance measurement strategy by adding one additional metric. Specifically, for 2019 pilot cities, the DEA would now require that community stakeholders develop a formal strategic plan of action to decrease drug abuse-related overdoses in each pilot city.[21] According to DEA officials, the strategic plan of action would be developed by the local field office in conjunction with national and local partners and detail all deliverables, identify the needs of the local community, and include a plan for sustainability. As the development of a specific plan unique to the needs of each pilot city could be a useful tool in measuring program outcomes, we requested copies of the plan, or progress made towards creating the plan. DEA officials then clarified, stating that the DEA expects the strategic plan to be completed after the pilot city period is finished and all deliverables have been completed.

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[21] "Community stakeholders" includes local DEA offices and the community organizations partnering with those offices in order to implement the community-based portion of the 360 Strategy.

We also reviewed the DEA's current internal guidance related to program sustainability. We noted that DEA Headquarters provides pilot city leadership with general information intended to promote program sustainability. For example, the Pilot City Toolkit includes background information on the DEA's national and contracted partners, and provides general guidance as to how those organizations can play a part in local efforts to promote program sustainability. We asked DEA officials if any additional guidance, funding, or other information is provided to pilot cities in order to assist with sustaining progress made under the 360 Strategy. DEA officials stated that after a new pilot city is selected, DEA personnel from previous pilot cities are invited to a planning summit where those charged with oversight of a new pilot city learn about the 360 Strategy, meet representatives from national partner organizations, and learn how to facilitate various deliverables. Attendees are also briefed on the successes and lessons in previous cities. Staff will then determine the timeline for pilot city "kick-off," and review the DEA's Pilot City Toolkit, which contains additional details to assist in implementing the community-outreach phase of the 360 Strategy. Each pilot city is also provided with $20,000 in funding to supplement contracted deliverables. Finally, staff from DEA headquarters assist with planning, implementation, and evaluation of each major deliverable in the 360 Strategy.

In our DEA staff survey, we asked if plans were made to sustain progress in each pilot city after the DEA's active involvement ended. In total, 29 percent of respondents stated

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DEA Staff Viewpoint: Program Sustainability

"It is critical that the DEA 360 Strategy is not seen as a 'one & done' strategy within the partnerships, whom were brought together and now see the Prevention arm of DEA as a critical partner within the 360 Cities… These partnerships have been carefully developed and nurtured and, to these partners, it will seem to have been a waste, if we pull out, just as real and sustainable progress has been made to many who were, admittedly, reluctant to work with DEA, believing that their aim is strictly enforcement."

"I strongly feel that DEA is making a big mistake and is not capitalizing upon all the efforts and resources dedicated to the 360 initiative by just ending the program or by not sustaining some other type of prevention / outreach initiatives. This is a huge problem, especially in inner city, urban environments where corporations, universities and governments come in and go out with short lived programs and resources. Trust, transparency and commitment are critical to forging solid relationships and building programs that have impact. Huge credibility will be lost and folks in the community, coalitions and other stakeholders will say "I told you so, I knew it wouldn't last."

"In my opinion, DEA is not committed to this program/initiative… I don't believe there is a plan in place to maintain or sustain all the progress and efforts we have accomplished..."

"This is the biggest disappointment. DEA did not continue the contracted outreach program. The program was beginning to be very successful and then it just ended. The length of time needed to continue the program exceeds the allotted time. Now, local coalitions will not trust DEA/Federal Government because they feel that we will step in to get the positive media releases and then just leave."

"There is little planning as it pertains to an end game."

that sustainability plans were not in place and, as detailed above, provided a broad range of comment regarding the DEA's overall to ensure program sustainability. Further, concerns regarding a clear focus on sustainability have also been expressed in the DEA's prior Reach and Impact Reports. For example, community stakeholders reported concerns regarding: (1) the lack of actionable "next steps," (2) unclear partner roles, (3) unclear program goals and expectations for community members, and (4) the lack of dedicated funding to sustain 360 Strategy efforts.

The number of drug-related deaths in the United States highlights the critical need for effective, evidence-based drug programs. In our judgment, to effectively and objectively measure program performance, program goals and outcomes should be established prior to project implementation and should work to address the unique challenges faced by each city and outline specific outcomes the DEA hopes to see within the city over the implementation period. The DEA should ensure its goals and expected outcomes address the primary focus areas of the 360 Strategy, or any future demand reduction efforts, including the creation and impact of its collaborative partnerships, discussed further in the next section of this report. Further, to meet the DEA's stated goal of empowering communities to ensure drug-related issues do not regain momentum, those plans should clearly outline a plan for program sustainability that the DEA's community partners can act upon after the DEA's active involvement has ended. Therefore, we recommend that the DEA enhance its outcome-oriented performance measurement strategy to clearly define programs goals prior to project implementation, ensure an evidence-based assessment of those goals during and after project completion, and include a focus on program sustainability.[22]

Output Oriented Performance Measures: The DEA Tracks Multiple Outputs to Monitor Contractor Performance

The DEA contracts with six national partners to help deploy the community outreach phase of the 360 Strategy. Each contract contains specific output-oriented performance measures, and we audited outputs including, but not limited to: (1) completion of pilot city summits; (2) completion of, attendance at, and satisfaction with training events; (3) participation in youth-focused programs; (4) creation and distribution of educational information specific to opioids; (5) television and radio media buys in different markets; and (6) creation and maintenance of websites referred to by the DEA as "microsites," which are developed to compile and distribute city-specific information for each pilot city. We did not identify any indication that the DEA's contracted partners failed to provide

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[22] As previously noted, the OIG has previously noted that DEA demand-reduction efforts did not include an effective outcome-oriented performance measurement strategy. As the DEA's demand reduction efforts continue to evolve, the creation of clear outcome-oriented goals and objectives should remain a priority for the DEA to ensure progress towards achieving goals can be accurately measured.

contracted deliverables.[23] However, we did identify areas for potential improvement related to the effectiveness of the DEA's media strategy.

Media Strategy: The DEA Should Emphasize Public Awareness Efforts with Demonstrable Results

A cornerstone of the DEA's community outreach efforts is a media campaign referred to as "Wake Up," which is intended to raise awareness of opioid-related issues and provide resources on pilot city-specific "microsites" that host opioid-specific information. However, the DEA has not consistently established performance metrics to assess the impact of these services, and has struggled to generate significant public traffic to the microsites, where the resources are provided. DEA officials are aware of these issues and agree that enhancements to media efforts are necessary.

Each pilot city has a budget of approximately $775,000 to fund its community outreach efforts. Of this total, the DEA allocates approximately 40 percent of its total budget to: (1) conduct a 13-week media campaign designed to raise awareness of opioid-related issues, and (2) create and host individual "microsites" with resources for each pilot city region. We asked DEA officials how the DEA measures the effectiveness of its media campaign. Those officials stated that the Wake Up advertising campaign is a "brand awareness campaign," and effectiveness is measured through "microsite and digital advertising analytics on visitors, impressions, click-through rates, bounce rates, and subscribers." The DEA also reviews data related to broadcast use and frequency, and tracks engagement on social media using hashtags, likes, comments, and shares.

We reviewed multiple television, radio, billboard, and social media ads created as part of the DEA's media strategy and found that the ads provide general information related to the corresponding pilot city. For example, the online advertisement shown to the right shows the increase in drug deaths experienced in West Virginia over 1 years' time. Ads provide drug awareness information, and also include what the DEA refers to as the "Call to Action," which is a reference to "Wake Up," the microsite created for that pilot city to host information that includes, but is not limited to, links to treatment options, educational information, and real-life stories of those struggling with addiction.

Source: The DEA

We reviewed supporting data to assess the rate at which information on the microsites was being utilized. Our review found that: (1) "bounce rates" generally

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[23] However, in some cases we identified minor issues that were not reportable matters. When appropriate, we shared summaries of these issues with DEA officials.

exceeded 50 percent, meaning that over half the people who navigated to the site navigated away without clicking on the content provided; (2) for more than half (57 percent) of the sites created between 2016 and 2018, the most accessed page (i.e., the one page that had generated the most interest among those accessing the microsite) had received fewer than 500 total views since its creation, a time period that often exceeded 2 years; and (3) an average of 40 percent of visitors came from outside the state in which the microsite was targeted.[24] We asked if the DEA has established internal goals or targets related to page views that may assist in evaluating the effectiveness of the microsites. DEA officials stated that they had not. We also asked DEA staff charged with overseeing DEA pilot cities for input about their perception of the effectiveness of the microsites. As shown below, 75 percent of respondents stated that they believed the sites were very effective or effective, and 25 percent stated that they believed the sites were ineffective or very ineffective.

DEA Staff Survey Result #1:
Effectiveness of Pilot City Microsites

How effective was the microsite created for your pilot city?			
Very Effective	Effective	Ineffective	Extremely Ineffective
25%	50%	12.5%	12.5%

Source: OIG survey of DEA staff

We also asked DEA staff to provide their views on the effectiveness of the advertising campaign, and again, responses were mixed. As shown below, 67 percent believed the advertising campaign was effective or very effective, while 33 percent believed it was ineffective or very ineffective.

DEA Staff Survey Result #2:
Effectiveness of Pilot City Advertising Campaign

How effective was the "Wake Up" advertising campaign?			
Extremely Effective	Effective	Ineffective	Extremely Ineffective
27%	40%	20%	13%

Source: OIG survey of DEA staff

Common areas of concern related to both the microsites and the media efforts were a duplication of efforts (i.e., many pilot cities were already "saturated" with opioid-awareness media efforts), the lack of staff time to effectively maintain

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[24] We further noted that prior Reach and Impact Reports have repeatedly identified the microsites as an area of concern, with multiple recommendations made in order to improve performance. We asked DEA officials how they had responded to those concerns. DEA officials stated that DEA headquarters shared the Reach and Impact Reports with future pilot cities and held "internal awareness and brainstorming sessions" to improve access rates for the microsites. However, DEA officials at the DEA headquarters also stated that it is the responsibility of officials in each pilot city to provide localized content that is uploaded to their respective sites.

the microsites, and a lack of original content (for example, the sites often link to information already provided elsewhere online).[25] While the OIG recognizes that the DEA's community outreach efforts require a public messaging campaign, the DEA may be able to maximize its impact by conducting a review of its efforts to identify areas for improvement. Over the course of this audit, we shared information with the DEA regarding its media strategy, and while some preliminary steps have been taken, DEA officials agreed that room for improvement exists.[26] Additional enhancements may involve the establishment of firm baselines that would allow the DEA to better measure the results of its media efforts, or enhanced review of existing opioid-awareness efforts in DEA pilot cities to determine the extent to which additional public messaging constitutes the most effective use of the DEA's limited resources. Such a review may also allow the DEA to streamline its public messaging efforts, ultimately freeing up funding that could be used to provide or enhance the DEA's other community outreach activities. We recommend that the DEA review its current public awareness efforts in order to identify areas for potential consolidation and improvement.

Collaboration

As the DEA is primarily a law enforcement agency, effective collaboration with other federal and non-federal entities is necessary in order to provide a comprehensive response to the opioid epidemic. The DEA recognizes this need, and the DEA's Pilot City Toolkit, discussed in more detail below, provides guidance to each DEA pilot city that emphasizes the importance of establishing key partnerships with community coalitions, including members of federal, state, and local government agencies in order to provide effective assistance. Further, as the need for particular partnerships varies based on the unique challenges faced in each pilot city – for example, some cities require specialized training for coalition-building, while others may be best suited for enhanced relationships with local tribal organizations –DEA staff and past 360 Strategy participants meet prior to project implementation and during the one-year period to provide assistance and assess progress made as part of these collaborative partnerships. To assess the DEA's efforts in these areas, we reviewed the DEA's established partnerships with other federal entities as well as partnerships established through memorandums of understanding (MOU) with non-governmental organizations. The results of our review, and areas for improvement, are detailed in the following sections.

The DEA Should Strengthen its Collaborative Efforts with DOJ Awarding Agencies

As part of its collaborative effort, the DEA lists the DOJ's Office of Justice Programs (OJP) as a national partner. OJP provides leadership to federal, state,

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[25] Over the course of our audit, we shared preliminary results and other information with the DEA in order to assist with their 2020 community outreach efforts. This included a summary of the media-related issues identified above.

[26] In 2020, the DEA reported that they continue to work towards enhancing the layout of pilot city microsites in hopes of increasing the rates at which resources are accessed by the public. Additionally, the DEA stated that it has continually worked to increase messaging on social media, which is wide reaching and less costly than other forms of advertising.

local, and tribal justice systems, by disseminating state-of-the art knowledge and practices across America, and providing grants for the implementation of crime fighting strategies. In FY 2020 alone, the OJP awarded over $333,000,000 to communities across the country in order to combat the opioid epidemic. We cross referenced a list of DEA pilot city community partners to recipients of OJP awards and found that 14 community partners had received a total of approximately $15.3 million in opioid-related funding in 2018 alone. Given the DEA's limited community-outreach budget, and the federal government's responsibility to ensure effective coordination and collaboration to avoid duplication of efforts, we believe the DEA's 360 efforts would be enhanced by additional coordination with these community stakeholders.

To determine the extent of the DEA's partnership with OJP, we reviewed DEA internal guidance and interviewed DEA officials. We noted that the DEA provides general information regarding OJP in its "Pilot City Toolkit," a comprehensive document that contains 360 Strategy guidance for each pilot city. DEA officials stated that the general information regarding OJP is provided to local staff heading up each DEA pilot city, and that those staff "make the connections individually based on what is needed in their particular community." DEA officials also noted that it coordinated with OJP's Bureau of Justice Assistance's Violence Reduction Network (VRN, currently the Public Safety Partnership) during its 2016 pilot city efforts, but ultimately determined that the VRN was focused primarily on violence reduction efforts such as reducing crime rates, and therefore was "not a firm fit" for 360 community outreach activities. During our interviews, DEA officials stated that they realized that enhanced collaboration with OJP was an area for improvement.

To identify areas for improved collaboration, we compiled and reviewed a list of OJP grant programs that provide opioid-specific or opioid-related services, such as the Comprehensive Opioid Assistance Program, the Opioid Affected Youth Initiative, the Adult Drug Court Discretionary Grant Program, the Family Drug Court Program, the Edward Byrne Memorial Justice Assistance Grant Program, and the Mentoring Opportunities for Youth Initiative. A summary of each such grant program is provided in Appendix 2. Together, these programs provide nearly half a billion dollars per year to combat the opioid crisis and assist law enforcement. We provided a summary of OJP grant programs to the DEA for review, and DEA noted that they had not been aware of the different grant programs and agreed that the programs could provide meaningful assistance. While the DEA did compile a summary of the grant programs which was distributed to local leadership, more coordinated collaboration between DEA headquarters and OJP during the DEA's pilot city selection process would, in our judgment, enhance the DEA's community-based efforts overall. To this end, as the DEA populates its shortlist of potential pilot cities, the DEA should coordinate with OJP to determine the extent to which community partners have received funding, assess potential duplication within that funding, review areas for potential gaps in services provided, and ensure that OJP's funding efforts are complementary to the DEA's demand reduction efforts.

We also asked DEA officials if the DEA had established any partnership with the DOJ's Office on Community Oriented Policing Services (COPS Office). The COPS Office is the component of DOJ responsible for advancing the practice of community

policing by the nation's state, local, territorial, and tribal law enforcement agencies through information and grant resources. DEA officials were forthcoming in their response, noting that no partnership had been developed as the COPS Office was "not on our radar." Again, we reviewed COPS Office grant programs that may provide benefit to the DEA's community outreach efforts. In total, we identified two programs – the Anti-Heroin Task Force (AHTF) and the COPS Hiring Program (CHP) - which are, in our judgment, situated to enhance the DEA's opioid-related efforts from a law enforcement perspective.[27] For example, the DEA's a stated goal of the DEA's community-outreach efforts are to empower local communities after federal law enforcement activities have ended to ensure the same problems do not reemerge. The AHTF funds state law enforcement agencies with the primary authority over state seizures of heroin, fentanyl, carfentanil, and other opioids, and the CHP funds new hiring or rehiring of community police officers around the country. Again, given the DEA's limited community outreach budget and the need to sustain progress made in pilot cities, we believe that the DEA should coordinate with the COPS Office to assess the benefits of establishing a partnership that may serve to enhance collaboration between federal and local law enforcement. Therefore, we recommend that the DEA coordinate with DOJ's awarding agencies, including OJP and the COPS Office, to identify potential areas for improved program collaboration that would enhance the DEA's community outreach efforts.[28]

The DEA's Ongoing Collaboration with Tribal Communities

As noted earlier in this report, CDC data includes known gaps resulting in significant underreporting of opioid-related deaths in the Native American and Alaska Native communities. For example, studies conducted by the CDC between 2008 and 2016 show that approximately 45 percent of tribal decedents were racially misclassified on their death certificates – within this number, the majority of those who self-identified as Native but were misclassified on a death certificate were identified as white. Even with these limitations, the Native mortality rate apparent in the data is generally equivalent to that of the non-Hispanic white population (generally the highest of all demographics), meaning the actual rate at which members of the Native communities are suffering from opioid-related issues may be much higher.

As the DEA's focus area is primarily education and training, we asked DEA officials if any tribal outreach is underway. The DEA stated that outreach to tribal communities occurs on a field division by field division basis, and that recent pilot cities (Albuquerque and Flagstaff) include organized outreach to local tribes. Additionally, DEA officials stated that they are working to modify some of the web-based educational content in order to specifically address the needs of tribal populations. For example, the DEA has worked to localize its media efforts to address issues of concern to tribal communities, and is working with one of its

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[27] Additional detail on each program is provided in Appendix 2.

[28] As explained in this section, OJP and the COPS Office provide significant funding to state and local entities whose goals frequently align not only with the DEA's demand-reduction efforts, but with a law-enforcement based approach to drug issues. The DEA should ensure that collaboration with these entities is a cornerstone of any future demand reduction efforts.

partners in order to craft online learning modules geared towards tribal communities. Additionally, DEA officials stated that they have shared drug prevention information at National Indian Child Welfare Association conferences and National Native American Law Enforcement Association conferences and workshops and collaborate with the Department of Interior (DOI) in order to share information and resources to support DOI's work on tribal drug victim witness-related concerns. DEA's Office of Domestic Operations, Regional and Local Impact Section has also established a permanent Bureau of Indian Affairs liaison to coordinate with DEA divisions regarding issues related to training and support. Based on the DEA's efforts to increase its collaboration with tribal communities, we make no additional recommendations in this area.

The DEA Has Established No Cost Partnerships with Multiple Non-Profit Organizations Across the United States

We reviewed and evaluated compliance with three DEA Memorandums of Understanding (Elks Foundation, Lions Club International Foundation, and the National Police Athletic League), and three additional partnerships (Boys and Girls Clubs, Boy and Girl Scouts of America, and Young Marines). These organizations, which assist the DEA at no cost, provide services such as the production and dissemination of educational drug fact sheets, the donation of space for DEA press conferences, or general support and assistance in youth-focused demand reduction efforts. In our judgment, the establishment of no-cost partnerships that have an established presence across the United States is a positive addition to the DEA's 360 Strategy. We did not identify concerns related to the DEA's established no-cost partnerships.

In its Efforts to Save Lives, the DEA Should Enhance Efforts to Increase Awareness of, and Correct Misconceptions Related to the DEA's Positions Opioid Treatment Options

As detailed throughout this report, the DEA's 360 Strategy efforts are generally focused on drug abuse prevention, education, and awareness. While demand reduction efforts are important, the DEA also notes that treatment is a critical part of any comprehensive response to the opioid crisis and lists reducing the number of opioid-related overdose deaths as one of its primary goals for its community outreach efforts.

In 2000, Congress passed the Drug Addiction Treatment Act (DATA 2000).[29] DATA 2000 allowed physicians to apply for a DEA waiver in order to prescribe buprenorphine, one of the primary drugs used in medication assisted treatment (MAT), as part of their clinical practice. To obtain the waiver (i.e., become "DATA-Waived"), medical professionals must: (1) take an 8-hour training course; (2) adhere to specific limits in the number of patients a doctor can treat (in 2000, this ranged from 30 to 100); and (3) agree to DEA office inspection of patient records. Because of DATA 2000, buprenorphine is the first medication to treat

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[29] Drug Addiction Treatment Act of 2000, Pub. L. No. 106-310, div. B, title XXXV, §3501, 114 Stat. 1222.

opioid dependency that can be prescribed and dispensed in physician offices, which SAMHSA notes significantly increases treatment access.[30] Between 2016 and 2018, Congress passed two pieces of legislation targeting opioids: The Comprehensive Addiction and Recovery Act, and the Substance Use–Disorder Prevention That Promotes Opioid Recovery and Treatment for Patients and Communities Act of 2018. For example, the previous patient limit of 100 was increased to 275, and nurse practitioners and physician assistants could, as of January 2018, obtain an waiver, which gives them authority to prescribe and dispense MAT from their offices.[31] Despite this progress, a January 2020 HHS OIG review found that significant gaps in waivered providers remains, and that 40 percent of counties in the United States did not have a single waivered provider as recently as 2018.[32]

A January 2020 GAO report noted that some medical professionals are hesitant to dispense MAT drugs due to concerns that they would be targeted for DEA office inspections, a lingering fear that the DEA has publicly acknowledged.[33] Specifically, in a December 2019 public announcement excerpted below, the DEA attempted to combat the perception, stating that "the overwhelming majority of practitioners act within the law and provide MAT as it is intended."[34] We discussed the issue with DEA staff, who stated that the DEA is consistently engaging with our public health counterparts to dispel the myth that the DEA is targeting DATA-

> **The DEA's December 2019 Public Statement on DATA-Waived Physicians**
>
> "The stigma that DEA does not support MAT is predicated on the belief by some that DEA unfairly targets DATA waived practitioners. This is not the case. In fact, the overwhelming majority of practitioners act within the law and provide MAT as it is intended. Regrettably, DEA has needed to take action against a very small number of DATA waived practitioners because they were acting outside of the law. It is an unfortunate reality that this very small number of bad actors has had a disproportionate effect on the diversion and misuse of controlled prescription drugs in the United States."

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30 SAMHSA, "Buprenorphine," May 4, 2020, www.samhsa.gov/medication-assisted-treatment/treatment/buprenorphine (accessed January 14, 2020), 9.

31 We previously noted that an 8-hour training course is required for doctors to obtain a waiver. For physician assistants and nurse practitioners, the training requirement is 24 hours. The range in patient limits is contingent on the length of time a doctor has maintained a waiver. In year one, a doctor may treat up to 100 patients, and by year three the doctor may, if additional criterion have been satisfied, treat up to 275 patients.

32 HHS OIG, Geographic Disparities Affect Access to Buprenorphine Services for Opioid Use Disorder, Office of Evaluation and Inspections Evaluation and Inspections Report OIE-12-17-00240 (January 2020), https://oig.hhs.gov/oei/reports/oei-12-17-00240.pdf (accessed February 12, 2020).

33 GAO, Opioid Use Disorder: Barriers to Medicaid Beneficiaries' Access to Treatment Medications, GAO-20-233 (January 2020), https://www.gao.gov/assets/710/704043.pdf (accessed January 24, 2020), 18.

34 The DEA, "MAT for Opioid Use Disorder."

Waived physicians. Additionally, the DEA assists with the promotion of treatment through its federal partnerships with agencies such as HHS and has included treatment-related information on each of the DEA's pilot city microsites and invited treatment and medical professionals to community outreach events.

Some pilot cities were additionally engaged and had worked in local jails to support treatment options or created a task force which was partially dedicated to increasing awareness of treatment. However, 30 percent of the pilot city leadership we surveyed indicated that their efforts had not included services, information, education, or other efforts specifically related to medication-assisted treatment of opioid addiction. In some cases, leadership in those cities reported that the DEA's role in this regard was unclear, or that direct advocating for treatment presents challenges due to the DEA's authority and responsibility to regulate the associated drugs.

While direct advocacy of specific treatment options may not be an appropriate focus of 360, the DEA's sustained community outreach efforts provide a unique opportunity for the DEA to take meaningful action in this area. In our judgment, the DEA should leverage the relationships built through its community outreach efforts to further reduce the misconceptions that surrounds the DEA's positions on certain treatment options. This may include ensuring that the DEA's stated position on MAT is shared with all community outreach stakeholders through community outreach events or on pilot city microsites, or further engaging in discussion with treatment-focused stakeholders who may be able to assist the DEA in assessing the extent to which misconceptions related to the DEA creates a barrier for treatment services across the U.S. Additionally, the DEA should review prior 360 Strategy successes related to treatment, some of which are discussed above, to assist future pilot cities by clarifying the role the DEA can play in this area and proactively identify opportunities to clarify lingering misconceptions that may persist surrounding the DEA and MAT. In our judgment, enhanced efforts in this area would allow the DEA to more effectively work towards its stated goal of reducing the number of opioid-related overdoses in cities it assists. We recommend that the DEA enhance its current community-based efforts to further increase awareness of treatment options in the local, pilot city area and correct any misconceptions within the local DEA leadership related to the DEA's position on medication assisted treatment.[35]

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[35] As the DEA's future demand reduction efforts will include a focus on opioids, efforts to correct the lingering misconceptions surrounding the DEA and MAT should remain a priority.

CONCLUSION AND RECOMMENDATIONS

At the time of our audit, the DEA had deployed its 360 Strategy to 20 communities across the United States. In each community, the DEA has worked to increase awareness of opioid-related issues, provide training and educational assistance, and build anti-drug coalitions. The DEA's partnerships with national organizations have resulted in the creation and distribution of opioid-related educational materials which are available to schools, coalitions, and the public at no charge. However, our audit identified areas for improvement in the DEA's pilot city selection process, allocation of resources, and collaborative efforts with other federal entities tasked with combatting the opioid crisis. We also found that, despite multiple oversight efforts, the DEA still lacks a performance measurement strategy to assess the effectiveness of its community outreach efforts. Finally, we identified potential opportunities to further reduce misconceptions surrounding medication-assisted treatment.

We believe that making the following enhancements to the DEA's community-based efforts to combat the opioid crisis, and to DEA processes in general, are reasonable and necessary in consideration of the critical responsibility that the DEA has to combat this public health crisis.

We recommend that the DEA:

1. Enhance its pilot city selection process by supplementing its use of the CDC data with broader information, including from available DEA data sets.

2. Enhance its outcome-oriented performance measurement strategy to clearly define programs goals prior to project implementation and include a focus on program sustainability.

3. Review its current public awareness efforts in order to identify areas for potential consolidation and improvement.

4. Coordinate with DOJ's awarding agencies, including OJP and COPS Office, to identify potential areas for improved program collaboration that would enhance the DEA's community outreach efforts.

5. Enhance its current community-based efforts to further increase awareness of treatment options in the local, pilot city area and correct any misconceptions within the local DEA leadership related to the DEA's position on medication assisted treatment.

OBJECTIVES, SCOPE, AND METHODOLOGY

Objectives

Our audit objectives were to: (1) examine the DEA's pilot city-selection methodology, (2) assess the DEA's integration of a performance measurement strategy to enhance its community-based efforts, (3) evaluate the DEA's collaboration with federal and non-federal entities in combatting the opioid crisis, and (4) assess the DEA's efforts to sustain progress in the communities it assists.

Scope and Methodology

In conducting our audit, we tested compliance with what we consider to be the most important conditions of the DEA's community-based efforts to combat the opioid crisis. Our audit generally covered, but was not limited to, the DEA's community-based efforts to combat the opioid crisis from 2016 through 2019. This included all DEA pilot cities that had been selected at the time of our audit. In conducting our audit, we reviewed what we considered to be the most important areas of the DEA's community outreach efforts. Unless otherwise stated in this report, the criteria we used to evaluate compliance are included in DEA policies and procedures, contracts, and memorandums of understanding.

To accomplish our objectives, we interviewed key employees at DEA headquarters, surveyed 20 DEA employees tasked with oversight of a DEA pilot city and received a 100 percent response rate to that survey, and conducted additional interviews with DEA staff, partner organizations, the GAO, and the HHS OIG. Additionally, we evaluated mortality data from the CDC and supplemental state public health databases. We also reviewed DEA contracts and memorandums of understanding with national partners, including a review of the outputs and other efforts produced under those agreements. Finally, we reviewed the DEA's performance measurement strategy, analyzed the DEA's collaborative efforts with other federal entities situated to provide assistance in combatting the opioid epidemic, and assessed the DEA's plans to sustain progress in the communities it assists.

Statement on Compliance with Generally Accepted Government Auditing Standards

We conducted this performance audit in accordance with generally accepted government auditing standards (GAGAS). Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Internal Controls

In this audit we performed testing, as appropriate, of internal controls significant within the context of our audit objectives. A deficiency in internal control design exists when a necessary control is missing or is not properly designed so that even if the control operates as designed, the control objective would not be met. A deficiency in implementation exists when a control is properly designed but not implemented correctly in the internal control system. A deficiency in operating effectiveness exists when a properly designed control does not operate as designed or the person performing the control does not have the necessary competence or authority to perform the control effectively.[36]

Sample Based Testing

To accomplish our audit objectives, we performed sample-based testing for DEA expenditures allocated to the 360 Strategy and outputs produced under the DEA's contracts and memorandums of understanding. In this effort, we employed a judgmental sampling design to obtain broad exposure to numerous facets of the areas we reviewed. This non-statistical sample design did not allow projection of the test results to the universe from which the samples were selected.

Computer Processed Data

During our audit, we obtained information from the DOJ's Unified Financial Management System. We did not test the reliability of those systems as a whole, therefore any findings identified involving information from those systems were verified with documentation from other sources.

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[36] Our evaluation of the DEA's internal controls was not made for the purpose of providing assurance on its internal control structure as a whole. The DEA's management is responsible for the establishment and maintenance of internal controls. Because we are not expressing an opinion on the DEA's internal control structure as a whole, this statement is intended solely for the information and use of the DEA. This restriction is not intended to limit the distribution of this report, which is a matter of public record.

DOJ OPIOID-RELATED GRANT AND COOPERATIVE AGREEMENT PROGRAMS

Programs operated by the Office of Justice Programs:

Comprehensive Opioid Abuse Site-based Program FY 2019 (COAP): COAP's purpose is to provide financial and technical assistance to states, units of local government, and Indian tribal governments to plan, develop, and implement comprehensive efforts to identify, respond to, treat, and support those impacted by the opioid epidemic. COAP aims to reduce opioid abuse and the number of overdose fatalities, as well as to mitigate the impacts on crime victims by supporting comprehensive, collaborative initiatives. The program also supports the implementation, enhancement, and proactive use of Prescription Drug Monitoring Programs to support clinical decision making and prevent the abuse and diversion of controlled substances. In FY 2019, OJP awarded $145,249,183 under the COAP.

Opioid Affected Youth Initiative (OAYI): The OAYI supports states, units of local government, and/or tribal governments in implementing data-driven strategies and programs through strategic partnerships to: (1) develop a multidisciplinary task force with working groups to identify specific areas of concern; (2) collect and interpret data that will assist the task force in developing strategies and programming that will be used to better coordinate response efforts and resources; and (3) implement services that will address public safety concerns, intervention, prevention, and diversion services for children, youth, and families directly impacted by opioid abuse. Sites will work in partnership with representatives from law enforcement, education, probation and community supervision, juvenile court, mental health service providers, medical physicians/examiners, prosecutors, community-based organizations that address substance abuse, child welfare agencies, child protective services, first responders, and other community health agencies. In FY 2019, OJP awarded $6,992,757 under the OAYI.

Adult Drug Court Discretionary Grant Program (ADC): The ADC integrates evidence-based substance abuse treatment, mandatory drug testing, sanctions and incentives, and transitional services in judicially supervised court settings with jurisdiction over offenders to reduce recidivism and substance abuse and prevent overdoses. The ADC specifically targets the opioid epidemic in its program-specific information. In FY 2019, OJP awarded $43,717,954 under the ADC's opioid-related purpose areas.

Family Drug Court Program (FDC): Family drug courts serve parents who require treatment for a substance abuse disorder and who are involved with the child welfare system as a result of child abuse, neglect, or other parenting issues. Family drug courts provide intensive judicial monitoring and interventions using a multi-disciplinary approach to treat parents' substance use and/or co-occurring mental health disorders. The FDC specifically promotes the expansion of

partnerships with medication-assisted treatment providers and other medical professionals to provide high-quality, evidence-based opioid addiction treatment, and the use of evidence-based interventions focused on parenting, child and parent trauma, parent-child relationships, and parental substance abuse, including opioid-use disorder. In FY 2019, OJP awarded $7,002,530 under the FDC's opioid-related purpose areas.

Edward Byrne Memorial Justice Assistance Grant Program (JAG): OJP's Bureau of Justice Assistance (BJA) encourages local governments to use JAG funds to support law enforcement actions to fight the opioid epidemic such as addressing the supply of both diverted prescription drugs and illegal drugs, and supporting first responders when encountering overdoses. JAG funds can also be used for training and safety measures to prepare for potential encounters with synthetic opioids such as fentanyl. This may include covering the cost of providing naloxone to all officers and the cost of fentanyl detection testing. In FY 2019, OJP awarded $252,788,486 under the JAG program.

Mentoring Opportunities for Youth Initiative (MOYI): The MOYI supports programs intended to reduce youth drug abuse - especially opioid abuse. Specifically, the program funds programs intended to recognize and address factors that can lead to or serve as a catalyst for delinquency or other problem behaviors in targeted youth, with a special emphasis on youth impacted by opioids. In FY 2019, OJP awarded $10,000,000 under the MOYI's opioid-related purpose areas.

Programs Operated by the Office on Community Oriented Policing Services:

Anti-Heroin Task Force (AHTF): The AHTF is designed to advance public safety by providing funds to investigate illicit activities related to the distribution of heroin, fentanyl, carfentanil, or the unlawful distribution of prescription opioids. The AHTF provides funding for 24 months directly to state law enforcement agencies with high rates of primary treatment admissions for heroin and other opioids. In FY 2019, the COPS Office awarded $27,760,000 through the AHTF.

COPS Hiring Program (CHP): The CHP is designed to increase the capacity of law enforcement agencies to implement community policing strategies that strengthen partnerships for safer communities and enhance law enforcement's capacity to prevent, solve, and control crime through funding for additional officers. The CHP has been on hold since FY 2018 due to program-specific litigation. However, that litigation was resolved in FY 2019 and the COPS Office FY 2020 budget request included $99 million for the CHP.

THE DRUG ENFORCEMENT ADMINISTRATION'S RESPONSE TO THE DRAFT AUDIT REPORT

U. S. Department of Justice
Drug Enforcement Administration

www.dea.gov

Washington, D.C. 20537

MEMORANDUM

TO: David M. Sheeren
Regional Audit Manager
Denver Regional Audit Office
Office of the Inspector General

FROM: Mary B. Schaefer
Chief Compliance Officer
Office of Compliance

MARY SCHAEFER
Digitally signed by
MARY SCHAEFER
Date: 2020.08.07
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SUBJECT: DEA's Response to the OIG Draft Report *"Audit of the Drug Enforcement Administration Community - Based Efforts to Combat the Opioid Crisis."*

The Drug Enforcement Administration (DEA) has reviewed the Department of Justice (DOJ) Office of the Inspector General's (OIG) Draft Report titled, *"Audit of the Drug Enforcement Administration Community - Based Efforts to Combat the Opioid Crisis."* The DEA thanks the OIG for its review of DEA's 360 Strategy program and for the OIG's recommendations for improving the program. DEA provides the following responses to the draft report's five recommendations.

Over the course of five years and spanning 23 cities impacted by the opioid public health crisis, the DEA 360 Strategy's community outreach and prevention support efforts have raised public awareness of the dangers of misusing prescription opioids and using heroin and fentanyl. Hundreds of local partnerships built and enhanced by the DEA 360 Strategy across sectors have brought together local community leaders and community members to break down silos and bridge the gaps between public safety and public health. As a result, residents of these communities are more aware of local prevention and treatment resources available to them.

DEA believes that the 360 Strategy has left communities stronger through better trained community anti-drug coalitions, a better informed public, and better and more frequent communication between community groups to implement local solutions. The strategy has introduced evidence-informed and science-based opioid abuse prevention materials to homes and classrooms across the country. The 360 Strategy has led to more awareness of the benefits of having law enforcement and prevention, treatment, and recovery programs working together to respond to the opioid crisis and reduce prescription opioid overdose deaths.

Recommendation 1. Enhance its pilot city selection process by supplementing its use of the CDC data with broader information, including from available DEA data sets.

> **DEA Response**
>
> DEA concurs with the recommendation. To supplement its use of the CDC data, DEA will utilize its Threat Enforcement Planning Process (TEPP) to accurately identify the top drug threats facing DEA's field divisions to assist in selecting future cities for deployment of the DEA 360 Strategy. DEA will use the TEPP to identify all threats at the beginning of the fiscal year and then summarize, through impact statements, the progress and outcomes of initiated projects at the end of the fiscal year. Field offices will be responsible for initiating investigations, consistent with the four DEA-wide National Level Threats, in alignment with the President's Executive Orders and the Departments FY 2018-2022 Strategic Plan.

Recommendation 2: Enhance its outcome-oriented performance measurement strategy to clearly define programs goals prior to project implementation and include a focus on program sustainability.

> **DEA Response**
>
> DEA concurs with the recommendation. DEA has begun the process of reviewing its current outcome–oriented performance measures for the community outreach portion of the DEA 360 Strategy to ensure that they are aligned with best practices in drug misuse prevention. DEA will more clearly define programs goals for all stakeholders in a DEA 360 Strategy deployment prior to all future outreach program implementations. This effort will be completed by January 2021.

Recommendation 3: Review its current public awareness efforts in order to identify areas for potential consolidation and improvement.

> **DEA Response**
>
> DEA concurs with the recommendation. DEA has begun a review of its current DEA 360 Strategy public awareness efforts. It is consolidating the 360 micro websites and the content thereof to minimize click-throughs and reduce bounce rates by website visitors. This consolidation will also ensure that content is timely and locally relevant to the audience in each current and future DEA 360 Strategy city. This effort will be completed by October 2020.

Recommendation 4: Coordinate with DOJ's awarding agencies, including OJP and COPS Office, to identify potential areas for improved program collaboration that would enhance the DEA's community outreach efforts.

> **DEA Response**
>
> DEA concurs with the recommendation. DEA has reached out to both OJP and COPS to meet

and discuss areas for synergy and collaboration on future DEA 360 Strategy efforts. Information sharing of OJP and COPS community-based grant information has been underway since FY2019. Through its community outreach specialists in active DEA 360 Strategy cities, DEA shares this information with the local organizations with whom the DEA office is partnering in order to increase awareness by stakeholders in these local communities.

Recommendation 5: Enhance its current community-based efforts to further increase awareness of treatment options in the local, pilot city area and correct any misconceptions within the local DEA leadership related to the DEA's position on medication assisted treatment.

DEA Response

DEA concurs with the recommendation. DEA will include the HHS-developed treatment locator websites (www.findtreatment.gov and www.findtreatment.samhsa.gov) on all of its DEA 360 micro websites. TDEA will also communicate with each DEA 360 Strategy city Assistant Special Agents in Charge (ASAC) and community outreach specialist about the importance of promoting local substance misuse treatment, including medication assisted treatment, in their 360 Strategy micro websites and the inclusion of local treatment providers in their stakeholder meetings. DEA will also facilitate a closer coordination between the Division's diversion program managers and the Division's ASACs in order to provide background information on the current policies and regulations surrounding medication assisted treatment in order to create a more cohesive understanding within the local DEA leadership of the agency's support of MAT and its limited role in the MAT space.

Thank you for the opportunity to respond to the recommendations made in the OIG report. If you have any questions regarding this response, please contact the Audit Liaison Team, on 202-307-8200.

OFFICE OF THE INSPECTOR GENERAL ANALYSIS AND SUMMARY OF ACTIONS NECESSARY TO CLOSE THE REPORT

The Office of the Inspector General (OIG) provided a draft of this audit report to the Drug Enforcement Administration (DEA). The DEA's response is incorporated in Appendix 3 of this final report. In response to our draft audit report, the DEA concurred with our recommendations, and as a result, the status of the audit report is resolved. The following provides the OIG analysis of the response and summary of actions necessary to close the report.

Recommendations for the DEA:

1. **Enhance its pilot city selection process by supplementing its use of the CDC data with broader information, including from available DEA data sets.**

   Resolved. The DEA concurred with our recommendation. In response to our draft report, DEA officials stated that the DEA will utilize its Threat Enforcement Planning Process (TEPP) to accurately identify the top drug threats facing DEA's field divisions to assist in selecting future cities for deployment of the DEA 360 Strategy. Further, the TEPP will be utilized to identify all threats at the beginning of the fiscal year and then summarize, through impact statements, the progress and outcomes of initiated projects at the end of the fiscal year. DEA field offices will be responsible for initiating investigations, consistent with the four DEA-wide National Level Threats, in alignment with the President's Executive Orders and the Departments' Fiscal Year 2018-2022 Strategic Plan.

   This recommendation can be closed when we receive evidence that the DEA has enhanced its pilot city selection process by incorporating additional data sets to ensure a continued evidence-based selection of pilot cities with current or emerging drug issues.

2. **Enhance its outcome-oriented performance measurement strategy to clearly define programs goals prior to project implementation and include a focus on program sustainability**

   Resolved. The DEA concurred with our recommendation. In response to our draft report, DEA officials stated that the DEA has begun the process of reviewing the DEA's current outcome–oriented performance measures for the community outreach portion of DEA's 360 Strategy to ensure that they are aligned with best practices in drug misuse prevention. Further, DEA officials stated that the DEA will more clearly define programs goals for all stakeholders in within the 360 Strategy prior to future program implementations. DEA officials stated that this effort will be completed by January 2021.

This recommendation can be closed when we receive evidence that the DEA has enhanced its outcome-oriented performance measurement strategy to clearly define program goals prior to project implementation and include a focus on program sustainability.

3. **Review its current public awareness efforts in order to identify areas for potential consolidation and improvement.**

   Resolved. The DEA concurred with our recommendation. In response to our draft report, DEA officials stated that the DEA has begun a review of current DEA 360 Strategy public awareness efforts. DEA officials stated that these efforts include consolidating the 360 micro websites and the content therein to minimize click-throughs and reduce bounce rates by website visitors. DEA officials stated that this consolidation will also ensure that content is timely and locally relevant to the audience in each current and future DEA 360 Strategy city. DEA officials stated that this effort will be completed by October 2020.

   This recommendation can be closed when we receive evidence that the DEA has reviewed its current public awareness efforts to identify areas of potential consolidation and improvement.

4. **Coordinate with DOJ's awarding agencies, including OJP and COPS Office, to identify potential areas for improved program collaboration that would enhance the DEA's community outreach efforts.**

   Resolved. The DEA concurred with our recommendation. In response to our draft report, DEA officials stated that the DEA has reached out to both OJP and the COPS Office to meet and discuss areas for synergy and collaboration on future DEA 360 Strategy efforts. DEA officials also stated that it initiated efforts to share information on DOJ opioid-related grant programs in 2019. As noted in this report, the OIG provided detailed information regarding OJP and the COPS Office grant programs to the DEA over the course of this audit, and the DEA summarized and distributed that information to its pilot cities. The OIG acknowledges this initial step and believes the additional outreach to OJP and the COPS Office may benefit DEA's community outreach efforts in the future.

   This recommendation can be closed when we receive evidence that the DEA has coordinated with DOJ's awarding agencies to identify potential areas for improved program collaboration that would enhance the DEA's community outreach efforts.

5. **Enhance its current community-based efforts to further increase awareness of treatment options in the local, pilot city area and correct any misconceptions within the local DEA leadership related to the DEA's position on medication assisted treatment.**

<u>Resolved</u>. The DEA concurred with our recommendation. In response to our draft report, DEA officials stated that the DEA will include treatment locators on its pilot city microsites. Further, DEA officials stated that the DEA will communicate with each DEA 360 Strategy city Assistant Special Agents in Charge (ASAC) and community outreach specialist about the importance of promoting local substance misuse treatment, including medication assisted treatment, in their 360 Strategy micro websites and through the inclusion of local treatment providers in their stakeholder meetings. Finally, DEA officials stated that the DEA will also facilitate a closer coordination between the Division's diversion program managers and the Division's ASACs in order to provide background information on the current policies and regulations surrounding medication assisted treatment in order to create a more cohesive understanding within the local DEA leadership of the agency's support of MAT and its limited role in the MAT space.

This recommendation can be closed when we receive evidence that the DEA has enhanced its current community-based efforts to further increase awareness of treatment options in the local, pilot city area and correct any misconceptions within the local DEA leadership related to the DEA's position on medication assisted treatment.