June 18, 2025

Jon E. Rice
Senior Official Performing the Duties of the Director
Office of National Drug Control Policy
Executive Office of the President
Washington, DC 20503

Dear Senior Official Performing the Duties of the Director Rice,

The American College of Physicians (ACP) appreciates the opportunity to comment on the President's 2026 National Drug Control Strategy (Strategy). ACP is the largest medical specialty organization in the United States with members in more than 145 countries worldwide. ACP membership includes 161,000 internal medicine physicians (internists), related subspecialists, and medical students. Internal medicine physicians are specialists who apply scientific knowledge and clinical expertise to the diagnosis, treatment, and compassionate care of adults across the spectrum from health to complex illness.

ACP recognizes that substance use disorders (SUD) are treatable chronic medical conditions that should be addressed through expansion of evidence-based individual and population health initiatives to prevent, treat, and promote recovery. ACP also supports evidence-based, peer-reviewed medical research on the causes of and treatment for SUD and emphasizes the importance of addressing the stigma surrounding SUD among the health care community and the public.

Although we do not have sufficient policy to comment on strategies to reduce illicit drug trafficking, ACP is committed to working with your administration to eliminate the nation's overdose epidemic, prevent SUD, and expand access to affordable, comprehensive coverage for SUD treatment. The following comments are in response to the objectives published in the Office of National Drug Control Policy's (ONDCP) Statement of Drug Policy Priorities.

Objective: Decrease the number of drug overdose deaths nationwide.

ACP strongly supports the administration's goals to decrease the number of drug overdose deaths nationwide through evidence-based overdose prevention education and better access to opioid overdose reversal medications.

Naloxone, an effective overdose reversal medication, should be made widely accessible and affordable. Over 93,000 overdoses were reversed with naloxone from 2017-2024, but due to underreporting the actual number is likely higher. Federal policymakers should provide resources and sufficient staff for programs like SAMHSA's Grants to Prevent Prescription Drug and Opioid Overdose-Related Deaths and the First Responders—Comprehensive Addiction and Recovery Act that distribute naloxone to individuals with opioid use disorder and train law enforcement and emergency medical personnel in its use. ACP also supports standing orders, eliminating cost-sharing for naloxone coverage, and making over-the-counter formulations more affordable and available. We also support legal protections, including Good Samaritan laws, to encourage the use of naloxone.

Population health interventions to prevent overdose and the spread of infectious diseases must be implemented. The Strategy should support the use of harm reduction approaches that are proven to prevent overdose deaths, including drug checking supplies and education for safer use. The Strategy should indicate strong support for funding and resources for syringe support programs to prevent the spread of infectious diseases like HIV and hepatitis, and mobile treatment and prevention programs that reach rural and other underserved populations. Public health departments should receive sufficient resources to prevent and treat chronic disease, including among patients with SUD and other comorbidities.

Objective: Reduce the initiation of drug use, particularly among young people.

The Strategy should call for cooperation with state and local jurisdictions to research and support evidence-based substance use disorder prevention programs. School-based primary prevention initiatives like Project Northland and keepin' it REAL are associated with positive alcohol use outcomes among young people. Community-focused initiatives, like safe-disposal awareness programs and drug take-back programs, should also be supported.

Substance use disorder is often rooted in adverse childhood experiences or trauma experienced in childhood and adolescence. Resilience and healthy behaviors can be cultivated by expanding access to affordable, comprehensive behavioral health services at all stages of life, but many people have difficulty accessing care. We strongly recommend the Strategy underscores the importance of stringent enforcement of mental health parity laws; mandatory coverage of behavioral health screening, preventive care, and other services; and workforce supports to improve access to behavioral health services.

ACP also supports evidence-based comprehensive pain management interventions, including non-medication and medication-based treatment, based on the patient's care needs. Payment and delivery models should support a whole-person approach to pain management where physicians have sufficient time and resources to deliver appropriate pain management services. We appreciate the 2022 CDC Clinical Practice Guideline for Prescribing Opioids for Pain which provides evidence-based guidance to physicians on managing pain in a patient-centered way that reflects the variety of treatment options available while avoiding interventions that may increase risk of adverse outcomes.

Objective: Increase the number of individuals receiving evidence-based treatment and achieving long-term recovery from addiction and substance use disorders.

The Strategy must take a treatment-focused approach to addressing SUD. Medications for opioid use disorders (MOUD), including buprenorphine, naltrexone, and morphine, are evidence-based, highly effective interventions. The Strategy should prioritize improving access to affordable and accessible MOUD by supporting elimination of burdensome prior authorization and other utilization management strategies for MOUD, unnecessary training requirements for physicians who want to prescribe MOUD, and onerous in-person visit requirements for patients who could be effectively and safely treated through telehealth modalities.

ACP strongly urges the Strategy to support integrating behavioral health in the primary care setting. Behavioral health integration (BHI) approaches, like the Collaborative Care Model and Screening, Brief Intervention, Referral to Treatment model, enable patients to receive behavioral health and primary care services in the same setting, especially crucial for patients with comorbidities. Wider implementation of BHI has been hampered by high start-up costs, technical barriers, and workforce shortages. We urge ONDCP and other federal agencies to work with physicians and other stakeholders to support this important and cost-effective intervention to improve access to SUD and other behavioral health care.

Objective: Obtain and apply high-integrity data to address the crisis.

We strongly urge the Strategy to emphasize the importance of federal research regarding the tracking, prevention, and treatment of substance use. Federal agencies that conduct this work, including the National Institutes of Health and Substance Abuse and Mental Health Services Administration, should be fully funded and staffed. The latter agency administers the annual National Survey on Drug Use and Health, an important data source for understanding SUD trends and treatment needs. Without sufficient funding and staff, this research cannot be conducted.

We encourage the Strategy to support evidence-based research into best practices for SUD treatment and outcomes. Recent data show significant decline in overdose deaths from 2023 to

2024, but it is unclear what is causing the trend. Additional research is needed to determine what is working, so resources can be directed appropriately.

Thank you for considering our comments. If you have questions, please contact Ryan Crowley, Manager, Health Policy at rcrowley@acponline.org.

Sincerely,

Jason Goldman, MD, MACP
President
American College of Physicians