

June 18, 2025

Jon Rice
Acting Director
Office of National Drug Control Policy Executive Office of the President
750 17th St NW
Washington, DC 20006

Dear Acting Director Rice,

Thank you for the opportunity to provide input for the 2026 National Drug Control Strategy. I am writing on behalf of the American Psychiatric Association (APA), the medical specialty society representing over 39,200 physicians who specialize in the treatment of mental illnesses, including substance use disorders (SUD). As you know, an unprecedented number of Americans are struggling with mental health and substance use disorders. ONDCP's leadership is important to address the rising prevalence of substance use and relieving the trauma placed on communities and families. We appreciate and support many of the Administration's Drug Policy priorities announced for the first year. These include:

- Reduce the Number of Overdose Fatalities, with a Focus on Fentanyl
- Prevent Drug Use Before It Starts
- Provide Treatment That Leads to Long-Term Recovery

As you develop the National Drug Control Strategy, below are specific strategies we recommend including providing people, families, and communities with the support needed to address substance use.

Since 2017, the Secretary of Health and Human Services has declared and renewed that a public health emergency (PHE) exists nationwide as a result of the continued consequences of the opioid crisis. Recently, the Center for Disease Control and Prevention (CDC) reported a nearly 24 percent decline in drug overdose deaths highlighting the contributing factors such as distribution of naloxone, access to evidence-based treatment for SUD, shifts in the illegal supply chain, and continued investments in prevention and response programs.¹ While the drug supply has changed over the years shifting from prescription opioids to substances such as fentanyl, the mission must remain the same to reduce overdose fatalities and build on existing prevention programs.

Reduce the Number of Overdose Fatalities, with a Focus on Fentanyl

Improve access and affordability of overdose reversal agents.

APA supports efforts to expand access to overdose education and distribution of opioid overdose agents for individuals and communities at elevated risk of opioid overdose as well as bystanders,

¹ <https://www.cdc.gov/media/releases/2025/2025-cdc-reports-decline-in-us-drug-overdose-deaths.html>

family members, and those who may be in position to respond to an opioid overdose. This is especially important for rural communities and communities that have traditionally been left out of treatment options for opioid overdose. ONDCP is in a prime position to continue the important public messaging that ensures that medical intervention happens immediately after an opioid overdose reversal agent is received to ensure stabilization as well as for an opportunity to intervene with substance use treatment. Other access opportunities include:

- Prescription as well as over the counter Naloxone, a rapid-acting opioid antagonist, commonly seen as the intranasal “Narcan” should be available to all individuals at elevated risk and those in position to respond to an opioid overdose.
- Sublingual buprenorphine-naloxone (Suboxone) is a promising treatment for detoxification and maintenance therapy, for those with disordered use.
- Support the creation of an FDA-approved reversal agent for xylazine, a veterinary anesthetic and deadly adulterant now found in fentanyl, heroin, and stimulant drugs.

Support Good Samaritan/medical amnesty laws that protect providers and civilians who respond to overdoses.

APA supports the inclusion of Good Samaritan/medical amnesty laws to encourage the use of overdose reversal agents and for people to call in authorities for assistance without fear of arrest or persecution. Similarly, drug diversion programs reduce the legal consequences of drug use and therefore provide incentive for treatment.

Support the use of harm reduction methods.

Harm reduction is an evidence-based, standard-of-care approach that aims to reduce the harm that patients experience while using substances. APA supports policy, legislation, and increased funding to enhance the adoption of harm-reduction interventions. Methods of harm reduction that help reduce overdose fatalities include but are not limited to:

- Syringe services programs (SSPs)
- Infectious disease testing
- Fentanyl and Xylazine Testing Strips
- Overdose Prevention Center (OPCs)
- The availability of overdose reversal medications

APA also recommends incorporating harm reduction skills in medical school training, including topics of polysubstance use, adulteration of the unregulated drug supply with fentanyl and xylazine, and harm reduction strategies for non-opioid substances.

Prevent Drug Use Before It Starts

Support educational programs that increase public awareness of substance use and mental disorders and provide prevention training.

Youth, families, and their communities should know of the potentially harmful effects of drug misuse. Continuation of the programs and grants that support communities and families is vital in prevention efforts. While substance use is still reported among adolescents, there has been a decrease since 2020, and that lowered level remains steady years later. Continued prevention efforts need to be maintained, considering the factors that raise the potential for substance use such as untreated mental health conditions, family history, negative life impacts, and social influences. Access to school-based mental health services and services such as 988, text/chat services, and peer support services are vital to prevent substance use in adolescents.

Provide Treatment that leads to long-term recovery

Improve access to care using evidence-based models, including:

- **Permanent removal of certain telehealth restrictions**

We urge you to work with the Drug Enforcement Agency to finalize the rule that permanently allows up to six months of buprenorphine to be prescribed prior to the in-person requirement or other exceptions at the discretion of the prescribing psychiatrist to improve access to treatment. Policies that support increased prescribing and access to medications for opioid use disorder (OUD), including buprenorphine, need to be implemented at the federal and state levels to continue the impacts that the Covid-19 pandemic flexibilities had for those living with OUD.

- **Support the Use of evidence-based integrated care models, including the Collaborative Care Model (CoCM).**

Under the CoCM, primary care providers treating patients with common behavioral health problems (e.g., anxiety, depression, substance use disorders) are supported by a care manager and a psychiatric consultant who help implement effective, evidence-based treatment for common behavioral health problems in the primary care setting. This model, already implemented in many large health systems and individual practices, can detect the risk of mental health and substance use disorders before they become a crisis and is proven to improve patient outcomes. Properly integrating behavioral and medical care has the potential to save between \$37.6 - \$67.8 billion each year.

- **Support efforts to implement contingency management (CM) for stimulant use disorders (StUD).**

Psychosocial interventions are the first line of defense for treating StUD. Contingency management (CM) is one such behavioral intervention for StUD that is supported by two decades of empirical research. CM uses principles of operant conditioning to positively reinforce abstinence. Guided by a standardized protocol, patients are given financial incentives for initiating and maintaining abstinence. When combined with other psychotherapies, such as community reinforcement therapy or cognitive-behavioral therapy, CM is associated with a sustained reduction in stimulant use.² Policy changes should be made to address the regulatory and legislative barriers to the implementation of contingency management.

Raise awareness and work with states to implement policies that treat pregnant and parenting women with SUD as a public health issue. Substance use in pregnant women is a major public health concern in the United States.

The Substance Abuse and Mental Health Services and Administration estimated that approximately 400,000 infants each year are exposed to alcohol or illicit drugs in utero. A public health response, rather than a punitive legal approach to substance use during pregnancy, is critical. This should include universal evidence-based screening and voluntary maternal drug

² American Psychiatric Association, Position Statement on Contingency Management for the Treatment of Stimulant Use Disorder, 2023. <https://www.psychiatry.org/getattachment/2e57dbe6-a6fd-4fba-b3e9-5362d0084644/Position-Contingency-Management-for-Stimulants.pdf>


testing with informed consent, improved access to substance use treatment, and comprehensive care approaches that include behavioral therapy, appropriate social services, and evidence-based pharmacotherapy.

Address cannabis use in youth populations and raise awareness about the risks.

As more states legalize cannabis use, and access increases, we must carefully consider the impact on children and adolescents. Risk perception around the harms of cannabis is decreasing among youth, making them a more vulnerable population. Expansion in medical uses of marijuana, despite lack of scientific evidence, FDA approval, and regulation, while introducing access to a potential comfort therapy for life threatening and severely debilitating conditions, must be weighed against the risks of introducing an addicting substance into a still-developing brain. There needs to be increased monitoring of patterns of cannabis use in youth, especially in states that have legalized cannabis. Additionally, there should be strict enforcement of regulations that limit marketing and advertising to children and adolescents, especially in formulations that mimic candy items, and limit production/sales of such child targeted products.

Thank you again for providing the opportunity to comment on how to improve the care and delivery of effective drug treatment. If you have any questions, or if we could be of further assistance, please contact Brooke Trainum, Senior Director, Practice Policy, at btrainum@psych.org.

Sincerely,



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