

March 2, 2018

James Carroll
Deputy Chief of Staff
The White House
1600 Pennsylvania Avenue N.W.
Washington, D.C. 20500

Dear Mr. Carroll,

On February 9, 2018, President Trump nominated you to serve as Director of the White House Office of National Drug Control Policy (ONDCP).¹ As ONDCP Director, you would play a critical role in directing the Trump Administration's response to the opioid epidemic, which continues to wreak havoc in communities across the United States. I am writing today to request information on your public health and addiction policy experience, as well as to learn how you would use the role of ONDCP Director to enhance the White House's response to the opioid crisis.

Our nation is in the midst of a public health crisis, one that President Trump has declared a national emergency.² Around 2.6 million Americans suffer from an opioid addiction, with addiction rates increasing across the country.³ The Centers for Disease Control and Prevention (CDC) reports that more than 42,000 people died from opioid-involved overdoses in 2016, up from around 33,000 in 2015⁴—yet only one in ten people in need of specialty treatment for substance use disorders are able to access it.⁵ Nearly half of all U.S. adults have a friend or family member who has suffered from addiction.⁶

¹ "Trump to nominate Jim Carroll for 'drug czar,'" *Politico* (February 9, 2018) (online at <https://www.politico.com/story/2018/02/09/jim-carroll-drug-czar-trump-402080>); "President Donald J. Trump Announces Appointments for the Executive Office of the President" (February 9, 2018) (online at <https://www.whitehouse.gov/briefings-statements/president-donald-j-trump-announces-appointments-executive-office-president/>).

² Dan Merica, "Trump to declare national emergency on opioids months after initial promise," *CNN Politics* (October 16, 2017) (online at <http://www.cnn.com/2017/10/16/politics/donald-trump-opioids-national-emergency/index.html>).

³ Lenny Bernstein, "Deaths from drug overdoses soared in the first nine months of 2016," *Washington Post* (August 8, 2017) (online at https://www.washingtonpost.com/news/to-your-health/wp/2017/08/08/deaths-from-drug-overdoses-soared-in-the-first-nine-months-of-2016/?utm_term=.4914502d1cac); Nadia Kounang, "Opioid addiction rates continue to skyrocket," *CNN* (June 29, 2017) (online at <http://www.cnn.com/2017/06/29/health/opioid-addiction-rates-increase-500/index.html>).

⁴ Centers for Disease Control and Prevention, "Drug Overdose Death Data" (last updated December 19, 2017) (online at: <https://www.cdc.gov/drugoverdose/data/statedeaths.html>).

⁵ Centers for Disease Control and Prevention, "Drug overdose deaths in the United States continue to increase in 2015" (last updated August 30, 2017) (online at <https://www.cdc.gov/drugoverdose/epidemic/index.html>); Lenny Bernstein, "Deaths from drug overdoses soared in the first nine months of 2016," *Washington Post* (August 8, 2017) (online at <https://www.washingtonpost.com/news/to-your-health/wp/2017/08/08/deaths-from-drug-overdoses->

Given the severity of the crisis, I have grown increasingly concerned by reports that the President has done little to tangibly combat the epidemic, leaving state and local communities without the resources they need. Though he declared the opioid crisis a public health emergency last year, he has done little to take advantage of the supplemental authorities afforded the executive branch during such an emergency.⁷ Meanwhile, leadership posts in key agencies remain vacant.

The ONDCP is housed within the Executive Office of the President and “works to reduce drug use and its consequences by leading and coordinating the development, implementation, and assessment of U.S. drug policy.”⁸ It administers the High Intensity Drug Trafficking Areas and Drug-Free Communities grants; oversees the drug control activities of sixteen federal agencies, and publishes an annual *National Drug Control Strategy* to guide the Administration’s efforts to reduce drug use, drug trafficking, and related health consequences and crimes.⁹

The ONDCP has a critical role to play in supporting patients and families dealing with opioid use disorder nationwide. It also works with and supports public health and safety officials, elected representatives, and community advocates. However, without thoughtful, compassionate leadership, ONDCP’s actions can also stigmatize the very individuals we are aiming to support. In particular, any ONDCP Director should have a modern understanding of the opioid crisis and the importance of promoting public health. While I am pleased that the President has nominated a Director, I am concerned that you have little experience in public health or addiction policy. Since President Trump took office, you have held three different posts in the Trump Administration, none of which have focused on public health.¹⁰ Before joining the Trump Administration, you worked at Ford Motor Company. According to the White House, your experience with behavioral health policy stems primarily from your work as the Assistant Commonwealth Attorney for Fairfax, Virginia—a job you took right after graduating law school—in which you handled some drug-related cases. You also reportedly “worked with attorneys facing substance abuse issues at the Virginia State Bar.”¹¹

Your lack of experience is particularly concerning, given the existing lack of drug policy expertise among those tasked by President Trump to combat the epidemic. In November 2017, for example, Attorney General Sessions announced that the President had “asked [Kellyanne

[soared-in-the-first-nine-months-of-2016/?utm_term=.4914502d1cac](https://www.whitehouse.gov/the-press-office/2017/11/16/2017-11-16-attorney-general-sessions-announces-president-trump-has-asked-kellyanne-soared-in-the-first-nine-months-of-2016/?utm_term=.4914502d1cac)); U.S. Department of Health & Human Services, Surgeon General, *Facing Addiction in America: The Surgeon General’s Report on Alcohol, Drugs, and Health* (2016) (online at <https://addiction.surgeongeneral.gov/surgeon-generals-report.pdf>).

⁶ John Gramlich, “Nearly half of Americans have a family member or close friend who’s been addicted to drugs,” *Pew Research Center* (October 26, 2017) (online at <http://www.pewresearch.org/fact-tank/2017/10/26/nearly-half-of-americans-have-a-family-member-or-close-friend-whos-been-addicted-to-drugs/>).

⁷ Brianna Ehley, “Trump declared an opioids emergency. Then nothing changed.” *Politico* (January 11, 2018) (online at <https://www.politico.com/story/2018/01/11/opioids-epidemic-trump-addiction-emergency-order-335848>).

⁸ The White House, “Office of National Drug Control Policy” (online at <https://www.whitehouse.gov/ondcp/>).

⁹ The White House, “Office of National Drug Control Policy” (online at <https://www.whitehouse.gov/ondcp/>).

¹⁰ Sarah Karlin-Smith and Brianna Ehley, “Pick for ‘drug czar’ stokes concerns over Trump’s opioid strategy,” *Politico Pro* (February 14, 2018).

¹¹ “Trump to nominate Jim Carroll as next drug czar,” *Washington Post* (February 9, 2018) (online at https://www.washingtonpost.com/politics/whitehouse/trump-to-nominate-jim-carroll-as-next-drug-czar/2018/02/09/322c54e4-0dfd-11e8-998c-96deb18cca19_story.html?utm_term=.99f3dcea0ab0).

Conway] to coordinate and lead the effort [to combat the opioid crisis] from the White House.”¹² According to recent reports, Ms. Conway—who is also not a public health expert—has been “freezing out drug policy professionals” in her efforts to coordinate the White House’s opioid response and “relying instead on political staff.”¹³ The ONDCP, meanwhile, is reportedly so understaffed that in January 2018, a 24-year-old with no relevant experience was serving as Deputy Chief of Staff.¹⁴

In addition, the White House’s drug policy officials have made a number of disturbing statements regarding the opioid epidemic, suggesting a lack of understanding of the complexities of the crisis. In June 2017, for example, Ms. Conway stated that “pouring money into the problem [the opioid crisis] is not the only answer,” and that “it takes money and it also takes a four letter word called will.”¹⁵ These statements minimize the importance of federal resources for addiction treatment and imply a deep misunderstanding of substance use disorder patients. As ONDCP Director, you would be directly responsible for coordinating these resources in way that benefits, rather than hinders, those struggling with substance use disorder.

Furthermore, if confirmed, you would be leading an agency that the President does not appear to actually support. On February 12th, the President issued a budget that would cut ONDCP’s funding by 95 percent and transfer some of its core functions to the Department of Justice and the Department of Health and Human Services. A 95 percent budget cut would obviously threaten the office’s ability to fulfill its mission.¹⁶

The position of ONDCP Director requires Senate confirmation. To help me better understand your qualifications for ONDCP Director, as well as to learn how you would use the role of ONDCP Director to enhance the White House’s opioid response, I recommend that you respond to the following no later than March 16, 2018:

1. Please provide a full description of your previous experience working in public health, or working on addiction policy, including a list of all public health, behavioral health, or addiction policy positions you have held. Do you feel that these experiences qualify you to direct the office responsible for coordinating the drug control activities of sixteen federal agencies and directing the Executive Branch’s drug policies?
2. President Trump’s most recent budget suggests cutting the ONDCP’s budget by 95%. Do you feel that the ONDCP would be able to fulfill its mission with such extensive cuts? As

¹² https://www.washingtonpost.com/video/politics/sessions-praises-kellyanne-conways-leadership-of-white-house-opioid-effort/2017/11/29/4a8ff4b0-d526-11e7-9ad9-ca0619edfa05_video.html

¹³ Brianna Ehley and Sarah Karlin-Smith, “Kellyanne Conway’s ‘opioid cabinet’ sidelines drug czar’s experts,” *Politico* (February 6, 2018) (online at <https://www.politico.com/story/2018/02/06/kellyanne-conway-opioid-drug-czar-325457>).

¹⁴ Robert O’Harrow Jr., “Meet the 24-year-old Trump campaign workers appointed to help lead the government’s drug policy office,” *Washington Post* (January 14, 2018) (online at https://www.washingtonpost.com/investigations/meet-the-24-year-old-trump-campaign-worker-appointed-to-help-lead-the-governments-drug-policy-office/2018/01/13/abdada34-f64e-11e7-91af-31ac729add94_story.html?utm_term=.1d1eb9eda4c4).

¹⁵ <https://www.youtube.com/watch?v=-t71DNVK6ZY>

¹⁶ Sarah Karlin-Smith and Brianna Ehley, “Pick for ‘drug czar’ stokes concerns over Trump’s opioid strategy,” *Politico Pro* (February 14, 2018).

Director, which ONDCP functions would you prioritize and which would you cut under such strict budget restrictions?

3. Public reports suggest that existing drug policy aides in the White House, such as Ms. Conway, have failed to include drug policy experts while making opioid-related policy. As ONDCP Director, would you bring in public health and drug policy experts to guide your decision-making?
4. The increased use of fentanyl has contributed to the opioid epidemic.¹⁷ As ONDCP Director, how would you work with federal agencies to improve fentanyl surveillance and support the work of states in dealing with significantly high rates of opioid overdoses due to illicitly produced fentanyl?
5. At the core of the opioid epidemic has been the overprescribing and misuse of addictive and dangerous prescription painkillers. The Comprehensive Addiction and Recovery Act, passed in July 2016, included a bipartisan provision that I worked on with Senator Capito, which empowers patients to talk to their physicians and pharmacists about partially filling their prescription medications in order to reduce the amount of unused opioids in circulation.¹⁸ This provision amended the Controlled Substances Act to allow partial filling of any Schedule II prescription.
 - a. Do you believe that reducing the number of unused medications in the home is an important tool in tackling the misuse of prescription medications?
 - b. As ONDCP Director, how would you address the overprescribing and misuse of addictive prescription medications, while still ensuring that patients who need pain medication can receive it?
6. Access to naloxone, a prescription drug meant to reverse an opioid overdose, saves lives. However, more could be done to expand access to naloxone. As ONDCP Director, how would you work with federal agencies, manufacturers, and partners to expand access to naloxone?
7. Nine states and the District of Columbia have passed laws allowing for the recreational adult use of marijuana.¹⁹ Twenty-nine states, the District of Columbia, Puerto Rico, and Guam have laws allowing for the use of marijuana for medical purposes.²⁰ These common-sense policies help law enforcement focus on real threats to public health and safety while eliminating the black market sale of marijuana. Unfortunately, the Trump

¹⁷ Massachusetts Department of Public Health, "Data Brief: Opioid-Related Overdose Deaths Among Massachusetts Residents (November 2017) (online at: <https://www.mass.gov/files/documents/2017/11/13/sec1-od%20deaths%20mass%20residents%20Nov-17.pdf>).

¹⁸ See S. 524: Comprehensive Addiction and Recovery Act of 2016 (online at <https://www.congress.gov/bill/114th-congress/senate-bill/524/text>).

¹⁹ German Lopez, "The spread of marijuana legalization, explained," *Vox* (January 22, 2018) (online at <https://www.vox.com/cards/marijuana-legalization/where-is-marijuana-legal>).

²⁰ National Conference of State Legislatures, "State Medical Marijuana Laws" (February 15, 2018) (online at <http://www.ncsl.org/research/health/state-medical-marijuana-laws.aspx>).

Administration has recently taken steps to remove protections for these states and has failed to take an evidence-based approach to marijuana policy.²¹ As ONDCP Director, how would you work to ensure that the careful balance between federal and state governments on marijuana is reinstated, and that the Administration takes steps to remove additional federal barriers to these efforts?

8. Accelerating research on effective alternatives to opioids for pain treatment, including medical cannabis, is critical to addressing the opioid crisis. As ONDCP Director, how would you work with federal agencies to expand research into alternative pain treatments?
9. The ONDCP plays a critical role in coordinating the efforts of all federal agencies, including the Department of Justice and the Department of Health and Human Services, and helps set the tone for the Administration's drug policies. It is essential that ONDCP set a positive public health agenda that does not perpetuate the failed war on drugs.²² As ONDCP Director, how would you work to modernize the Office's efforts and ensure an Administration-wide focus on harm reduction, eliminating stigma for individuals with substance use disorder, and reforming our criminal justice policies?

Please don't hesitate to reach out to Ashley Coulombe of my staff at 202-224-4543 with any questions or concerns. I look forward to your prompt response.

Sincerely,



Elizabeth Warren
United States Senator

²¹ Charlie Savage and Jack Healy, "Trump Administration Takes Step That Could Threaten Marijuana Legalization Movement," *New York Times* (January 4, 2018) (online at <https://www.nytimes.com/2018/01/04/us/politics/marijuana-legalization-justice-department-prosecutions.html>).

²² See Mona Chalabi, "The 'war on drugs' in numbers: a systematic failure of policy," *The Guardian* (April 19, 2017) (online at <https://www.theguardian.com/world/2016/apr/19/war-on-drugs-statistics-systematic-policy-failure-united-nations>).