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Senate Caucus on International Narcotics Control
Hearing on the National Drug Control Strategy**

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OPENING

Chairman Whitehouse, Chairman Grassley, Members of the Committee,

Thank you for inviting me to testify about President Biden's inaugural *National Drug Control Strategy*.

This *Strategy* was released in a time of unprecedented challenges. For far too many years, the overdose crisis has been unravelling the very social fabric of our Nation and destroying American lives and livelihoods. Since 2015, annual overdose deaths in America have more than doubled.¹ Additionally, the COVID-19 pandemic has increased the strain on our health care system and amplified the existing difficulties in accessing treatment for substance use disorder, which has helped exacerbate an overdose epidemic that was already getting worse prior to the pandemic.

As a result, the Centers for Disease Control and Prevention estimates that overdoses claimed 107,622 lives in 2021 alone. This represents a life lost every five minutes. These are our family members, co-workers, neighbors and friends. Over the past two decades, more than one million Americans have lost their lives to overdoses, devastating their families, our communities, and nation as a whole. Behind these fatal overdoses, there are millions of individuals experiencing nonfatal overdoses that are overwhelming our first responders and the healthcare system. Underneath the overdoses are tens of millions of Americans suffering from substance use disorder.

Worse, this crisis has been accelerating over the years at an unprecedented rate, and the impact on our communities goes even further. Research estimates the economic costs of the epidemic to be a staggering \$1 trillion a year², and up to 26% of the loss in U.S. labor force participation can be attributed to people suffering from addiction.³ Addiction and the overdose epidemic is a nonpartisan issue as evidenced by the fact that it touches everyone, regardless of where they live or how they vote. And it is why ending the opioid epidemic is part of President Biden's Unity Agenda, which he announced during his State of the Union address. Strong support across the country and across political parties for comprehensive and meaningful solutions underscores the nonpartisan nature of this issue.

As the Office of National Drug Control Policy developed this *Strategy*, we focused on the fact that this epidemic is being driven largely by untreated addiction and the profit incentive for individuals and groups to engage in drug trafficking

At this moment in history, our nation is at an inflection point where we must approach this crisis with a sense of urgency that prioritizes saving lives as our north star. Our actions must rise to the occasion in being bold, far-reaching, and innovative but also compassionate, consequential, and evidence-based. The Biden-Harris Administration's inaugural *National Drug Control Strategy* is an unprecedented, evidence-based blueprint designed to save lives immediately, build the infrastructure our nation so desperately needs for treating addiction, and disrupt drug trafficking and the profits that fuel it. The implementation of President Biden's *Strategy* will help us save as many lives as possible while enhancing public safety for individuals and communities.

Process of Development

Before going into specifics, I will describe the extensive and comprehensive process of developing this *Strategy*.

In the SUPPORT Act of 2018, Congress laid out key requirements for the President's *National Drug Control Strategy*, including putting forth a comprehensive, evidence-based plan to reduce both the supply of, and demand for, illicit drugs.

The *Strategy* does precisely this while outlining a bold and innovative approach to reduce overdoses.

As required by statute⁴, ONDCP led an extensive consultation and review process, seeking input from more than 2,000 leaders and stakeholders including the Congress; State, Tribal, and local governments; foreign partners; and interagency colleagues, as well as nongovernmental organizations and outside drug policy advocates representing public safety, public health, community groups, and more.

Throughout the *Strategy's* development, we worked closely with our federal interagency partners who operate under the federal drug control budget that Congress appropriates. These partners provided valuable input on policy direction and actions, and provided key feedback during the interagency review and clearance process. This *Strategy* represents a consensus among the Administration for a strong path forward.

Critically, with the delivery of the *Strategy* to Congress, ONDCP ensured concurrent delivery of its companion documents: three border strategies and the Performance Review System report.

The three border strategies describe our efforts to address the drug threat at our Southwest, Caribbean, and Northern borders. Through the Performance Review System, the *Strategy* outlines key goals we must collectively meet to save lives, and provides a framework for holding ourselves accountable and ensuring we are responsible stewards of the American people's tax dollars.

Notably, this is the first *Strategy* designed from the outset to include measures at both the strategic and program-level to hold government accountable under the requirements of the SUPPORT Act.

Big Picture Goals

The primary goal of the President's *National Drug Control Strategy* is to save lives and reduce drug trafficking by making it more costly for transnational criminal organizations.

There are seven key, quantifiable goals of this *Strategy*:

- 1. Illicit Substance Use is reduced in the U.S.**
 - Specifically, we seek to reduce the number of drug overdose deaths by 13% and reduce the number of people with certain substance use disorders by 25% by 2025.
- 2. Prevention efforts are increased in the U.S.**
 - Our objectives include reducing among young people past 30-day alcohol use and vaping by 10 percent and 15 percent, respectively, by 2025.
- 3. Harm reduction efforts are increased in the U.S.**
 - Syringe services programs provide vital services that reduce disease transmission in communities and help save lives, yet they are not accessible in every community that needs them. We seek to increase the number of these programs in counties with high overdose rates by 85% by 2025.
- 4. Treatment efforts are increased in the U.S.**
 - Our top objective is to double treatment admissions for the populations most at risk of overdose death by 2025. We also seek to achieve universal access to medications for opioid use disorder by 2025.
- 5. Recovery efforts are increased in the U.S.**
 - There are approximately 21 million Americans in recovery from a substance use disorder, and 12.5 million are in the workforce.⁵ Among other objectives, we seek a 75% increase in the number of states operating a recovery-ready workplace initiative in order to make it easier for people to maintain recovery.
- 6. Public safety efforts in the U.S. include drug policy matters.**
 - Research has shown that, for incarcerated individuals with an opioid use disorder, treatment with medications for opioid use disorder (MOUD) corresponded to a reduction in the risk of overdose death by 85% in the month following their release.⁶

- As we work to bend the curve on overdose deaths, an area of focus is the intersection between substance use disorder and the criminal justice system. We must create programs nationwide that allow for the diversion, when appropriate, of individuals who commit non-violent crimes into treatment and services that will help them find recovery. Doing so supports rehabilitation and reentry, which reduce recidivism and enhance public safety. We must also establish opportunities for non-violent offenders to participate in drug court programs, when appropriate, and that these court programs implement practices that advance equity and public safety. Further, for people who are incarcerated, we must provide them with treatment services, including MOUD, and assist them with re-entry services. This work will not only reduce overdose and death, but by supporting rehabilitation and reentry, will improve public safety outcomes for our communities.

7. The supply of illicit substances into the U.S. is reduced.

- The illicit drug environment we face today is considerably different than just a few years ago. It is adaptive, dynamic, and resilient, and has presented us with a complex national security, law enforcement, and public health crisis that has overextended our public health system and taxed law enforcement efforts for the better part of a decade. The Biden-Harris Administration's first *National Drug Control Strategy* approaches this dynamic challenge in a significantly different way than previous *Strategies*. The *Strategy* prioritizes a targeted response to drug traffickers and transnational criminal organizations (TCOs) that hits them where it hurts the most: their wallets.
- Among others, our objectives include drastically increasing law enforcement actions related to TCO asset freezes and seizures and commercially disrupting the global business of illicit drug production and trafficking.

Four priorities cut across the *Strategy's* goals, which will help us save lives both in the short term and the long term:

First, the most important action we can take right now is to have naloxone, the opioid overdose reversal medication, in the hands of everyone who needs it without fear or judgment – especially today when 3 out of every 4 overdose deaths involve opioids. Harm reduction interventions like naloxone, and syringe services programs enable us to work with people who use drugs to build trust and engagement and keep them alive—and enjoy broad bipartisan support. Harm reduction strategies work; I have witnessed it firsthand.

We will expand access to naloxone, a cost-effective tool that has the most potential to save lives today. The evidence backs up this approach: in addition to saving lives, every dollar we spend on naloxone provides \$2,769 in benefits according to one cost-benefit analysis.⁷ Several additional studies have indicated that community-based naloxone distribution is cost-effective.

Second, the President's *Strategy* lays out actions to tackle a long-standing issue: the majority of people with a substance use disorder are not getting the treatment they need. We know that fewer than one out of ten people in the United States who need treatment are able to get it.⁸ That is simply unacceptable.

As a practicing physician of 25 years, I have seen what happens when people do not have the supports they need for treating and managing their substance use disorders: loss of employment, loss of family, loss of community, and too often, death. I have attended far too many funerals for people with addiction. However, I have also seen what happens when those supports are in place: treatment, recovery, and living --- allowing people to make the most of their opportunities in life.

Treatment saves lives, and everyone who wants treatment should be able to access it. Through the President's *Strategy*, we will ensure universal access to medication for opioid use disorder by 2025.

Third, as mentioned, we seek to disrupt and dismantle TCOs by targeting their operations, illicit financial networks, and supply chains.

The TCOs that sustain and perpetuate the multi-billion-dollar illicit drug business operate seamlessly across borders and cooperate with remarkable efficiency to obtain raw materials, move and launder their proceeds, and to ship their illicit products to the United States and destinations around the world.

I have seen the challenges and opportunities we have regarding supply reduction. I have visited the Southwest border in El Paso, Texas; I have entered captured border tunnels outside San Diego; I have traveled to Mexico to meet with senior Mexican officials; and I maintain close contact with Ambassador Burns in the People's Republic of China as we work with the Chinese government to reduce the supply of precursor chemicals used to create synthetic drugs that are killing Americans by the minute.

We have already brought the international community together recently to control fentanyl precursor chemicals, and President Biden's budget proposal includes substantial increased investments for border security and supply reduction approaches.

This *National Drug Control Strategy* directs agencies to uncover financial networks and obstruct and disrupt the illicit financial activities that fund the TCOs who produce and traffic illicit drugs into the United States by strengthening every available tool, seeking new ones that will provide tangible results, and better synchronizing our efforts across the federal government to commercially disrupt this global illicit enterprise.

In support of this effort, this past December President Biden issued two Executive Orders that provide the Executive Branch enhanced architecture to better counter transnational criminal organizations in this dynamic environment, and to increase our ability to negatively impact foreign persons involved in the global illicit drug trade from a

financial perspective. When issuing those executive orders, the President declared “international drug trafficking, including the illicit production, global sale, and widespread distribution of illegal drugs; the rise of extremely potent drugs such as fentanyl and other synthetic opioids; as well as the growing role of Internet-based drug sales, constitutes *an unusual and extraordinary threat to the national security, foreign policy, and economy of the United States.*”⁹ These carefully chosen words not only speak to the high priority the President places upon this issue, but also open doors to new authorities and capabilities for the United States to address this threat in a comprehensive and sustainable fashion.

Additionally, law enforcement task forces such as OCDETF and HIDTA work diligently with the nation’s 94 U.S. Attorney’s Offices to disrupt and dismantle transnational organized crime by prosecuting those individuals responsible for manufacturing and distributing these deadly substances in our communities.

Through this *Strategy*, we will continue to work, both unilaterally and with other like-minded nations, to make it more costly for drug trafficking organizations to continue their business in every way. This work is critical because if it is easier to get illicit drugs in America than it is to get treatment, we cannot bend the curve on overdoses.

Fourth, the *Strategy* ramps up our work on data and research at a time when the federal government faces large gaps in data collection and analysis related to drug policy.

We know that a past non-fatal overdose is one of the most accurate predictors of whether someone will experience a fatal overdose in the future.¹⁰ However, we do not have a consistent and timely measure of non-fatal overdoses in the United States, and this significantly limits our ability to identify emerging trends and act before it’s too late. The sooner we can collect data, the sooner we can use it to drive and evaluate policy decisions. With this *Strategy*, the Administration is working to develop a near real-time national estimate for non-fatal overdose occurrences, along with a system to rapidly target substance use prevention and treatment resources to communities experiencing the greatest burdens.

In addition to these four areas, the President’s *Strategy* also directs federal agencies to take actions to prevent youth substance use, support people in recovery, and advance racial equity in our drug policies related to both demand and supply. The *Strategy* expands the scope of this work to address many factors that affect substance use disorder including child poverty, employment, and economic opportunity, so people can reach their full potential.

A New Era for Drug Policy

Taken together, these goals, priorities, and objectives usher in a new era of drug policy that is comprehensive, holistic, and targeted at saving lives first.

This is the first time the federal government is embracing high-impact harm reduction as a tool to reduce overdoses and overdose deaths – an effort that has broad bipartisan congressional support.

We are proposing commercial disruption – an approach that includes illicit finance, supply chain targeting, and more – as a critical means to target transnational criminal organizations, their operating capital, and their profits.

This is the first time we have delivered extensive data and criminal justice chapters that will help us better understand our environment, as well as deliver life-saving resources to people who interact with the criminal justice system, including evidence-based treatment for people who are incarcerated, so that we can improve public health and public safety outcomes.

This is the first time we have emphasized Adverse Childhood Experiences (ACEs) and the Social Determinants of Health (SDOH) as key prevention efforts.

This is the first time we have called for making access to substance use disorder treatment universal.

Finally, we have a new emphasis on getting naloxone to everyone who needs it, removing outdated barriers to prescribing medications for opioid use disorder, and providing workforce opportunities for people in recovery.

This *Strategy* advances federal drug policy and represents exactly what we need to do in order to reduce overdose deaths and ensure people can access the help they need.

Implementation Plan

These are ambitious but achievable goals. Just as important is how we implement the *Strategy* and whether we get results.

Tracking implementation is critical because it is the process that ensures that our plans turn into action to reach the goals of the *Strategy*. Our work on implementing and tracking our Nation's progress on the *Strategy's* action items began immediately after its release.

Congress has charged ONDCP with implementing the *Strategy* by its authorization. In fact, *Strategy* implementation is mentioned twice – both in the requirements of the Office¹¹, and the requirements of my position.¹² At a meeting with National Drug Control Program Agencies last week, we discussed how we will implement the *Strategy*, the urgency of process, and identified key items that agencies can work on and implement in the next three months.

Our shared efforts towards implementing the *Strategy* will rely to a great extent on the cooperation and assistance from all members of the interagency. We look forward to working with them, as properly implementing its action items will assist us in meeting the overall goals and objectives of the *Strategy*. These objectives, and their 2- and 5-year targets, are detailed in the *Strategy's* companion Performance Review System report.

I look forward to updating you on the Administration's progress during implementation.

CONCLUSION

President Biden's inaugural *National Drug Control Strategy* is bold, unprecedented and is based on the best science, data, and evidence available to help us address the untreated addiction and drug trafficking profits that are driving overdose deaths.

Every life is precious and worth saving. If this *Strategy* is implemented as intended, we could save 164,000 lives over the next three years, and help tens of millions of people get into treatment and on the path to recovery. The President and I are committed to seeing this through because American lives depend on it.

Thank you for your continued efforts and interest in saving lives and making our country safer. The Administration is eager to work together to further these goals. As President Biden said, let's come together to beat this.

I look forward to your questions.

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¹ Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2020 on CDC WONDER Online Database, released in 2021. Available at <http://wonder.cdc.gov/mcd-icd10.html>. Extracted by ONDCP on December 22, 2021.

² Beau Kilmer, Reducing Barriers and Getting Creative: 10 Federal Options to Increase Treatment Access for Opioid Use Disorder and Reduce Fatal Overdoses, Washington, D.C.: Brookings Institution, June 22, 2020; Peter Reuter, Jonathan P. Caulkins, and Greg Midgette, "Heroin Use Cannot Be Measured Adequately with a General Population Survey," *Addiction*, Vol. 116, No. 10, October 2021; Pulled from the Final Report of the Commission on Combating Synthetic Opioid Trafficking, February 2022, Page 35.

³ Federal Reserve Bank of Atlanta researcher Karen Kopecky, Jeremy Greenwood of the University of Pennsylvania and Nezhil Guner of the Universitat Autònoma de Barcelona. National Bureau of Economic Research Working Paper. https://www.nber.org/papers?page=1&perPage=50&sortBy=public_date

⁴ SUBSTANCE USE-DISORDER PREVENTION THAT PROMOTES OPIOID RECOVERY AND TREATMENT FOR PATIENTS AND COMMUNITIES ACT. Public Law 115-271. 115th Congress. Accessed June 2, 2022. <https://www.congress.gov/bill/115th-congress/house-bill/6/text>

⁵ SAMHSA. 2021. *National Survey on Drug Use and Health Detailed Tables 2020*. Table 6.37A. Available at <https://www.samhsa.gov/data/report/2020-nsduh-detailed-tables>, accessed on May 31, 2022. Percentages were calculated by ONDCP from published estimated numbers.

⁶ Marsden, J., Stillwell, G., Jones, H., Cooper, A., Eastwood, B., Farrell, M., Lowden, T., Maddalena, N., Metcalfe, C., Shaw, J., & Hickman, M. (2017). Does Exposure to Opioid Substitution Treatment in Prison Reduce the Risk of Death after Release? A National Prospective Observational Study in England. *Addiction* (Abingdon, England), 112(8), 1408-1418. 10.1111/add.13779 [doi]

⁷ Naumann et al. *Drug Alcohol Depend* 2019;204:107536

⁸ Substance Abuse and Mental Health Services Administration (2021). *Key substance use and mental health indicators in the United States: Results from the 2020 National Survey on Drug Use and Health* Rockville, MD: Center for Behavioral Health Statistics and Quality.

⁹ <https://www.whitehouse.gov/briefing-room/presidential-actions/2021/12/15/executive-order-on-imposing-sanctions-on-foreign-persons-involved-in-the-global-illicit-drug-trade/>

¹⁰ Krawczyk N, Eisenberg M, Schneider KE, et al. Predictors of overdose death among high-risk emergency department patients with substance-related encounters: A data linkage cohort study. *Annals of Emergency Medicine* 2020;75(1):1-12.

¹¹ 21 USC §1702(a)(2) “Office of National Drug Control Policy, which shall—coordinate and oversee the implementation of the national drug control policy, including the National Drug Control Strategy”

¹² 21 USC §1703(b)(3) “Responsibilities: The Director—shall coordinate and oversee the implementation by the National Drug Control Program agencies of the policies, goals, objectives, and priorities”