

Stenographic Transcript  
Before the

CAUCUS ON  
INTERNATIONAL NARCOTICS CONTROL

**UNITED STATES SENATE**

OVERSIGHT OF THE OFFICE OF  
NATIONAL DRUG CONTROL POLICY  
AND ITS 2022 NATIONAL  
DRUG CONTROL STRATEGY

Wednesday, June 15, 2022

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1       OVERSIGHT OF THE OFFICE OF NATIONAL DRUG CONTROL POLICY AND  
2                               ITS 2022 NATIONAL DRUG CONTROL STRATEGY

3  
4                               Wednesday, June 15, 2022

5  
6   U.S. Senate

7                               Senate Caucus on International Narcotics Control

8   Washington, D.C.

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10            The committee met, pursuant to notice, at 1:59 p.m., in  
11   Room 608, Dirksen Senate Office Building, Hon. Sheldon  
12   Whitehouse, chairman of the committee, presiding.

13            Present:   Senators Whitehouse [presiding], Hassan, and  
14   Grassley

## 1 OPENING STATEMENT OF SENATOR WHITEHOUSE

2 The Chairman. The hearing will come to order. Senator  
3 Grassley is here and nearby, but I have been cleared to  
4 begin my opening statement. So I will begin and then we  
5 will recognize Dr. Gupta. Oh, here he is. We lost over  
6 170,000 Americans to drug overdose last year, including 453  
7 Rhode Islanders.

8 A painful reminder of the massive challenge ahead in  
9 addressing drug trafficking and substance use in this  
10 country. We must do better. The Office of National Drug  
11 Control Policy, ONDCP, has a comprehensive plan with  
12 ambitious goals to meet by 2025, including a 13 percent  
13 reduction in drug overdose deaths, doubling treatment  
14 admissions for the populations most at risk of overdose  
15 death, a 25 percent increase in the number of peer led  
16 recovery organizations, doubling the portion of Federal  
17 inmates with an opioid use disorder who can access MAT, a 25  
18 percent increase in active investigations targeting the  
19 Sinaloa or Jalisco New Generation cartels and their  
20 enablers.

21 These goals, developed with input from National Drug  
22 Control Program agencies and others, hold promise to turn  
23 the tide against the overdose epidemic. Several priorities  
24 deserve particular focus. Prevention efforts are cost  
25 effective and lifesaving. The longer we can delay the age

1 of first use of illicit drugs, the more likely we are to  
2 prevent addiction. Bolstering these programs is a smart  
3 place to start. Treatment and some harm reduction efforts  
4 are also effective.

5 Medication assisted treatment and overdose reversal  
6 medication save lives every day. But most Americans who  
7 need treatment for substance use disorders don't receive it.  
8 This has to change. We must build the treatment and  
9 recovery workforces, establish best practices for recovery,  
10 and ensure a dedicated funding stream for recovery programs.  
11 And the strategy recognizes this.

12 Equally important are treatment courts and deflection  
13 programs which connect nonviolent drug offenders with  
14 treatment in lieu of incarceration and reentry programs. I  
15 am pleased that the strategy prioritizes these programs, and  
16 I hope that ONDCP will use the best practices of Rhode  
17 Island programs such as the Leader Program and the Rhode  
18 Island Department of Corrections MAT Program as national  
19 models.

20 My bipartisan bills, CARA 3.0 and the TREATS Act, would  
21 boost the prevention, treatment, and recovery infrastructure  
22 and permanently allow for medication assisted treatment via  
23 telehealth. I look forward to seeing these bills enacted.  
24 We must also hold drug trafficking organizations  
25 accountable. Multi-jurisdictional task forces that target

1 drug trafficking organizations have proven effective.

2 Boosting such law enforcement work would be wise. Most  
3 of the drugs Americans consume come from elsewhere. Mexican  
4 cartels source precursor chemicals for fentanyl and other  
5 illicit synthetic drugs from China and India. Colombia  
6 remains the primary source of cocaine consumed in the United  
7 States. That all means we need to strengthen international  
8 partnerships with law enforcement abroad.

9 We can reduce the flow of precursor chemicals and  
10 finished drugs crossing our borders and hit drug trafficking  
11 organizations where it hurts them the most, which is their  
12 wallets. As long as cartels and their enablers can turn a  
13 profit, addiction and overdose deaths will continue to rise.

14 So I am pleased the strategy includes goals to increase  
15 the number of financial investigations into cartels by using  
16 suspicious activity reports and to increase financial  
17 sanctions against members of some of the most dangerous  
18 cartels.

19 I am disappointed in some of the ONDCP choices.  
20 Cartels thrive where the rule of law is weak and where  
21 corruption can flourish. We should help partner nations  
22 combat corruption and strengthen important institutions like  
23 courts in jurisdictions that traffickers exploit.

24 So it is disappointing to see how in ONDCP's 2023  
25 budget request include a 16 percent cut to international

1 programs that could help to address these problems. Still,  
2 the strategy offers ambitious goals and welcome changes. We  
3 will need to carefully measure success, as I am sure GAO  
4 will discuss.

5 Right now, for instance, we don't have timely reporting  
6 of fatal and nonfatal drug overdoses or a reliable baseline  
7 for basic information like how much money we have denied and  
8 seized from drug trafficking organizations, or the number of  
9 related prosecutions. This kind of information is critical  
10 to measuring the strategy and effectiveness.

11 I applaud ONDCP for recognizing the woeful inadequacy  
12 of our current systems, and I am counting on them to help us  
13 turn the corner. The stakes for the successful  
14 implementation of this strategy are high. ONDCP has set  
15 goals which, if achieved, will prevent tens of thousands of  
16 deaths over the next three years.

17 I look forward to hearing about how ONDCP will  
18 implement its strategy and how it will hold national drug  
19 control program agencies accountable for reaching the  
20 strategy's goals. I also look forward to hearing what GAO  
21 has to say about the strategy's compliance with its  
22 statutory requirements. And with that, I turn to my  
23 distinguished co-chair, Senator Grassley.

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## 1 STATEMENT OF SENATOR GRASSLEY

2 Senator Grassley. Thank you. Thank you very much.  
3 Thank you, and particularly for examining through this  
4 hearing the Office of National Drug Control Policies  
5 Coordination of national drug control efforts, and  
6 preliminary review of the drug control strategy by the  
7 Government watchdog, GAO.

8 Congress creates agencies like this one. Congress  
9 appropriates money for agencies like this one. Congress,  
10 from time to time, passes laws for people to carry out. And  
11 so we are doing today our Constitutional responsibility to  
12 make sure that the Executive Branch of Government and this  
13 agency specifically carries out our laws according to  
14 Congressional intent, as required by the President and  
15 faithfully execute the laws under the Constitution.

16 ONDCP was created to serve as our nation's leader in  
17 combating drugs. Since the inception in 1989, the threat  
18 posed by drugs have evolved. But the mission of the ONDCP  
19 and of this particular group of Senators, the Drug Caucus  
20 remains the same, to save lives. This hearing comes at a  
21 critical juncture for our nation.

22 We are in the middle of the most destructive and most  
23 challenging drug environment that this country has ever  
24 seen. By now, we have all seen the numbers. So I quote  
25 again, similar numbers to what the chairman quoted. The



1 Center for Disease Control and Prevention reported that  
2 nearly 108,000 Americans died last year from drug overdose.  
3 This is staggering and this ought to be unacceptable to any  
4 Senator or any citizen in this country.

5 I was no longer -- I am no stranger to the drug crisis.  
6 Our towns and communities have been hit hard by the impact  
7 of lethal drugs. This includes meth, fentanyl, and now the  
8 spread of the deadly counterfeit pills. Fentanyl overdoses  
9 have become the number one cause of death among U.S. adults,  
10 18 to 45.

11 Overdose deaths from methamphetamine have tripled in  
12 recent years, according to the National Institute of Health.  
13 Common sense tells us that we need ONDCP to lead efforts and  
14 steer a national strategy that makes it harder to obtain and  
15 use fentanyl and its analogs as well as meth, synthetic  
16 opioids, and any drug.

17 We need to be focused on stopping the spread of these  
18 drugs. But I think ONDCP's 2022 strategy could do better at  
19 that. The strategy doesn't put enough emphasis on  
20 scheduling fentanyl analogs permanently. Also, tackling  
21 counterfeit pills laced with fentanyl and meth is hardly  
22 even mentioned in the strategy. I am concerned that the  
23 strategy's emphasis on harm reduction could allow for an  
24 even greater use of drugs.

25 I am also concerned that the strategy notes that ONDCP

1 will take a review of where mandatory minimum sentences for  
2 drug offenses should be eliminated. This guiding document  
3 sets the tone for how our nation perceives drug policy and  
4 calls our Federal and State partners to action. I am  
5 worried that making drugs more accessible is what this  
6 Administration calls drug control. I would prefer if the  
7 strategy focused on the most lethal drugs facing us.

8 We need to take and make it harder to get and use drugs  
9 and find areas where we can get real work done. I have a  
10 few ideas on that subject. The permanent scheduling of all  
11 fentanyl related substances is just a mere start, at my  
12 strategy. The ONDCP has supported class wide scheduling of  
13 fentanyl analogs, and I hope that is still the case.

14 Second, the Methamphetamine Response Act that I  
15 introduced with Senator Feinstein is now law, and I look  
16 forward to working with ONDCP on its implementation. Also,  
17 Congress can continue supporting prevention efforts like  
18 educating parents and children to stop access and use of  
19 drugs.

20 But there is more work to be done, and I look forward  
21 to hearing from the Director today and discussing how we can  
22 work together to turn the tide. Thanks again to our witness  
23 for being here today, and I look forward to your testimony.  
24 Thank you.

25 The Chairman. Thank you. Let me thank Senator Hassan

1 for joining us and recognize Dr. Gupta for a five minute  
2 statement followed by our questions.

3 Dr. Rahul Gupta has been a practicing primary care  
4 physician for more than 25 years. He served as West  
5 Virginia's Health Commissioner under two Governors through  
6 the State's opioid crisis and led pioneering public health  
7 initiatives in that capacity to help with the crucial  
8 problems that West Virginia faced.

9 He has had several academic positions, including Chief  
10 Medical and Health Officer and Senior Vice President at the  
11 March of Dimes, and comes to us from a distinguished  
12 academic background. Dr. Gupta, welcome. Please make your  
13 statement and we will proceed after that with our questions.

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1 STATEMENT OF RAHUL GUPTA, MD, MPH, MBA, FACP, DIRECTOR,  
2 ONDCP

3 Dr. Gupta. Thank you. Good afternoon, Chairman  
4 Whitehouse, Chairman Grassley, and members of the committee.  
5 Thank you for inviting me today to testify about President  
6 Biden's inaugural drug control strategy. The strategy was  
7 released in a time of unprecedented challenges. For far too  
8 many years, the overdose crisis has been unraveling the very  
9 social fabric of our nation and destroying American lives  
10 and livelihoods.

11 The Centers for Disease Control and Prevention  
12 estimates that overdoses have claimed more than 1 million  
13 lives over the past two decades. Now, in 2021 alone, as we  
14 mentioned today, we have lost more than 107,000 Americans.  
15 That is one life being lost every five minutes. These are  
16 our friends, our neighbors, our family members, and  
17 coworkers. Since 2015, overdose deaths in America have more  
18 than doubled, and the COVID pandemic has amplified the  
19 existing difficulties in accessing treatment for substance  
20 use disorder.

21 As a practicing physician, for the past 25 years, I  
22 have treated many patients with addiction who have gone on  
23 to live successful lives in recovery. But I have also seen  
24 too many patients succumb to their disease and have attended  
25 far too many funerals.

1 Working in the emergency room, I experienced weeks and  
2 months where I was reversing overdose every single shift.  
3 Now behind these fatal overdoses, there are millions of  
4 individuals experiencing non-fatal overdoses that are  
5 overwhelming our first responders and the health care  
6 system.

7 Underneath these overdoses are tens of millions of  
8 Americans suffering from substance use disorder. There are  
9 other effects as well. Research estimates that the economic  
10 cost of this epidemic to be a staggering \$1 trillion a year,  
11 and up to 26 percent of the loss in U.S. labor force  
12 participation can be attributed to the disease of addiction.  
13 Addiction and the overdose epidemic is a nonpartisan issue,  
14 which is evidenced by the fact that it touches everyone,  
15 regardless of where you live or how you vote.

16 And this is why ending the opioid epidemic is part of  
17 President Biden's unity agenda and why it has strong support  
18 across the country and across political parties for finding  
19 comprehensive and meaningful solutions. As the Office of  
20 National Drug Control Policy developed this strategy, we  
21 focus on the fact that this epidemic is being driven largely  
22 by untreated addiction and drug trafficking profits.

23 The strategy, seven goals, focus on reducing substance  
24 use, overdose deaths, and the supply of illicit substances,  
25 and increasing prevention, harm reduction, treatment, and

1 recovery efforts. And finally, improving the way criminal  
2 justice system addresses substance use disorder so people  
3 can get the help they need before it is too late. There  
4 also are four key priorities that cut across the strategy.

5 At a time when three out of four overdose deaths  
6 involve opioids, it is critical that we are making sure that  
7 everyone can access naloxone. We are also working to ensure  
8 that everyone can get substance use treatment. We are  
9 disrupting drug trafficking operations and we are moving  
10 data collection, particularly for non-fatal overdoses, as  
11 they are a pretty good indicator that someone will  
12 experience a future fatal overdose.

13 Now, taken together, these goals and priorities usher  
14 in a new era of drug policy that is comprehensive, holistic,  
15 and targeted at saving lives first. At this moment in  
16 history, our nation is at an inflection point. Our actions  
17 must rise to the occasion by being bold and innovative, but  
18 also compassionate and consequential.

19 The Biden-Harris Administration's inaugural national  
20 drug control strategy is an unprecedented response, evidence  
21 based, and blueprint -- the blueprint is designed to save  
22 lives immediately, build infrastructure for treating  
23 addiction our nation so desperately needs, and disrupt drug  
24 trafficking and the profits that fuel it, all the while  
25 ensuring the Federal Government is accountable and serves as

1 a good steward of taxpayer dollars.

2 Saving lives is our North Star, because I believe that  
3 every life is precious and worth saving. If this strategy  
4 is implemented as indicated and intended, we could save  
5 164,000 lives over the next three years and help tens of  
6 millions of people get into treatment and on the path to  
7 recovery.

8 The President and I are committed to seeing this  
9 through because American lives depend on it. Thank you for  
10 your continued efforts to make our country safer. And as  
11 President Biden said, let's come together to beat this. I  
12 look forward to your questions. Thank you.

13 [The prepared statement of Dr. Gupta follows:]

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1           The Chairman. Thank you, doctor. One of the things  
2 that you did in West Virginia was to create overdose review  
3 teams. I think you called it an opioid autopsy. What  
4 should the -- I should flag that Senator Cornyn and I have a  
5 bill on this, the Overdose Review Team Act. How important  
6 is it for the Federal Government to support overdose review  
7 teams?

8           Dr. Gupta. Thank you, Mr. Chairman. It is very  
9 important that we understand the science of the data behind  
10 millions of people suffering non-fatal overdoses. Because  
11 what we found in West Virginia, four out of five people came  
12 in contact with the health care system before they died. It  
13 is us who failed them, not the other way around. So we have  
14 got to figure out what is happening to people in communities  
15 and neighborhoods and be able to solve those issues at that  
16 level.

17           The Chairman. We have done a good job, I think, in  
18 Rhode Island, trying to make sure that anybody who comes  
19 into an emergency department with an overdose is assigned to  
20 a peer recovery specialist. It doesn't always work.

21           They don't necessarily always want to talk, but the  
22 opportunity is there, and I think it has made a big  
23 difference and we look forward to working together to get  
24 our bill passed into law.

25           Telehealth was something we learned a lot about through



1 the COVID epidemic, and we want to make sure that the  
2 capacities and flexibilities of telehealth that were  
3 established during that period continue. Do you support the  
4 continuation of telehealth flexibility in opioid treatment?

5 Dr. Gupta. Yes, Mr. Chairman. I think one of the  
6 great things that has happened from the first year, right  
7 from the first day onwards of this Administration, is  
8 providing that flexibility to communities in being able to  
9 provide telehealth as one of the way to solutions.

10 The strategy, make sure that that happens and continues  
11 to happen because getting to remote areas, especially rural  
12 areas, are very critical and telehealth is one way to get  
13 there to help advance treatment.

14 The Chairman. We had enormous success in Rhode Island  
15 with our incarcerated population, reducing deaths by over 60  
16 percent by beginning treatment, prerelease and seeing to it  
17 that there were supports post release. Are you comfortable  
18 that the Bureau of Prisons has stepped up, as it should, to  
19 deal with the population that is exiting incarceration and  
20 reentering society?

21 Dr. Gupta. Yes, Mr. Chairman, there is a lot of work  
22 happening that I know of right now with Bureau of Prisons,  
23 DEA, SAMHSA at HHS, and us working to lead that effort to  
24 ensure that we can walk the talk when we talk about  
25 universal treatment.

1           So we are working aggressively to make sure that we  
2   have systems in place where no one within the Federal  
3   correctional system is denied treatment, because we know  
4   that has a direct impact on society, both in terms of  
5   reducing recidivism, reducing overdose, and improving the  
6   cost -- it is just the costs of the system, it costs us, so  
7   --

8           The Chairman. Are you satisfied with the Bureau of  
9   Prisons' response?

10          Dr. Gupta. Yes. So far we have a great working  
11   relationship. I am looking forward to having a significant  
12   amount of success in this.

13          The Chairman. This is probably more our problem than  
14   yours because at its heart it is a funding problem, and we  
15   provide the funding. But everywhere I go around Rhode  
16   Island, I hear the same concerns about workforce, and  
17   particularly in the caring professions workforce, whether it  
18   is health care or elder care or childcare.

19          And it is particularly acute, I think, in mental health  
20   and in substance treatment. And in part I think we take  
21   advantage of people who, for reasons of personal commitment,  
22   are willing to operate in jobs that they are compensated far  
23   less than they are worth, but their sense of inner  
24   motivation keeps them there.

25          But it really is unfair to them to take advantage of

1 that and not pay them salaries that are worthwhile. What do  
2 you think the key steps are that Congress should take to  
3 support the substance treatment workforce and to make sure  
4 that salaries are commensurate with the kind of service they  
5 provide?

6 Dr. Gupta. Well, thank you, Mr. Chairman. Clearly,  
7 the importance of workforce in addiction is important. We  
8 have 23 million Americans that are in recovery today. So  
9 peer to peer recovery, support groups are important.

10 There is a lot of work happening within the part of the  
11 strategy, which is making sure we have apprenticeship, loan  
12 repayment programs. People get our support to serve in  
13 underserved areas.

14 Folks with licenses, but other workforce that we are  
15 going to need in terms of social workers and making sure we  
16 have navigators. All of those things are going to be very  
17 important and --

18 The Chairman. Are they part of the focus of your  
19 strategy?

20 Dr. Gupta. Yes. Yes, Mr. Chairman.

21 The Chairman. So last question. There are two sides  
22 to the business of international drug trafficking. One is  
23 producing and distributing the unlawful drugs themselves.  
24 The second is collecting the money that you get paid at the  
25 sale and bringing it back and then investing it or putting

1 it to use in whatever ways.

2 My experience as a prosecutor has been that we put an  
3 enormous amount of effort into the first part of the  
4 business, much less effort into the second part of the  
5 business. And in my view, the second part of the business,  
6 the financing of international narcotics trafficking, is  
7 enabled by a structure, an international structure of dark  
8 economy that can hide the loot of kleptocrats, the funds  
9 developed by criminal trafficking networks, whether it is  
10 human trafficking or drug trafficking, terrorist financing.

11 And I hope that as you look at the financing side of  
12 these international networks, you are attentive to the  
13 larger question of the common infrastructure that all of  
14 these evil efforts use in order to obscure where they have  
15 got their money, to hide that they have the money to avoid  
16 taxes and accountability.

17 We need to have a very significant moment of  
18 international transparency, and I think that will redound  
19 very effectively into our enforcement against international  
20 traffickers.

21 Dr. Gupta. Thank you, Mr. Chairman. One of the top  
22 priorities, one of the top four priorities is what we are  
23 now calling commercial disruption. That involves looking  
24 exactly at these businesses as commerce and going after  
25 their profits. Going after denying them the profits helps

1 us make sure that we are removing their real motivation  
2 behind their model first. And secondly, we are disrupting  
3 their operating capital.

4 That also works to dismantle and disrupt their  
5 functioning every day. Part of that has been the Executive  
6 Orders that President Biden signed in late December. We  
7 have already had sanctioned about 26 individuals and 17  
8 entities since all of which are fentanyl related. Many of  
9 those tranches include the Sinaloa and CJNG cartel members.

10 And the whole idea is exactly that, to go after both in  
11 the production of it, but also the proceeds. So now we are  
12 able to go after not only the traffickers but their  
13 financiers, their enablers, their trust agents, their  
14 lawyers, the accountants. All of that activity is going on.  
15 Thank you.

16 The Chairman. Senator Grassley?

17 Senator Grassley. Thank you, Mr. Chairman. Director,  
18 you hold an important role in our common goal to reduce  
19 illicit drug use. Your success is of utmost importance as  
20 our nation is experiencing, and what you have heard from  
21 both of us, record breaking deaths from overdose.

22 We know that fentanyl and its analogs are driving the  
23 surge in drug overdoses. I am invested in making sure that  
24 fentanyl analogs are permanently scheduled. And I think you  
25 are too as well since ONDCP sent Congress draft legislation

1 last year that places fentanyl drugs in Schedule I. It  
2 contains other provisions like encouraging research. I  
3 could probably work with you on that part of it.

4 Unfortunately, it also includes problematic policy  
5 choices of removing mandatory minimums for fentanyl  
6 traffickers, which doesn't have sufficient support in  
7 Congress. As you know, the authority to control these drugs  
8 expires at the end of the year.

9 So can you give us an idea of your approach to making  
10 sure that permanent class wide scheduling solutions happen  
11 by the end of the year?

12 Dr. Gupta. Thank you, Mr. Chairman. We are really  
13 serious about making sure that the scheduling of fentanyl as  
14 a class is important -- fentanyl related substances. Having  
15 said that, as a class, I can tell you as a physician, is a  
16 unique and interesting way to schedule substances. With it,  
17 it brings a lot of complex factors.

18 And that is exactly the reason the Administration's  
19 proposals proposed of scheduling fentanyl as a class, but  
20 also balancing that with civil rights and this research  
21 part. That proposal is in Congress's hands.

22 We would love to continue to work with you and your  
23 office and your staff to figure out a way path forward. But  
24 it is imperative that we continue to find a permanent path  
25 forward.

1           Senator Grassley. Why don't you give me a rough idea  
2 of what some of those things are that are a problem for just  
3 a simple thing that Congress has been doing four or five  
4 times on a piecemeal basis for two or more years -- making  
5 it a schedule.

6           Dr. Gupta. When we look at the entire class Senator,  
7 what we don't know is what the future will hold. There may  
8 be another compound where there will be others that may not  
9 be subject to be active compounds. We want to be careful,  
10 first of all, that those are included, but also they are  
11 cautious included as a class.

12           Secondly, you know, the notion of, the idea of the  
13 sentence guidelines does not apply to serious bodily injury  
14 or death investigations. And what I have seen in West  
15 Virginia, you know, it allows more flexibility for judges to  
16 be able to judge. Now, once having said that, we would love  
17 to continue to work with their office to find a path  
18 forward.

19           Senator Grassley. Some -- going on, some critics of  
20 class wide scheduling think it could undermine research with  
21 potential benefits of fentanyl drugs, but inner agency bill  
22 that you shared with Congress has both scheduling and  
23 research provisions.

24           Can you explain how research into fentanyl drugs is  
25 still possible while permanently controlling them?

1 Dr. Gupta. Senator, if you -- are you ask about the  
2 proposal? Part of that proposal or research separately?

3 Senator Grassley. Well, they are together. So since  
4 it is in the legislation, it seems to me that we can  
5 permanently schedule them and also provide for the necessary  
6 research. It seems pretty simple to me.

7 Dr. Gupta. We believe that research could be provided.  
8 I think research, good innovation and research would help in  
9 the future to create the next naloxone, potentially, the  
10 next treatment. So I do think that research can be done on  
11 that. That is exactly why the proposal included having  
12 research as a component of the permanent scheduling.

13 Senator Grassley. National drug control strategy is  
14 mandated by Federal law. GAO did a review. It noted that  
15 ONDCP was delayed in publishing the strategy this year and  
16 that you have yet to release documents that are part of the  
17 2022 strategy.

18 Specifically, the missing documents are a five year  
19 projection of the National Drug Control Program and budget  
20 priorities, along with an outline of specific resources  
21 needed to implement the Southwest border strategy.

22 Why did you fail to meet the statutory deadline for  
23 releasing the strategies, and when will ONDCP release the  
24 documents to more effectively address the drug crisis at the  
25 Southwest border?



1 Dr. Gupta. Thank you, Mr. Chairman. When I came to  
2 the office as a physician that has worked on the ground with  
3 people, my first goal was saving lives, and I wanted to get  
4 the strategy right. It is very important for the American  
5 public that we work on saving lives and get this right. And  
6 that is what exactly what I did.

7 I went back and looked at the entire draft that was  
8 available, made changes, went through the interagency  
9 process, had 2,000 consultations with stakeholders, all 50  
10 State Governors, as well as the interagency partners. So to  
11 me, it is more important to get it right because lives are  
12 at stake.

13 And indeed, just today, CDC has released numbers that  
14 are showing for the first time we are seeing smaller numbers  
15 increase, but also fewer -- few hundred fewer deaths than  
16 the last time this report was released. So it is important.

17 Now on the part of the question of the other documents,  
18 we are constantly working very closely with GAO and our  
19 interagency partners. I am committed to working to release  
20 those document as early as possible, and I will continue to  
21 work.

22 You have made a commitment to work with your staff and  
23 Congress to get those out.

24 Senator Grassley. We must have a timetable if you want  
25 to get it done or it will never get done.

1 Dr. Gupta. I will get that to you very responsibly,  
2 very quickly.

3 Senator Grassley. Okay. I have heard from families,  
4 parents, Iowans as well about counterfeit pills --  
5 counterfeit pills laced with fentanyl or meth. Drug  
6 networks are mass producing fake pills, falsely advertising  
7 them, often, most often to young people. You know, the  
8 deadly results.

9 As a parent, grandparent, this is troubling since young  
10 people are susceptible to online marketing of these deadly  
11 pills. I recently introduced a bipartisan bill that closes  
12 loopholes and supports enhancement for spreading laced  
13 counterfeit pills. Also, DEA is leading a campaign to raise  
14 awareness on this issue.

15 Despite these seizures of laced pills skyrocketing and  
16 pills being available in every State in the country, it  
17 doesn't seem like ONDCP is tackling this issue head on. For  
18 example, when I searched the 2022 strategy, the phrase  
19 counterfeit pills came up four times.

20 Compare that to the phrase harm reduction, which was  
21 mentioned 198 times. So, Mr. Director, how are you going to  
22 refocus efforts to stop the spread of deadly illicit  
23 counterfeit pills? And how -- can Congress do to support  
24 your effort?

25 Dr. Gupta. Thank you, Mr. Chairman. I think the

1 counterfeit pills is a real challenge in front of us. It is  
2 all populations that are looking at getting nonprescription  
3 pills and this has become very dangerous in terms of drug  
4 supply, especially a real life loss is tragic but especially  
5 when it is a child, it breaks our heart collectively.

6 I think the important thing here is that along with DEA  
7 and thank you for looking to work with DEA and us on  
8 separate pieces. We are looking to, along with the one pill  
9 can kill campaign, working with social media companies to  
10 make sure they are holding themselves accountable for their  
11 distribution, but are also working with various other law  
12 enforcement agencies to make sure that we know what that e-  
13 commerce market is.

14 Postal Services is working with e-commerce as well to  
15 look at that supply chain. And those things are happening  
16 as we speak. But we can do much more in terms of making  
17 sure that parents, schoolteachers, neighbors are aware the  
18 danger of these counterfeit pills because they are a true  
19 danger in our communities.

20 The Chairman. Senator Hassan?

21 Senator Hassan. Well, thank you, Chairman Whitehouse  
22 and Co-Chair Grassley. And thank you, Dr. Gupta, for being  
23 here. And I just wanted to express my support for the work  
24 that Senator Grassley has been doing. We have been working  
25 together on getting fentanyl permanently scheduled, and it

1 is something that we all have to find a way forward on.

2 And doctor, it was really good to have you in New  
3 Hampshire recently to see both the problems that we have on  
4 the ground as the epidemic of substance misuse continues, as  
5 well as what we are doing in the Granite State to address  
6 the drug crisis, and I really look forward to welcoming you  
7 back again.

8 I want to start by just talking a little bit about the  
9 issue of fentanyl precursors in particular. I have worked  
10 with my colleagues to pressure China to take additional  
11 steps to regulate fentanyl analogs and fentanyl precursors,  
12 which are the chemical components that make up fentanyl.

13 While there has been a drop in fentanyl trafficking  
14 directly from China to the United States, we have recently  
15 seen a rise in fentanyl precursors coming from China, go to  
16 Mexico where fentanyl is now produced, and then it is  
17 smuggled into the United States that way.

18 How is ONDCP coordinating efforts among the various  
19 Federal law enforcement agencies to improve efforts to  
20 disrupt drug smuggling from Mexico and precursor chemical  
21 shipments from China and India to Mexico, where the drugs  
22 are manufactured?

23 Dr. Gupta. Thank you, Senator. And it was indeed a  
24 pleasure to be able to visit New Hampshire and see a lot of  
25 great work that is happening on the ground. Very

1 impressive. With respect to China, we have a long standing  
2 counter-narcotics relationship that is currently showing  
3 uneven progress.

4 The fact is that -- I echo the words of Secretary  
5 Blinken that said, you know, we often have to compete with  
6 China, but this is an area where we can cooperate. And we  
7 are working very closely.

8 I have regular conversations with Ambassador Burns, our  
9 lead diplomat in Beijing, about and this is very high on his  
10 list of priorities, which is we have very specific asks of  
11 China to contain these precursor shipments to make sure that  
12 they are following the international norms of shipping and  
13 labeling, and we are cooperating on these dual use chemicals  
14 coming to Mexico or United States.

15 It is important that we continue to hold them  
16 accountable as a global leader. If that is what they want  
17 to be, they have to take the lead on these issues. With  
18 Mexico, we have invested over the years a lot of resources,  
19 as well as a lot of other aspects of expertise with Mexico,  
20 similar to it is a shared responsibility with the Mexican  
21 Government.

22 It is important that the amount of resource as well as  
23 energy we have spent both in gun trafficking as example,  
24 Southbound, as well as cash flows and other aspects, that we  
25 continue to have dialog, how we can have the same level of

1 cooperation, enthusiasm with us. I was in Mexico my first  
2 week in office.

3 We met with their military as well as the Addiction  
4 Council, and we continue to believe that the Bicentennial  
5 Security agreement that was signed between two countries on  
6 public health, security, and community safety will be an  
7 important path forward.

8 Senator Hassan. And just following up a little bit,  
9 has there been outreach and work with India in its role with  
10 precursors as well?

11 Dr. Gupta. Yes, India is a promising and improving  
12 global counter relationship, counter-narcotics relationship.  
13 But we are having the third visit, a third meeting of the  
14 counter-narcotics with India to our team.

15 ONDCP will be leading, will be traveling next month  
16 there to have a high level agreement on some of the goals  
17 that includes not just precursor shipments but also of other  
18 opioids like tramadol, tapentadol, and those type of  
19 substances as well that we are seeing shipments off here.

20 Senator Hassan. Okay. Thank you. I was heartened to  
21 see that the 2022 strategy highlights the importance of  
22 medication assisted treatment in treating substance use  
23 disorder. How does access to medication assisted treatment  
24 factor into your treatment and recovery benchmarks?

25 Dr. Gupta. Thank you, Senator. The treatment -- the

1 fact is today, a fraction of the Americans who need  
2 treatment are getting treatment. Part of this is stigma and  
3 part of this is really the inability to get treatment and  
4 access treatment.

5 I was looking at having universal treatment access by  
6 2025, increasing treatment behind the walls, and making sure  
7 that those drugs are available to all people. It is very  
8 critical because that allows people, first of all, not to  
9 die. Second of all, to get into a treatment. And then get  
10 on to recovery so they will become productive part of this  
11 nation's economy, as we talked about.

12 There is a lot of loss, economic and labor force  
13 participation loss that is attributed to addiction and  
14 substance use.

15 Senator Hassan. Well, thank you. That is exactly why  
16 I introduced the Substance Abuse Prevention, Treatment and  
17 Recovery Act to reauthorize and improve the substance abuse  
18 block grant.

19 It is a bipartisan bill with Senators Murkowski and  
20 Lujan, which would provide desperately needed resources for  
21 communities grappling with the substance use disorder crisis  
22 and to help ensure that all efforts to address that crisis  
23 are based on what we know is effective and lasting.

24 And I think one of the things you just talked about,  
25 the stigma, there is still more work we can do to really

1 help people understand that medication assisted treatment is  
2 the gold standard at this point and really is effective.  
3 Last quick question.

4 Several cities and regions are seeing an increase in  
5 new synthetic opioids that are even more powerful than  
6 fentanyl, which is -- from what I understand, of the power  
7 of fentanyl, kind of hard to comprehend.

8 How is ONDCP working with scientific and law  
9 enforcement organizations to develop and deploy field  
10 testing kits that are able to detect these new, even more  
11 dangerous synthetic drugs?

12 Dr. Gupta. Thank you, Senator. We know that with  
13 synthetic, there is a very important shift that has happened  
14 recently in the drug policy world, shift from plant based to  
15 synthetic. With those synthetics, pandora's box has been  
16 opened. We can expect to see much more potent substances.

17 So it is really important for us to continue to work  
18 with the scientific community to understand. And that is  
19 why part of the harm reduction agenda is also be able to  
20 have that drug checking ability to understand what is in  
21 people's drug, so we have an idea of what is prevailing and  
22 looking at those emerging threats and acting before it is  
23 too late. So we are looking forward to that.

24 Senator Hassan. And having a system that is agile  
25 enough so that as the synthetics are changing, as the



1 compounds are changing, the testing mechanisms can change  
2 quickly and be produced quickly, right?

3 Dr. Gupta. Yes, Senator.

4 Senator Hassan. Thank you very much. Thank you, Mr.  
5 Chair.

6 The Chairman. Thank you, Senator. Thank you very  
7 much, Dr. Gupta. There will be questions for the record  
8 from those of us who are here. And also Senators have  
9 schedules that prevented them from being here.

10 So I hope you will promptly answer those questions and  
11 look forward to continuing this discussion. I would like to  
12 have a separate briefing at some point on the question of  
13 sanctions and how you see that working into this. But that  
14 is to be scheduled later, if that would be agreeable to you.

15 Dr. Gupta. Thank you, Mr. Chairman. I am really  
16 looking forward to having that briefing and we will get  
17 those questions to you very timely. Thank you.

18 The Chairman. Terrific. Much appreciated. We will  
19 now move on to the second panel. And our witness for the  
20 second panel is Triana McNeal. She is a Director in the  
21 Government Accountability Office, Homeland Security, and  
22 Justice team.

23 She oversees issues related to Federal efforts to  
24 counter domestic terrorism and violent extremism, domestic  
25 intelligence and information sharing, and law enforcement

1 efforts to combat drug misuse.

2 Ms. McNeal joined GAO in July 1999. She has a master's  
3 degree in public administration from George Washington  
4 University. And I am delighted to have GAO, and Ms. McNeal  
5 specifically, here today to respond to our questions. You  
6 have five minutes to make your opening statement, and then  
7 we will proceed with the questioning. Thank you.

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1 STATEMENT OF TRIANA MCNEIL, DIRECTOR, STRATEGIC ISSUES,  
2 GOVERNMENT ACCOUNTABILITY OFFICE

3 Ms. McNeal. Thank you for having me here today.

4 Chairman Whitehouse, Co-Chairman Grassley, and members of  
5 the Caucus, I am pleased to be here today to discuss GAO's  
6 preliminary findings on the 2022 National Drug Control  
7 Strategy, progress made by ONDCP, and critical steps that it  
8 needs to take to address deficiencies that we have  
9 previously identified. When we determine this long standing  
10 and persistent issue was high risk in 2020, 93,000 people  
11 died in that same year from drug misuse in the U.S.

12 The most recent data show that over 170,000 died in  
13 2021. 107,000 people's families and communities lost their  
14 loved ones last year. ONDCP's role is critical to helping  
15 prioritize, coordinate, and measure key efforts to address  
16 the drug crisis. ONDCP is required to do a number of things  
17 based on the Support Act.

18 It is required to develop the strategy. It is required  
19 to work with agencies to develop an annual drug budget. And  
20 as you know, this year's budget was over \$39 billion. The  
21 Support Act calls on ONDCP to, among other things, determine  
22 comprehensive, long range, quantifiable goals. Identify  
23 annual measurable targets for each goal. Provide an  
24 estimate of the needed funding to achieve each goal. And  
25 describe a performance evaluation plan to track the progress

1 for each goal.

2 Based on our preliminary analysis of the strategy  
3 documents released to date, more are forthcoming, we all  
4 know that we found that the strategy addresses some, but not  
5 all of the statutory requirements. For example, it contains  
6 information on those comprehensive goals. It does identify  
7 annual measurable targets, but it does not contain any  
8 information on the necessary funding to achieve those goals  
9 or any information on a performance evaluation plan to track  
10 the progress.

11 Moving forward, we will continue reviewing the  
12 remaining documents that will complete the strategy once  
13 they are issued. We will look for that funding information.  
14 We will look for that plan to assess the progress, and more  
15 details on how these goals will be operationalized. And I  
16 want to underscore the evaluation piece.

17 We need to know what we are achieving, and we need to  
18 know where to refocus our efforts. All of these are  
19 critical pieces to effectively tackling this drug epidemic.  
20 Chairman Whitehouse, Co-Chairman Grassley, and members of  
21 the caucus, this concludes my prepared statement.

22 I would be happy to respond to any questions at this  
23 time.

24 [The prepared statement of Ms. McNeal follows:]

25

1           The Chairman. Thanks so much, Ms. McNeal. I  
2 appreciate very much you being here. One of the things that  
3 you all are very good at is data collection. And one of the  
4 problems that has been identified in this area has been data  
5 collection. And so I would like to ask you a little bit  
6 about that, potentially in the context of the performance  
7 evaluation plan you mentioned, but also more generally.

8           I proposed an amendment with Senator Hassan to the  
9 Fiscal Year 2022 NDAA called the Narco Act, which would  
10 direct the Department of Justice to collect data from  
11 National Drug Control Program agencies based on concern that  
12 is echoed in the strategy that our data systems lack the  
13 timeliness, scope, and precision required for the most  
14 impactful national response.

15           There is a recommendation that a drug control data  
16 dashboard should be established. Could you give us your  
17 overview of where we are on data collection and what the key  
18 steps are that GAO would recommend to try to make the  
19 improvements that are necessary?

20           Ms. McNeal. Sure. I can speak to a few suggestions  
21 and provide some updates on the status of those  
22 recommendations. Both of the recommendations on the data  
23 dashboard are still open. They are not addressed. We have  
24 been working with ONDCP since 2019 when we made those  
25 recommendations.

1           They have been very forthcoming in terms of what they  
2 plan to do, and so we are just engaging with them just to  
3 make sure we have the latest information. There is still a  
4 serious lack of information. There are limited information  
5 on fatal and nonfatal ODs. There is limited information on  
6 the known and estimated flows of drugs into the U.S.

7           There is limited information on the unmet treatment  
8 needs. These are still the same issues that we have been  
9 dealing with for the last few years. And I think that it is  
10 important to kind of look at what the drug data inter-agency  
11 working group is planning to do. They are the one that is  
12 going to be leading this effort to tackle these data issues.

13           That is an effort that was outlined in some of the  
14 documents that ONDCP has recently put out. But I do want to  
15 just put a few things on the table, and we will continue to  
16 share this type of information with ONDCP. There are models  
17 for central repositories that we have identified that ONDCP  
18 can look to.

19           This data dashboard is supposed to be publicly  
20 available, searchable. The data should be quality, it  
21 should be reliable for all different levels of Government  
22 and researchers, private folks to use. So they can look at  
23 the Department of Education's ED Facts as a model, they can  
24 look at OPM's enterprise human resources integration as a  
25 model, and they can look at Bureau of Labor Statistics data

1 finder and data tools.

2           These are good models that are just practical examples  
3 that they can think about leveraging as they build out this  
4 data dashboard. There is some other information that I  
5 would like to share, and we will be providing this to them  
6 on data governance.

7           Just some key practices when you are trying to develop  
8 a central repository, developing data standards, and  
9 managing to that, making sure that you get input from your  
10 users, what do they need and how best would they like that  
11 information to be provided, how would it be most usable for  
12 them, and then invest and maintain an infrastructure for  
13 that information.

14           You can't just build it and leave it. You really have  
15 to manage that and invest in that upkeep.

16           The Chairman. Should there be a bigger role for the  
17 Department of Justice in the data collection, given its  
18 practical role in investigations and prosecutions and given  
19 the strength of its sort of policy development component?

20           Ms. McNeal. I think it is fair to say that all the  
21 drug control agencies should be partnering with ONDCP in  
22 providing all that necessary information.

23           The Chairman. I am just wondering who should be the  
24 lead? I hear the term interagency working group and I  
25 shudder. Because while interagency working groups can be

1 effectual, they are also often places where initiative,  
2 accountability, and punctuality go to die. In fact, we  
3 should probably do a GAO report on interagency working  
4 groups at some point, but that is a separate matter.

5 Ms. McNeal. We have got criteria on that as well.

6 The Chairman. Yes, I mean, I just, it -- I shudder  
7 with fear when I hear that interagency working group has  
8 been set up to do something, because I don't think I am  
9 going to see anything again on that for years. But we will  
10 continue working with you on how this should be set up.

11 As you know, Senator Hassan and I did a bill that  
12 raised the responsibilities of DOJ. I think that that is  
13 probably sensible. But why don't we continue that  
14 conversation at the staff level and try to get that sorted  
15 out. And with that, let me yield to my distinguished  
16 colleague, Senator Grassley.

17 Senator Grassley. Thank you and welcome, Director  
18 McNeal. Your agency maintains a list of high risk programs  
19 that are vulnerable to waste, fraud, and abuse. January  
20 2021, GAO added, "national efforts to prevent, respond to,  
21 and recover from drug misuse" to this list.

22 GAO cited several issues, such as a need for greater  
23 leadership and coordination of the national drug control  
24 effort, strategic guidance that fulfills all statutory  
25 requirements, and more effective implementation and



1 monitoring. This seems to fall under ONDCP's purview. So  
2 this question, three short questions but I will give you a  
3 one at a time. Why is being on the high risk list  
4 problematic?

5 Ms. McNeal. Being on the high risk list provides  
6 visibility. So when you have an intractable issue such as  
7 these epidemic, record number of overdose rates and drug  
8 misuse rates, having that on the high risk list provides  
9 visibility. We are invited to hearings like this. The  
10 Director is invited to hearings like this, and it just  
11 continues to just put the spotlight on an issue that really  
12 needs to be resolved.

13 And it also puts pressure on those involved to come  
14 together and really try to tackle the problem. Because  
15 every two years we put out a report and we report out on  
16 progress made or not made.

17 Senator Grassley. What efforts is ONDCP currently  
18 taking to remove these items from the high risk list?

19 Ms. McNeal. So the drug misuse issue is on the high  
20 risk list. ONDCP is not on the high risk list. It is a  
21 whole of Government approach that is going to need to be  
22 taken to remove this issue from the high risk list. We  
23 focus on a number of things. One thing that we did need to  
24 reeducate ONDCP about is it is not just about closing our  
25 recommendations. That is an important part of this.

1 But if we don't see increased capacity, for example,  
2 understanding what is needed to meet the treatment needs,  
3 making sure that that treatment is met. There is other  
4 capacity. We had recommendations for DEA for improved data  
5 analytics. They had a lot of information about suspicious  
6 opioid orders, but they weren't mining that information.

7 So having that capacity to be able to look at all these  
8 different areas that can positively affect the issue is what  
9 we need to see. But I also will say, if these rates don't  
10 decrease, it is not coming off the list.

11 Senator Grassley. I think you just answered the third  
12 question, and I am going to ask it anyway, and you tell me  
13 you just answered it. I think you did. What will it take  
14 for GAO to remove drug misuse from the high risk list?

15 Ms. McNeal. We will need to see a marked decrease in  
16 the rates of overdose deaths and drug misuse, number one.  
17 We will need to see a fulsome action plan in this strategy.  
18 And so when these documents come out later in the summer,  
19 hopefully that is when we will see the last remaining two,  
20 we will evaluate those.

21 If there is not the resources tied to each of those  
22 goals, if there is not a performance evaluation plan that  
23 clearly is assessing the activities that they are  
24 prioritizing, that is going to be a problem for us. Those  
25 are just some of the things. But I think sustained

1 leadership is also going to be key there.

2 Senator Grassley. This year's strategy is differ from  
3 past strategies in a few ways. It covers a somewhat  
4 controversial topic of harm reduction, focuses more on  
5 racial equity, and ignores pressing issues like scheduling  
6 fentanyl analogs or dealing with deadly illicit fake pills.  
7 Given the widely cited statistics about overdose rates, what  
8 about ONDCP's strategy is troubling, and how can they, the  
9 agency, improve their drug control efforts moving forward?

10 Ms. McNeal. So we have not reviewed the strategy in  
11 this way before. When we have reviewed the National Drug  
12 Control Strategy, it has been the complete strategy. So  
13 this is an early look at the documents that they have put  
14 out to date. So in these last remaining two, there is a lot  
15 of promising things that they said will be contained in  
16 these two documents. So I hesitate to say that this  
17 strategy is lacking X, Y, Z.

18 I can speak to these six documents that they have  
19 issued thus far that is lacking some critical information,  
20 and it goes back to the same themes, what money are you  
21 going to need? What are some specific activities tied to  
22 each goal? How are you going to assess that? And then how  
23 are you going to use that assessment to inform next -- the  
24 next strategy?

25 How are you going to redirect activities and funding

1 toward things that are working in a way from things that  
2 aren't working? Those are the critical pieces that we are  
3 looking for, and we will look for that this summer in those  
4 documents if they come out.

5 Senator Grassley. This will be my last question, then  
6 I will submit others for -- to you for writing. You  
7 mentioned in your testimony that ONDCP hasn't provided  
8 details on how to achieve its border strategy goals. This  
9 is concerning since we know that the majority of drugs  
10 killing Americans originate abroad and come across the  
11 Southwest border. Has ONDCP been engaging with GAO on  
12 rectifying this error? And why is fixing this so important?

13 Ms. McNeal. No, we have not specifically engaged with  
14 them on the border strategies. This is something that we  
15 will be asking them information about. We are looking for  
16 some of the funding information that we noticed was a  
17 glaring detail that was not included in those strategies.  
18 But we will be having ongoing discussions with them over the  
19 summer.

20 The Chairman. Thank you, Senator Grassley. Thank you  
21 so much. Ms. McNeal. Thank you for your work. We always  
22 appreciate the support from GAO. For the record, I will say  
23 that the second scariest thing behind interagency working  
24 group, is whole of Government approach in terms of finding  
25 an answer anywhere in the near future. Maybe that is the

1 second part of the GAO inquiry.

2 This is not a question about your work here. This is a  
3 question about my understanding about your report and what  
4 we might do going forward. In my questions to Dr. Gupta, I  
5 focused on, in the area of international narcotics  
6 trafficking. The imbalance between enforcement efforts  
7 against the distribution side and enforcement efforts  
8 against the finance side.

9 And particularly with respect to enforcement against  
10 the finance side, with understanding that not only is there  
11 the flow of funds back into the criminal enterprise, but  
12 there is also the secondary use, storage, investment,  
13 whatever of those funds.

14 And that that second part in particular tends to stand  
15 on and be supported by the existence of an anonymized,  
16 international dark money capability that not only supports  
17 the international narcotics trafficking enterprise, but  
18 kleptocrats, international criminals of all varieties,  
19 generally horrible people, terrorists all around the world.

20 And it strikes me from reading your report that those  
21 were not questions that you looked at. I just wanted to  
22 make sure that I understood that.

23 Ms. McNeal. Not yet.

24 The Chairman. Not yet?

25 Ms. McNeal. Not yet. I think that that is work that

1 we should be focusing on. I think it is important work. As  
2 you noted in my bio, I do -- a part of my portfolio is  
3 countering violent extremism, domestic terrorism, and we  
4 have ongoing work looking at those illicit financing of  
5 those entities. And I think we need to be doing something  
6 similar here.

7 The Chairman. Good. Because what I was planning to  
8 suggest to you was that we figure out how to can sit are  
9 doing something in that space.

10 Because I think the effort here with our national drug  
11 control strategy aligns quite well with the klepto-capture  
12 initiative that has just been stood up, slash, enhanced to  
13 deal with the problem of the Russian corrupt oligarchs, but  
14 which creates a capacity that can expand well beyond that  
15 particular target set and which also aligns extremely well  
16 with the President's democracy initiative goal of trying to  
17 suppress that corrupt international dark economy.

18 And if that is something that we can work together on  
19 to pursue, I don't know quite what the format is for the  
20 right request. We can go offline and do that, but I think  
21 that is a very important and useful thing to do.

22 I suspect there would be a lot of bipartisan interest  
23 in doing that, and I would love to have there comes a day  
24 when it was just as socially unacceptable among nations to  
25 be a place where you can hide corrupt and illicit money as

1 it is to be a place where you can employ child labor.

2 So it is obviously going to take some time to get there  
3 and there are places that have as their revenue proposition  
4 supporting that dark economy. And in fact, unfortunately,  
5 they are actually American interests that make money off of  
6 that.

7 So we have got a lot of work to do, and I am glad you  
8 see those connections, and whatever way that we can help  
9 with asking the right questions and supporting GAO taking a  
10 look into that, I would very much like to do that and I am  
11 encouraged that you had already seen those links. So, thank  
12 you.

13 Ms. McNeal. Yes. My pleasure. I will coordinate with  
14 the staff.

15 The Chairman. Great. With that, we are done here.  
16 Again, if there are questions for the record that you get,  
17 please answer them promptly and fulsomely. And thank you  
18 very much for your service.

19 Ms. McNeal. Thank you.

20 The Chairman. With that, we are concluded.

21 [Whereupon, at 3:00 p.m., the hearing was adjourned.]

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**Written Testimony of Dr. Rahul Gupta  
Director, Office of National Drug Control Policy  
Senate Caucus on International Narcotics Control  
Hearing on the National Drug Control Strategy**

**June 15, 2022**

**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.<sup>1</sup> 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 year<sup>2</sup>, and up to 26% of the loss in U.S. labor force participation can be attributed to people suffering from addiction.<sup>3</sup> 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 statute<sup>4</sup>, 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.<sup>5</sup> 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.<sup>6</sup>

- 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.<sup>7</sup> 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.<sup>8</sup> 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.*”<sup>9</sup> 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.<sup>10</sup> 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 Office<sup>11</sup>, and the requirements of my position.<sup>12</sup> 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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<sup>1</sup> 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.

<sup>2</sup> 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.

<sup>3</sup> 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](https://www.nber.org/papers?page=1&perPage=50&sortBy=public_date)

<sup>4</sup> 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>

<sup>5</sup> 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.

<sup>6</sup> 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]

<sup>7</sup> Naumann et al. *Drug Alcohol Depend* 2019;204:107536



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<sup>8</sup> 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.

<sup>9</sup> <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/>

<sup>10</sup> 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.

<sup>11</sup> 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”

<sup>12</sup> 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”



Testimony  
Before the Caucus on International  
Narcotics Control, U.S. Senate

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## DRUG POLICY

# Preliminary Observations on the 2022 National Drug Control Strategy

Statement of Triana McNeil, Director, Homeland Security  
and Justice

# GAO Highlights

Highlights of [GAO-22-106087](#), a testimony before the Caucus on International Narcotics Control, U.S. Senate

## Why GAO Did This Study

A record 107,000 Americans died from drug overdoses in 2021. In 2020, GAO determined drug misuse was high risk and subsequently added it to the [2021 High-Risk Series](#) update. We noted the importance of a national drug control strategy to reduce drug overdose deaths. Drug misuse—the use of illicit drugs and the misuse of prescription drugs—has been a persistent and long-standing public health challenge in the U.S. resulting in significant loss of life and a negative effect on society and the economy. These costs are borne by individuals who misuse drugs, as well as their families and employers, private businesses and nonprofit organizations, and federal, state, and local governments. GAO has a body of work on drug policy and ongoing work on ONDCP's efforts, including issuance of the National Drug Control Strategy.

This statement includes preliminary GAO observations on the 2022 National Drug Control Strategy and related findings from selected GAO reports on federal drug control-related efforts. It is based on ongoing GAO work, three reports that GAO issued in [March 2019](#), [December 2019](#), and [March 2020](#), and selected updates on recommendations from these reports as of June 2022. For ongoing work and recommendation updates, GAO assessed the 2022 National Drug Control Strategy against selected statutory requirements, reviewed ONDCP documents, and interviewed ONDCP officials. GAO selected these statutory requirements because they relate to the goals and associated resources expected to be outlined in the 2022 National Drug Control Strategy.

View [GAO-22-106087](#). For more information, contact Triana McNeil at (202) 512-8777 or [McNeilT@gao.gov](mailto:McNeilT@gao.gov)

June 15, 2022

## DRUG POLICY

### Preliminary Observations on the 2022 National Drug Control Strategy

## What GAO Found

Federal drug control efforts span a range of activities including prevention, treatment, interdiction, international operations, and law enforcement. These efforts represent a considerable federal investment. The federal drug control budget for fiscal year 2022 was over \$39 billion and the federal government has enlisted more than a dozen agencies to address drug misuse and its effects.

#### Depiction of Various Narcotics



Source: GAO. | GAO-22-106087

The Office of National Drug Control Policy (ONDCP) is responsible for coordinating and overseeing efforts by more than a dozen federal agencies to address illicit drug use. It released six of its eight documents that comprise the 2022 National Drug Control Strategy on April 21, 2022. ONDCP anticipates the remaining two documents to complete the Strategy will be released later this year. GAO's preliminary review of the available Strategy documents against selected statutory requirements shows that ONDCP included certain information as required by law. For example, it included annual quantifiable and measurable objectives and specific targets to accomplish long-term quantifiable goals. However, GAO was unable to identify whether the Strategy addressed statutorily required information on performance evaluation planning, estimates of resources needed to achieve goals, and a systematic plan for increasing data collection. This is, in part, because the Strategy refers to this information in documents that are not yet available. ONDCP may include this information in accompanying National Drug Control Strategy documents it plans to release later this year.

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Chairman Whitehouse, Co-Chairman Grassley, and Members of the Caucus:

I am pleased to be here today to discuss our ongoing work related to the Office of National Drug Control Policy (ONDCP) and its recently released 2022 National Drug Control Strategy. The Strategy is to set forth a comprehensive plan to reduce illicit drug use and the consequences of such illicit drug use in the United States by limiting the availability of and reducing the demand for illegal drugs and promoting prevention, early intervention, treatment, and recovery support for individuals with substance use disorders.<sup>1</sup>

A record 107,000 people in the United States died from drug overdoses in 2021, according to the Centers for Disease Control and Prevention (CDC).<sup>2</sup> Opioids—particularly highly potent synthetic opioids like fentanyl—are currently the main contributor of these deaths.<sup>3</sup> The Council of Economic Advisers estimated that, in 2018, the economic cost of the opioid crisis alone was more than \$700 billion when considering the value of lives lost due to opioid-related overdoses.<sup>4</sup> Drug misuse—the use of illicit drugs and the misuse of prescription drugs—has been a persistent and long-standing public health challenge in the U.S. resulting in significant loss of life and a negative effect on society and the economy. These costs are borne by individuals who misuse drugs, as well as their families and employers, private businesses and nonprofit organizations, and federal, state, and local governments.

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<sup>1</sup>21 U.S.C. § 1705(b)(1).

<sup>2</sup>The CDC's National Center for Health Statistics provisional counts are adjusted to account for reporting delays. Provisional data are underreported, due to incomplete data. These data represent the Centers for Disease Control and Prevention's predicted number of overdose deaths.

<sup>3</sup>There were more deaths in 2019 involving synthetic opioids than from any other type of opioid, according to the CDC. Synthetic opioids are highly potent drugs manufactured to mimic naturally occurring opioids such as morphine. See GAO, *Illicit Opioids: While Greater Attention Given to Combating Synthetic Opioids, Agencies Need to Better Assess their Efforts*, [GAO-18-205](#) (Washington, D.C.: Mar. 29, 2018).

<sup>4</sup>The Council of Economic Advisers, *The Underestimated Cost of the Opioid Crisis*, (Washington, D.C.: November 2017).

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In March 2019, we named drug misuse as an emerging issue requiring close attention.<sup>5</sup> In March 2020, we determined that national efforts to prevent, respond to, and recover from drug misuse was high risk.<sup>6</sup> Primarily due to increasing rates of opioid-related deaths and opioid use disorder, the Acting Secretary of the Department of Health and Human Services (HHS) declared the opioid crisis an ongoing public health emergency on October 26, 2017.<sup>7</sup> As a result of the continued consequences of the opioid crisis affecting our nation, the public health emergency was last renewed on April 1, 2022. We highlight these issues in our latest High-Risk report, which we issued on March 2, 2021. In that report, we added national efforts to prevent, respond to, and recover from drug misuse to the High-Risk List.<sup>8</sup>

Federal drug control efforts span a range of activities including prevention, treatment, interdiction, international operations, and law enforcement. These efforts represent a considerable federal investment. The federal drug control budget for fiscal year 2022 was over \$39 billion and the federal government has enlisted more than a dozen agencies to address drug misuse and its effects. ONDCP is responsible for overseeing and coordinating the implementation of U.S. drug control

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<sup>5</sup>GAO, *High-Risk Series: Substantial Efforts Needed to Achieve Greater Progress on High-Risk Areas*, [GAO-19-157SP](#) (Washington, D.C.: Mar. 6, 2019).

<sup>6</sup>GAO, *Drug Misuse: Sustained National Efforts Are Necessary for Prevention, Response, and Recovery*, [GAO-20-474](#) (Washington, D.C.: Mar. 26, 2020). GAO waited to include drug misuse in the 2021 High-Risk Series update and make the high-risk designation effective at that time due to the severe public health and economic effects of the Coronavirus Disease 2019 (COVID-19) pandemic. In addition, many of the federal agencies responsible for addressing drug misuse would be focused on addressing the pandemic.

<sup>7</sup>A public health emergency triggers the availability of certain authorities under federal law that enable federal agencies to take certain actions in response. In September 2018, we reported that the federal government had used three available authorities since declaring the public health emergency to: (1) quickly survey more than 13,000 providers to assess prescribing trends for a medication used to treat opioid use disorder and any barriers to prescribing it, (2) waive the public notice period for approval of two state Medicaid demonstration projects related to substance use disorder treatment, and (3) expedite research funding on medication development for opioid use disorder and overdoses. See *GAO, Opioid Crisis: Status of Public Health Emergency Authorities*, [GAO-18-685R](#) (Washington, D.C.: Sep. 26, 2018).

<sup>8</sup>Every two years at the start of a new Congress, GAO calls attention to agencies and program areas that are high risk due to their vulnerabilities to fraud, waste, abuse, and mismanagement, or are most in need of transformation. See *GAO, HIGH-RISK SERIES: Dedicated Leadership Needed to Address Limited Progress in Most High-Risk Areas*, [GAO-21-119SP](#). (Washington, D.C.: March 2, 2021).

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policy, including the National Drug Control Strategy.<sup>9</sup> These responsibilities include the Director of ONDCP promulgating a National Drug Control Strategy, and assessing and certifying the adequacy of the National Drug Control Program agencies' budget submissions.<sup>10</sup> These agencies submit to ONDCP the portion of their budget requests dedicated to drug control, which they prepare as part of their overall budget submission for the Office of Management and Budget (OMB). ONDCP described the aims of the 2022 National Drug Control Strategy to include reducing the number of drug overdose deaths, putting quality public health services within reach of people with substance abuse disorders, and stopping drug trafficking organizations that seek profits by harming Americans.

In my testimony today, I will discuss our preliminary observations on whether the contents of the 2022 National Drug Control Strategy and companion documents address certain statutory requirements under 21 U.S.C. § 1705. The observations discussed are based on our review of the Strategy and accompanying documents released by ONDCP on April 21, 2022. We will also describe how our preliminary observations of the 2022 National Drug Control Strategy relate to findings and recommendations from our prior work.

To develop our preliminary observations, we obtained and analyzed the 2022 National Drug Control Strategy and available accompanying documents, assessed them against selected requirements of 21 U.S.C. § 1705, and interviewed ONDCP officials. We selected these statutory requirements because they relate to the goals and associated resources expected to be outlined in the 2022 National Drug Control Strategy. In our ongoing review we will assess the complete strategy against all the statutory requirements. To perform our prior work, we similarly reviewed and analyzed documents from ONDCP and other relevant federal agencies, reviewed statutory requirements, and interviewed relevant agency officials. More detailed information on the scope and methodologies used to conduct our prior work related to the National Drug Control Strategy can be found in each product cited in this

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<sup>9</sup>21 U.S.C. § 1702(a)(2).

<sup>10</sup>21 U.S.C. § 1703(b)(2) and (c)(3).

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statement.<sup>11</sup> This statement also includes selected updates related to recommendations we have made in those issued products. To conduct these updates, we reviewed documentation provided by ONDCP officials through October 2021 about steps they have taken to address recommendations since the publication of each respective product.

We conducted the work on which this statement is based in accordance with generally accepted government auditing standards. 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.

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## Background

More than a dozen federal agencies—known as National Drug Control Program agencies—have responsibilities for drug prevention, treatment, and law enforcement activities.<sup>12</sup> For example, HHS has led efforts to expand access to drug treatment, and the Departments of Justice (DOJ) and Homeland Security (DHS) have taken lead roles in limiting the availability of illicit drugs through criminal investigations and prosecutions. The Anti-Drug Abuse Act of 1988 established ONDCP to enhance national drug control planning and coordination.<sup>13</sup> In this role, the office is responsible for (1) leading the national drug control effort, (2) coordinating and overseeing the implementation of national drug control policy, (3)

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<sup>11</sup>GAO, Drug Control: The Office of National Drug Control Policy Should Develop Key Planning Elements to Meet Statutory Requirements, [GAO-20-124](#) (Washington, D.C.: Dec. 18, 2019); Drug Misuse: Sustained National Efforts are Necessary for Prevention, Response, and Recovery [GAO-20-474](#) (Washington, D.C.: Mar. 26, 2020); and Drug Policy: Preliminary Observations on the 2019 National Drug Control Strategy, [GAO-19-370T](#). (Washington, D.C.: Mar. 7, 2019).

<sup>12</sup>Under 21 U.S.C. § 1701(11), “[t]he term ‘National Drug Control Program Agency’ means any agency (or bureau, office, independent agency, board, division, commission, subdivision, unit, or other component thereof) that is responsible for implementing any aspect of the National Drug Control Strategy, including any agency that receives Federal funds to implement any aspect of the National Drug Control Strategy, but does not include any agency that receives funds for drug control activity solely under the National Intelligence Program or the Joint Military Intelligence Program.” In addition to ONDCP, these agencies include the departments of Agriculture, Defense, Education, Health and Human Services, Homeland Security, Housing and Urban Development, Interior, Justice, Labor, State, Transportation, Treasury, and Veterans Affairs, as well as the Court Services and Offender Supervision Agency for the District of Columbia, the Federal Judiciary, the United States Postal Inspection Service, and AMERICORPS.

<sup>13</sup>Pub. L. No. 100-690, 102 Stat. 4181.

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assessing and certifying the adequacy of National Drug Control Programs and the budget for those programs, and (4) evaluating the effectiveness of national drug control policy efforts.<sup>14</sup>

In October 2018, the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act) was enacted and reauthorized ONDCP and a number of its programs.<sup>15</sup> The SUPPORT Act aims to address overprescribing and opioid misuse in the United States and includes provisions involving law enforcement, public health, and healthcare financing and coverage. The National Drug Control Strategy is to set forth a comprehensive plan to reduce illicit drug use and the consequences of such drug use in the United States by limiting the availability of and reducing the demand for illegal drugs.<sup>16</sup>

The Director of ONDCP is required to promulgate the National Drug Control Strategy and work with National Drug Control Program agencies to develop an annual National Drug Control Program Budget.<sup>17</sup> Pursuant to 21 U.S.C. § 1705(a), the Director is required to release a statement of drug control policy priorities in the calendar year of a Presidential inauguration following the inauguration, no later than April 1st. The Director is also to promulgate the National Drug Control Strategy which the President is to submit to Congress not later than the first Monday in February following the year in which the term of the President commences, and every 2 years thereafter.<sup>18</sup>

We have reviewed multiple iterations of the National Drug Control Strategy to understand whether ONDCP met selected statutory requirements. ONDCP did not issue a National Drug Control Strategy for 2017 or 2018 despite the statutory requirement. ONDCP issued a 2019 Strategy and companion documents that addressed some but not all of

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<sup>14</sup>21 U.S.C. § 1702(a)(1)-(4).

<sup>15</sup>Pub. L. No. 115-271, 132 Stat. 3894 (October 24, 2018).

<sup>16</sup>21 U.S.C. § 1705(b).

<sup>17</sup>21 U.S.C. § 1703(b)(2) and (c)(2).

<sup>18</sup>21 U.S.C. § 1705(a)(2).



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the selected statutory requirements we reviewed.<sup>19</sup> ONDCP issued the 2020 Strategy in February 2020. While we found that the 2020 Strategy made progress in addressing several statutory requirements, it fell short on several other requirements. For example, it contained annual quantifiable and measurable objectives and specific targets that the 2019 Strategy had not; however, it did not include a list of each National Drug Control Program agencies' activities and the role of each activity in achieving the Strategy's long-range goals, as required by law.<sup>20</sup> The 2020 Strategy also did not include the required 5-year projection for the National Drug Control Program and budget priorities<sup>21</sup> or estimates of federal funding needed to achieve each of the Strategy's long-range quantifiable goals.<sup>22</sup>

As a result of our findings, some of which are mentioned above, we made a number of recommendations related to the National Drug Control Strategy. In December 2019, we recommended that ONDCP develop and document key planning elements to help structure its ongoing efforts and to better position it to meet these requirements for future iterations of the National Drug Control Strategy. In June 2021, ONDCP officials provided several internal guidance documents with key planning elements to help ONDCP meet the SUPPORT Act requirements, thereby addressing our recommendation. In our December 2019 report, we also recommended that ONDCP routinely implement an approach, based on the planning elements to meet the requirements for the 2020 National Drug Control Strategy and future Strategy iterations. In order to address this recommendation, ONDCP will need to use this internal guidance to develop future iterations of the National Drug Control Strategy. Our ongoing review of the 2022 Strategy will enable us to determine if ONDCP has addressed this recommendation.

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<sup>19</sup>GAO, *Drug Control: The Office of National Drug Control Policy Should Develop Key Planning Elements to Meet Statutory Requirements*, [GAO-20-124](#) (Washington, D.C.: Dec. 18, 2019).

<sup>20</sup> 21 U.S.C. § 1705(c)(1)(F)(i).

<sup>21</sup> 21 U.S.C. § 1705(c)(1)(D).

<sup>22</sup> 21 U.S.C. § 1705(c)(1)(F)(iii).

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## Preliminary Observations on Whether the 2022 National Drug Control Strategy Addresses Selected Statutory Requirements

As mentioned, pursuant to 21 U.S.C. § 1705(a), the Director is required to release a statement of drug control policy priorities in the calendar year of a Presidential inauguration following the inauguration, but not later than April 1, and promulgate the National Drug Control Strategy which the President is to submit to Congress not later than the first Monday in February following the year in which the term of the President commences, and every 2 years thereafter. In January 2022, ONDCP notified Congress that it would not complete the 2022 National Drug Control Strategy by the statutory deadline (February 7, 2022) and it planned to submit the Strategy to the committees no later than June 30, 2022.<sup>23</sup> On April 21, 2022, ONDCP issued the 2022 National Drug Control Strategy and the following accompanying documents:

- 2022 National Drug Control Strategy,
- Performance Review System Report,
- National Southwest Border Counternarcotics Strategy,
- National Northern Border Counternarcotics Strategy,
- Caribbean Border Counternarcotics Strategy, and
- National Interdiction Command and Control Plan<sup>24</sup>

ONDCP has not yet issued the following two key National Drug Control Strategy accompanying documents:

- Fiscal Year 2023 Budget Summary and,
- National Drug Control Assessment.

We were only able to review the six available documents and, therefore, were unable to conduct a complete assessment of the Strategy and its companion documents. As of June 10, 2022, ONDCP has not issued the Fiscal Year 2023 Budget Summary and National Drug Control Assessment. ONDCP officials stated that they plan to issue the Budget Summary and the National Drug Control Assessment by the end of July 2022. According to ONDCP, the Budget Summary is to ensure that each

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<sup>23</sup> Pursuant to 21 U.S.C. § 1705(e), if the Director of ONDCP does not submit a National Drug Control Strategy to Congress in accordance with the statutory timing, not later than five days after the first Monday in February following the year in which the term of the President commences, the Director shall send a notification to the appropriate congressional committees explaining why the Strategy was not submitted; and specify the date by which the Strategy will be submitted.

<sup>24</sup> ONDCP released the National Interdiction Command and Control Plan in August 2021.

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National Drug Control Program agency's goals and budgets support and are fully consistent with the Strategy. The Budget Summary is to identify the major programs and activities of the National Drug Control Program agencies that support the goals and objectives of the Strategy. In addition, the Budget Summary is to include the related programs, activities, and available assets, and discuss the role of each program, activity, and asset in achieving the Strategy's goals. The Budget Summary is also to provide an estimate of federal funding and other resources needed. ONDCP describes the National Drug Control Assessment as a summary of the progress of each National Drug Control Program agency's efforts towards meeting the Strategy's goals. The Assessment also is to establish each agency's specific performance measures and include an evaluation of the progress toward meeting the annual targets of those performance measures.

In conducting our preliminary analysis on whether the 2022 National Drug Control Strategy and the accompanying documents addressed selected statutory requirements, we reviewed all of the available documents against selected requirements of 21 U.S.C. § 1705, and interviewed ONDCP officials. These statutory requirements provide illustrative examples of the types of information required by law to be included in the National Drug Control Strategy. Our preliminary analysis shows that the current National Drug Control Strategy addresses the following statutory requirements:

- **Comprehensive, long-range, quantifiable goals.** By law, the National Drug Control Strategy is required to include “[c]omprehensive, research-based, long-range, quantifiable goals for reducing illicit drug use, and the consequences of illicit drug use in the United States.”<sup>25</sup> The 2022 National Drug Control Strategy outlines seven specific strategic goals and objectives for the Nation to reduce the demand for and availability of illicit drugs and their consequences. Each goal is supplemented by objectives that include targets to reach by 2025. These goals represent the comprehensive, research-based, long-range, quantifiable goals for reducing illicit drug use, and the consequences of illicit drug use in the United States, as required.
- **Specific targets to accomplish long-term quantifiable goals.** By law, the Strategy is required to include “[a]nnual quantifiable and measurable objectives and specific targets to accomplish long-term

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<sup>25</sup> 21 U.S.C. § 1705(c)(1)(B).

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quantifiable goals that the Director determines may be achieved during each year beginning on the date on which the National Drug Control Strategy is submitted.”<sup>26</sup> In the Performance Review System Report (PRS), ONDCP provides additional details on the goals and objectives discussed in the National Drug Control Strategy. The Performance Review System Report outlines specific annual targets for each of the objectives outlined in the National Drug Control Strategy. We found that in the majority of the cases, ONDCP has established annual targets for each of the goals and objectives for fiscal years 2021 through 2025.

We also identified statutory requirements that ONDCP does not address in the available National Drug Control Strategy and accompanying documents that were issued in April 2022. Based on the Strategy documents we reviewed, ONDCP may meet the following statutory requirements in forthcoming publications:<sup>27</sup>

- **Performance evaluation plan for each established goal.** By law, the Strategy is required to include “[f]or each year covered by the Strategy, a performance evaluation plan for each goal established [as part of the Strategy] for each National Drug Control Program agency.”<sup>28</sup> From our preliminary review of the Strategy and companion documents, we did not identify such a performance evaluation plan for National Drug Control Program agencies. However, the PRS states that, “[t]he PRS focuses on the overall progress toward achieving the goals and objectives of the Strategy; it is complemented by the [National Drug Control] Assessment, which is a summary of the progress of each National Drug Control Program agency’s (NDCPA) efforts towards meeting the Strategy’s goals. The Assessment establishes each NDCPA’s specific performance measures and includes an evaluation of the progress of meeting the annual targets of those performance measures.” As of June 10, 2022, ONDCP has not released the National Drug Control Assessment.
- **Estimate of resources needed to achieve goals.** By law, the Strategy is required to include “[a] description of how each goal

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<sup>26</sup>21 U.S.C. § 1705(c)(1)(C).

<sup>27</sup>These include the Fiscal Year 2023 Budget Summary and the National Drug Control Assessment, among other documents.

<sup>28</sup>21 U.S.C. § 1705(c)(1)(G).

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established [as part of the Strategy] will be achieved.”<sup>29</sup> As part of this description, the Strategy is required to have for each goal, “an estimate of Federal funding and other resources needed to achieve such goal.”<sup>30</sup> We found that while the National Drug Control Strategy outlines goals, it does not provide an estimate of the federal funding or other resources needed to achieve these goals. Based on the PRS, the forthcoming Budget Summary may provide information on the nature of federal funding and other resources needed to achieve National Drug Control Strategy goals.

- **National Drug Control Program and budget priorities.** By law, the Strategy is required to include “[a] 5-year projection for the National Drug Control Program and budget priorities.”<sup>31</sup> From our preliminary review, we did not identify a 5-year projection pursuant to statutory requirement. According to the PRS, “the Budget Summary ensures that each agency’s goals and budgets support and are fully consistent with the Strategy. As previously mentioned, ONDCP has not yet released the Budget Summary.
- **A systematic plan for increasing data collection.** By law, the Strategy is required to include “[a] systematic plan for increasing data collection to enable real time surveillance of drug control threats, developing analysis and monitoring capabilities, and identifying and addressing policy questions related to the National Drug Control Strategy and Program.”<sup>32</sup> As of June 10, 2022, ONDCP has not yet created a systematic plan for increasing data collection.<sup>33</sup> ONDCP included information in the National Drug Control Strategy on the development of a systematic data plan. ONDCP officials stated that it may take approximately 1 year to fully develop the plan, depending on the availability of staff and funding resources.
- **Description of resources needed to implement border counternarcotics strategies.** As part of the National Drug Control Strategy, the Director of ONDCP is required to include a Southwest Border Counternarcotics Strategy and a Northern Border

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<sup>29</sup> 21 U.S.C. § 1705(c)(1)(F).

<sup>30</sup> 21 U.S.C. § 1705(c)(1)(F)(iii).

<sup>31</sup> 21 U.S.C. § 1705(c)(1)(D).

<sup>32</sup> 21 U.S.C. § 1705(c)(1)(M).

<sup>33</sup> 21 U.S.C. § 1705(c)(1)(M).

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Counternarcotics Strategy.<sup>34</sup> These additional strategies were issued in April 2022. However, as part of the Southwest Border and Northern Border Counternarcotics Strategies, the strategies are required to “identify the specific resources required to enable the relevant National Drug Control Program agencies to implement th[ese] strategies.”<sup>35</sup> From our preliminary review of the Southwest Border and Northern Border Counternarcotics Strategies, we did not identify the information required. Our review of available documentation did not identify any forthcoming documentation, which would meet this statutory requirement.

In summary, ONDCP’s responsibility to develop the National Drug Control Strategy offers an important opportunity to help prioritize, coordinate, and measure key efforts to address the drug crisis. Our work has shown that ONDCP can improve its efforts to develop a National Drug Control Strategy that meets statutory requirements and effectively coordinates national efforts to address drug misuse. In 2017 and 2018, ONDCP did not issue a statutorily required National Drug Control Strategy, and we reported that the 2019 National Drug Control Strategy did not fully comply with the law.<sup>36</sup> In December 2019, we recommended that ONDCP develop and document key planning elements to help structure its ongoing efforts and to better position ONDCP to meet these requirements for future iterations of the National Drug Control Strategy.<sup>37</sup> In 2020, we reviewed the 2020 National Drug Control Strategy and reported that ONDCP had made progress in addressing several statutory requirements but fell short in meeting other requirements.<sup>38</sup> Our preliminary work on the 2022 National Drug Control Strategy has identified a number of statutory requirements that ONDCP has addressed, as well as several areas where we did not identify the statutorily required information. As part of our ongoing work, we will share any issues or concerns regarding the 2022 National Drug Control Strategy with ONDCP officials and examine how ONDCP intends to address the remaining statutory requirements. Once published by ONDCP, we will also examine the National Drug

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<sup>34</sup> 21 U.S.C. § 1705(c)(3)(A)-(C).

<sup>35</sup> 21 U.S.C. § 1705(c)(3)(B)(i)(III) and (C)(i)(III).

<sup>36</sup> GAO, *Drug Control: The Office of National Drug Control Policy Should Develop Key Planning Elements to Meet Statutory Requirements*, [GAO-20-124](#) (Washington, D.C.: Dec. 18, 2019).

<sup>37</sup> [GAO-20-124](#) (Washington, D.C.: Dec. 18, 2019).

<sup>38</sup> GAO, *Drug Misuse: Sustained National Efforts Are Necessary for Prevention, Response, and Recovery*, [GAO-20-474](#) (Washington, DC.: Mar 26, 2020).

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Control Assessment and Budget Summary to assess whether these documents include the statutorily required information that we did not identify in the Strategy documents ONDCP has issued to date.

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Chairman Whitehouse, Co-Chairman Grassley, and Members of the Caucus, this concludes our prepared statement. I would be happy to respond to any questions you may have at this time.

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## GAO Contact and Staff Acknowledgments

If you or your staff has any questions concerning this testimony, please contact Triana McNeil at (202) 512-8777 ([McNeilT@gao.gov](mailto:McNeilT@gao.gov)). Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this statement. In addition to the contacts named above, Frederick Lyles, Jr. (Assistant Director), Taylor Hadfield (Analyst in Charge), Billy Commons, Benjamin Crossley, Susan Hsu, Daniel Kuhn, Amanda Miller, Jan Montgomery, Shivani Singh, and Adam Vogt made key contributions to the testimony. Other staff who made key contributions to the reports cited in the testimony are identified in the source products.

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# Related GAO Products

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*DRUG CONTROL GRANTS: ONDCP Should Document Its Process for Identifying Duplication, Overlap, and Fragmentation.* [GAO-22-104666](#). Washington, D.C.: December 8, 2021.

*HIGH-RISK SERIES: Dedicated Leadership Needed to Address Limited Progress in Most High-Risk Areas.* [GAO-21-119SP](#). Washington, D.C.: March 2, 2021.

*Substance Use Disorder: Reliable Data Needed for Substance Abuse Prevention and Treatment Block Grant Program.* [GAO-21-58](#). Washington, D.C.: December 14, 2020.

*Drug Misuse: Agencies Have Not Fully Identified How Grants That Can Support Drug Prevention Education Programs Contribute to National Goals.* [GAO-21-96](#). Washington, D.C.: November 18, 2020.

*Prescription Drug Monitoring Programs: Views on Usefulness and Challenges of Programs.* [GAO-21-22](#). Washington, D.C.: October 1, 2020.

*Bureau of Prisons: Improved Planning Would Help BOP Evaluate and Manage Its Portfolio of Drug Education and Treatment Programs.* [GAO-20-423](#). Washington, D.C.: May 26, 2020.

*Workforce Innovation and Opportunity Act: Additional DOL Actions Needed to Help States and Employers Address Substance Use Disorder.* [GAO-20-337](#). Washington, D.C.: May 21, 2020.

*Drug Misuse: Sustained National Efforts Are Necessary for Prevention, Response, and Recovery.* [GAO-20-474](#). Washington, D.C.: March 26, 2020.

*Drug Control: Actions Needed to Ensure Usefulness of Data on Suspicious Opioid Orders.* [GAO-20-118](#). Washington, D.C.: January 29, 2020.

*Opioid Use Disorder: Barriers to Medicaid Beneficiaries' Access to Treatment Medications.* [GAO-20-233](#). Washington, D.C.: January 24, 2020.

*Drug Control: The Office of National Drug Control Policy Should Develop Key Planning Elements to Meet Statutory Requirements.* [GAO-20-124](#). Washington, D.C.: December 18, 2019.



*Veterans Health Care: Services for Substance Use Disorders, and Efforts to Address Access Issues in Rural Areas.* [GAO-20-35](#). Washington, D.C.: December 2, 2019.

*Drug Policy: Preliminary Observations on the 2019 National Drug Control Strategy.* [GAO-19-370T](#). Washington, D.C.: March 7, 2019.

*Drug Control: DOD Should Improve Its Oversight of the National Guard Counterdrug Program.* [GAO-19-27](#). Washington, D.C.: January 17, 2019.

*Colombia: U.S. Counternarcotics Assistance Achieved Some Positive Results but State Needs to Review the Overall U.S. Approach.* [GAO-19-106](#). Washington, D.C.: December 12, 2018.

*Opioid Crisis: Status of Public Health Emergency Authorities.* [GAO-18-685R](#). Washington, D.C.: September 26, 2018.

*Prescription Opioids: Medicare Needs Better Information to Reduce the Risk of Harm to Beneficiaries.* [GAO-18-585T](#). Washington, D.C.: May 29, 2018.

*VA Health Care: Progress Made Towards Improving Opioid Safety, but Further Efforts to Assess Progress and Reduce Risk Are Needed.* [GAO-18-380](#). Washington, D.C.: May 29, 2018.

*Illicit Opioids: Office of National Drug Control Policy and Other Agencies Need to Better Assess Strategic Efforts.* [GAO-18-569T](#). Washington, D.C.: May 17, 2018.

*Illicit Opioids: While Greater Attention Given to Combating Synthetic Opioids, Agencies Need to Better Assess their Efforts.* [GAO-18-205](#). Washington, D.C.: March 29, 2018.

*Substance Use Disorder: Information on Recovery Housing Prevalence, Selected States' Oversight, and Funding.* [GAO-18-315](#). Washington, D.C.: March 22, 2018.

*Opioid Use Disorders: HHS Needs Measures to Assess the Effectiveness of Efforts to Expand Access to Medication-Assisted Treatment.* [GAO-18-44](#). Washington, D.C.: October 31, 2017.

*Counternarcotics: Overview of U.S. Efforts in the Western Hemisphere.* [GAO-18-10](#). Washington, D.C.: October 13, 2017.

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Related GAO Products

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*Preventing Drug Abuse: Low Participation by Pharmacies and Other Entities as Voluntary Collectors of Unused Prescription Drugs.*

[GAO-18-25](#). Washington, D.C.: October 12, 2017.

*Prescription Opioids: Medicare Needs to Expand Oversight Efforts to Reduce the Risk of Harm.* [GAO-18-15](#). Washington, D.C.: October 6, 2017.

*Drug Control Policy: Information on Status of Federal Efforts and Key Issues for Preventing Illicit Drug Use.* [GAO-17-766T](#). Washington, D.C.: July 26, 2017.

*Drug-Free Communities Support Program: Agencies Have Strengthened Collaboration but Could Enhance Grantee Compliance and Performance Monitoring.* [GAO-17-120](#). Washington, D.C.: February 7, 2017.

*Office of National Drug Control Policy: Office Could Better Identify Opportunities to Increase Program Coordination.* [GAO-13-333](#). Washington, D.C.: March 26, 2013.

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