

**EXAMINING THE 2022 NATIONAL
DRUG CONTROL STRATEGY AND THE
FEDERAL RESPONSE TO THE
OVERDOSE CRISIS**

HEARING
BEFORE THE
COMMITTEE ON
OVERSIGHT AND REFORM
HOUSE OF REPRESENTATIVES
ONE HUNDRED SEVENTEENTH CONGRESS

SECOND SESSION

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- * Letter from Philip Welch, Chief of Police, Coon Valley Police Department; submitted by Rep. Comer.
- * Letter from Brendan F. Kelly, Director, Illinois State Police re Opioids; submitted by Rep. Comer.
- * Letter from Don Barnes, Sheriff-Coroner, Orange County Sheriff Department, re: Impacts of Fentanyl on Local Communities; submitted by Rep. Comer.
- * *Arizona News-U.S. News*, article, "Cops: 500,000 Fentanyl Pills Found in Arizona Traffic Stop"; submitted by Rep. Biggs.
- * List of 117th Congress Hearings Held with Biden Administration Officials; submitted by Chairwoman Maloney.
- * Study of the Impacts of Massachusetts Narcan Distribution Program; submitted by Rep. Tlaib.
- * U.S. Customs Border Protection Report; submitted by Chairwoman Maloney.
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**EXAMINING THE 2022 NATIONAL
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OVERDOSE CRISIS**

Monday, June 27, 2022

HOUSE OF REPRESENTATIVES,
COMMITTEE ON OVERSIGHT AND REFORM,
Washington, D.C.

The committee met, pursuant to notice, at 1:40 p.m., in room 2154, Rayburn House Office Building, and via Zoom; Hon. Carolyn Maloney [chairwoman of the committee] presiding.

Present: Representatives Maloney, Norton, Lynch, Krishnamoorthi, Raskin, Khanna, Mfume, Tlaib, Wasserman Schultz, Welch, Johnson, Kelly, DeSaulnier, Comer, Foxx, Grothman, Cloud, Norman, Biggs, Fallon, and Donalds.

Chairwoman MALONEY. The committee will come to order.

Without objection, the chair is authorized to declare recess of the committee at any time.

I now recognize myself for an opening statement.

Today's hearing focuses on an issue of urgent importance to Congress, to families across the country, and to me personally: overcoming the addiction and overdose crisis that continues to ravage communities in every part of the United States. As chair of this committee, I have worked to ensure that every person dealing with addiction can access comprehensive treatment and care. And when it comes to the bad actors that fuel this crisis, like the Sackler family, the Purdue Pharma, and McKinsey, I have used this gavel to hold them accountable for their actions.

This hearing comes at a very difficult moment for our Nation. Overdose deaths in America have been rising for more than two decades, and during the coronavirus pandemic, fatal overdoses skyrocketed to historic levels. Tragically, overdose deaths increased by more than 30 percent in 2020, and by another 15 percent in 2021 when more than 100,000 lives were lost. The Biden-Harris Administration and Democrats in Congress have taken aggressive action to address both the supply and demand factors contributing to this crisis. Since President Biden took office, we are stopping more fentanyl at the border than ever before. This administration has increased drug interceptions, seizing roughly 800 pounds of fentanyl each month. This represents a fourfold increase in fentanyl interdiction over the previous administration's efforts in 2019. To build on this progress, President Biden's 2023 budget calls for more than

10 percent in additional funding for interdiction efforts, a request I hope all my colleagues will support.

At the same time, the Biden-Harris Administration and Congress have made significant progress in treating addiction as the disease that it is by expanding access to treatment and wraparound services. The American Rescue Plan allocated nearly \$4 billion to services for mental health and substance use disorder. That law also created the first Federal fund for harm reduction services. Additionally, the administration's Overdose Prevention Strategy has invested tens of millions of dollars in initiatives to reach underserved communities, combat stigma, and expand access to lifesaving treatment. These programs save lives, and I am grateful that this administration has prioritized them.

Today, we will hear from Dr. Rahul Gupta, the director of the White House Office of National Drug Control Policy, who will testify about the Biden administration's 2022 Drug Control Strategy. This National Strategy focuses on what works. It uses evidence-based strategies to build on the progress already made by the Biden administration, and it outlines a plan to invest in communities, prevent substance misuse, and increase access to treatment and recovery services. The National Strategy takes bold steps to ensure that medication to reverse overdoses is available to anyone in a moment of crisis, a strong bipartisan priority that will save lives. The Strategy promotes access to fentanyl test strips which are a vital tool for overdose prevention, especially among young adults. The National Strategy also builds on the administration's progress to disrupt the supply of dangerous substances into the U.S. by targeting transnational criminal organizations that are manufacturing and trafficking fentanyl.

This year's National Strategy also goes further than any prior drug control Strategy to address structural inequities that lead people in some communities with insufficient access to healthcare and makes them more likely to be pulled into the criminal justice system as a result of drug misuse.

The overdose crisis affects every community, represented by our committee members here today, both Democrats and Republicans. We owe it to our constituents to do everything we can to build on the administration's progress and work together to advance solutions to this public health crisis. That includes sending to the President's desk the strong bipartisan mental health and substance use disorder package that the House approved last week. It also means passing H.R. 6311, the CARE Act, a bill I authored and introduced with Senator Elizabeth Warren and others, that advances the objectives of the National Drug Control Strategy by providing crucial resources to the local communities on the frontlines of this public health crisis.

I thank Director Gupta for appearing before the committee today and for the Biden-Harris administration's continued commitment to ending our Nation's overdose crisis.

I now yield to my good friend, Ranking Member Comer, for his opening statement.

Mr. COMER. Thank you, Chairwoman Maloney, for calling this hearing today. Our committee's mission is government efficiency and effectiveness. Our committee's mission is to protect taxpayer

dollars from government fraud, waste, and abuse. Our committee's mission is to hold government officials accountable. Republicans on this committee have been pushing for months to hold hearings on the many pressing crises caused by the Biden administration. While I am pleased we finally have a top-level Biden official testifying today, I must say this is long past due. I urge the chairwoman to hold more hearings like this one where we can examine the many crises impacting America today. Thank you, Dr. Gupta, for testifying today.

In January, Republicans on the Oversight and Energy and Commerce Committees launched an investigation into America's fentanyl crisis. We sent letters to the Office of Drug Control Policy, Customs and Border Protection, and the DEA seeking information about the Biden administration's plan to address the crisis at the Southern border and overdose epidemic. We appreciated the response from your Agency, Dr. Gupta, but many important questions remain unanswered. One of these outstanding questions is how President Biden's border crisis and this administration's open-border policies have aided and abetted trafficking of illicit drugs, such as fentanyl, into our country. Fentanyl is being smuggled across the southwest border at unprecedented rates. U.S. Customs and Border Protection seized over 11,000 pounds of fentanyl in Fiscal Year 2021. That is more fentanyl seized in one Fiscal Year than fiscal years 2020 and 2019 combined.

The standard fatal overdose of fentanyl is 2 milligrams. Eleven thousand pounds of fentanyl is more than 5 billion milligrams. That means we seized about 2.5 billion lethal doses of fentanyl in one fiscal year. That does not include all the fentanyl that we know has been smuggled across our borders undetected. Cartels are overwhelming Border Patrol Agents and providing a steady supply for dealers and users alike. So, a primary question is, what is President Biden going to do to secure the border and cutoff the free flow of illicit drugs into our country. We also wrote an open letter to law enforcement seeking information about how the fentanyl crisis is impacting local communities. We received distressing responses from communities across the country. They tell us of the devastating effects fentanyl has had, of young lives lost, and families destroyed.

Madam Chairwoman, I ask unanimous consent to submit these response letters into the record.

Chairwoman MALONEY. Without objection.

Mr. COMER. Thank you. On top of the crises at the Southern border, Democrat lockdowns and school closures caused increased stress and mental health complications for teens and adults alike, leading to historic overdose rates. According to preliminary data from the CDC, more than 107,000 people died from a drug overdose in the U.S. in 2021. That is a nearly 15-percent increase over 2020 which is already a 31-percent increase over 2019.

Our Nation's mental health crisis continues to worsen due to the economic hardship and supply chain crises caused by President Biden's disastrous policies. Studies have shown that stress over money can make people up to 20 times more likely to attempt suicide. Inflation remains at a 40-year high, gas prices are the highest

in American history, and many families are stressed, wondering how they are going to make ends meet.

Tragically, fentanyl overdoses are becoming the leading cause of death for Americans aged 18 to 45, more than COVID, car accidents, gun violence, breast cancer, or suicide. Teenagers and young adults are turning to Snapchat, TikTok, and other social media apps to find Xanax and other pills, many of which are counterfeit and laced with fentanyl. Fentanyl has also been found in counterfeit vape pens and marijuana. We must act now to secure our Southern border to stem the flow of illicit fentanyl. It is heart-breaking to see how desperately people are trying to escape the impacts of President Biden's policies. His administration has flooded the market with illicit drugs, so they can do just that.

Thank you, Madam Chair. And I yield back.

Chairwoman MALONEY. The gentleman yields back. Thank you very much. And I would note in response to your statement that we have already held more than 25 hearings this Congress with Biden administration officials and other government witness. Today is the 26th. I have a list of these hearings.

Without objection, I will enter it into the record.

Chairwoman MALONEY. And now I will introduce our witness. We will hear from Dr. Rahul Gupta, the director of National Drug Control Strategy.

The witness will be unmuted so we can swear him in. Please raise your right hand.

Dr. Gupta? I don't see him up there. Is he on? Is he with us?

Voice. He is just not speaking—

Dr. GUPTA. Madam Chair, I am on.

Chairwoman MALONEY. I see you now. Please raise your right hand.

Do you swear or affirm that the testimony you are about to give is the truth, the whole truth, and nothing but the truth, so help you God?

Dr. GUPTA. I do.

Chairwoman MALONEY. Let the record show that the witness answered in the affirmative. Thank you.

Without objection, your written statement will be made part of the record.

With that Dr. Gupta, you are now recognized for your testimony.

STATEMENT OF RAHUL GUPTA, DIRECTOR, OFFICE OF NATIONAL DRUG CONTROL POLICY, EXECUTIVE OFFICE OF THE PRESIDENT

Dr. GUPTA. Chairwoman Maloney, Ranking Member Comer, and 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 unraveling the very social fabric of our Nation and destroying American lives and livelihoods. The Centers for Disease Control and Prevention estimates that overdoses have claimed more than 1 million lives over the past two decades. In 2021 alone, we lost more than 107,000 Americans. That is one life lost every five minutes. These are our friends, family members, co-workers, and neighbors. Since

2015, overdose deaths in America have more than doubled, and the COVID-19 pandemic has amplified the existing difficulties in accessing treatment for substance use disorder.

As a practicing physician for the last 25 years, I have treated many patients with addiction who have gone on to lead successful lives in recovery, but I have also seen too many patients succumb to their disease, and I have attended far too many funerals. Working in the emergency room, I have experienced weeks and months where I was reversing overdose every shift. Now, behind these overdoses, fatal overdoses, there are millions of individuals experiencing non-fatal overdoses that are overwhelming our first responders and the healthcare system. Underneath these overdoses are tens of millions of Americans suffering from substance use disorder. There are other effects as well. Research estimates that the economic cost of the epidemic to be a staggering \$1 trillion a year, and up to 26 percent of the loss in U.S. labor force participation can be attributed to the disease of addiction.

Now, addiction and the overdose epidemic is a nonpartisan issue, which is evidenced by the fact that it touches everyone, regardless of where you live or how you vote, and this is why ending the opioid epidemic is part of President Biden's unity agenda, and why it has strong support across the country and across political parties for finding comprehensive and meaningful solutions.

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 drug trafficking profits. This Strategy's seven goals focus on reducing substance use, overdose deaths, and the supply of illicit substances, and increasing prevention, harm reduction, treatment, and recovery efforts, and finally, improving the way the criminal justice system addresses substance use disorder so that people can get the help they need before it is too late.

There are also four key priorities that cut across the Strategy. At a time when 3 out of 4 overdose deaths involve opioids, it is critical that we are making sure everyone can access naloxone. We are also working to ensure that everyone can get the treatment. We are disrupting drug trafficking operations. The United States has the fundamental responsibility to protect its borders, and this is precisely what the Biden administration is doing. And we are improving data collection, particularly for non-fatal overdoses, as they are a good indicator that someone will experience a future fatal overdose. Now, taken together, these goals and priorities usher in a new era of drug policy that is comprehensive, holistic, and targeted at saving lives first.

At this moment in history, our Nation is at an inflection point. Our actions must rise to the occasion by being bold and innovative, but also compassionate and consequential. The Biden-Harris Administration's inaugural National Drug Control Strategy is an unprecedented evidence-based blueprint designed to save lives immediately, build the infrastructure for treating addiction our Nation so desperately needs, and disrupting drug trafficking and the profits that fuel it, all the while ensuring that the Federal Government is accountable and serves as a good steward of taxpayer dollars.

Saving lives is our North Star because I believe that every life is precious and worth saving. If this Strategy is implemented as intended, we could be saving 164,000 lives over the next three years and help tens of millions of people get into treatment 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 to make our country safer, and as President Biden said, let us come together to beat this. I look forward to your questions.

Chairwoman MALONEY. The gentleman yields back.

I now recognize myself for five minutes for questions.

Thank you very much, Director Gupta, for coming before the committee today and for your leadership, and thank you for your tireless commitment to ending the overdose crisis which has devastated so many families in our country. I know that this has been a top priority of the Biden-Harris Administration since day one.

Director Gupta, in addition to issuing this year's National Drug Control Strategy, what progress has the administration made so far in expanding access to services and care to prevent overdoses and treat addiction?

Dr. GUPTA. Thank you, Madam Chairwoman. We have had significant progress made. In fact, now there are telehealth provisions that allow providers to treat addiction across the country, especially in rural areas, underserved communities, and behind the walls. Telehealth, including phone consultation, is a crucial aspect of expanding treatment. We know that less than 1 out of 10 people today are getting the treatment that they need. DEA has mobile vans for methadone as well as take-home methadone. These aspects are helping us improve and expand treatment at a time when oftentimes people are dying without treatment. We are also making efforts to make sure that everyone can get naloxone, which is the antidote for opioid overdose reversal, which 3 out of 4, almost 80,000 people are dying because of the lack of naloxone. At the same time, we are allowing more and more physicians, and providers, others to be able to write prescriptions through practice guideline changes so that they will have, able to get more treatment across.

For our goal of treating untreated addiction, creating the infrastructure, the American Rescue Plan has invested \$4 billion, unprecedented amounts, and the President has now called for an increase in \$3.2 billion. Seventy-five cents on the dollar of that increase of the \$42 billion drug control budget goes toward making sure we are expanding treatment, we are expanding prevention, we are expanding recovery services.

Chairwoman MALONEY. The coronavirus pandemic strained every aspect of the American healthcare system with a disproportionate burden falling on people with addiction and the providers who treat them. One way the Federal government responded to this crisis was by promoting the use of telehealth to increase American access to addiction treatment. Dr. Gupta, does the administration support the continued use of telehealth flexibilities for addiction treatment beyond the coronavirus pandemic? Can you expand on how it is made available to people? How are they made aware that they can have this type of treatment?

Dr. GUPTA. Thank you, Chairwoman. It is extremely important for President Biden, for this administration to ensure that telehealth services are available and are made available beyond the public health emergency. My reason for that is that, especially people in rural areas, like my home state of West Virginia, who are often not able to drive, not able to take the effort to get where it needed because of the rurality, these telehealth services allow much more efforts to be provided to people. It is a time where we need to meet people where they are, and telehealth, including phone consultation, allows us to do just that. And same goes for people, especially in communities of color, who already have a difficult time and a delayed time accessing services. This is another service that will help us expand treatment.

Chairwoman MALONEY. OK. Last December I led nearly a hundred of my colleagues on the Democratic side in reintroducing the CARE Act, landmark legislation that would provide \$125 billion in new Federal funding directly to communities and care providers, over 10 years to overcome the overdose crisis. Director Gupta, do you agree that we need to provide sustained comprehensive investments in treatment and care to communities at the frontlines of this crisis as our CARE Act would do? Why or why not?

Dr. GUPTA. Thank you, Chairwoman. It is one of the critical aspects of this particular crisis that we provide these types of services to folks, not just for treatment, but beyond treatment, to provide that support, a comprehensive support. So, it is important that we think about the ability to get people to help when they need it, where they need it, and efforts like this help us get there quicker and ultimately save lives.

Chairwoman MALONEY. Thank you. I commend the administration for its tireless work to overcome this crisis and reduce the harm it inflicts on our society, and I am a proud partner with you in this work, and you bring invaluable experience to the country from your work in West Virginia.

I now call on Representative Norman.

Mr. NORMAN. Thank you, Chairwoman Maloney, Doctor, and thank you for taking the time to come. Now, I was listening to your opening words. You said this, that the Biden administration had a top priority for protecting Americans, protecting the border. Did you say that? I mean, am I right, he is doing a great job of protecting the border?

Dr. GUPTA. Thank you, Congressman, for that question. We believe strongly that it is an important part of every Nation to be able to secure and protect its border. There are a number of things that are going on in this area of counternarcotics that I think is important to note. As I visit, I speak to the women and men on the border—

Mr. NORMAN. No, no. Look, Doctor, I don't mean to interrupt. I got a limited amount of time. Is he taking the steps to close the border? Is that what I understand you to mean?

Ms. GUPTA. Congressman, thank you again. The President is certainly taking steps to make sure that our border remains secured, part of which is—

Mr. NORMAN. Oh, my Lord. OK. Doctor, OK. This is two different universes. I assume you agree with the numbers of illegals coming

across. We are going to average 585,000 a month. We are up to—what is this—1.6 apprehensions. Donald Trump with the wall had this solved. We have 50 during the three prior years. Those on the terror watch list were basically zilch. This past year is 50 on the terror watch list. How can you sit there and say that this administration has a goal of protecting Americans?

I am in the construction business. We had a leak on one of our projects. You stop the leak in the pipe. We had a dam that had a leak in the dam for the water. You stop the leak. I mean, really, this is a mischaracterization at best. Either the numbers are completely false. We are getting a unprecedented number of people coming across. We already got 3 to 5 million illegals in this country, so I guess we don't want words, and we don't want hearings. We want action. All he has to do is build a wall and have a designated point of entry.

How many times has the Vice President been to the border that you know of? She was supposed to be the big czar heading this up. How many times has she actually been to the border to see what is going on?

Dr. GUPTA. Congressman, I will leave that to the Vice President to answer. What I can tell you is I have been—

Mr. NORMAN. Zero. Zero. She is giggling. She is laughing about it. How many times have you and your staff been to the border?

Dr. GUPTA. Yes, Congressman. Thank you for that question again. I, on my first week in office, I actually went to our Southwest border and I went to Mexico. Recently, last month, I went to the San Ysidro border in San Diego. The first one is El Paso. I was able to spend a considerable amount of time. And I will say that, as the ranking member mentioned, since last year, beginning, we have apprehended 600,000 pounds of illicit drugs, including 11,000 pounds of fentanyl. And I will tell you why that is important.

Mr. NORMAN. No, that is because it is coming across unfettered, Doctor. I mean, they are unfettered. I mean, they are coming across. That is why the cartels are winning. They are making a billion dollars a month, and they are unfettered coming into this country. I am tired. The blood is on the hands of this administration for what he is doing. Our police officers are sick and tired of the danger they face on the streets today in South Carolina because of his inaction.

And now, I tell you, this is one of the tragedies that is going to be hard to walk back. This administration will not take ownership, and to start touting things he has done, he has opened up this country, our sovereignty is at stake, and we are losing it. I know you are part of the administration, but it astounds me you are making these statements because it is just not true with the open borders that he is allowing to happen and endanger everybody in America.

Dr. GUPTA. Congressman, if I can complete my response. What I was saying is that that amount of drugs is not in our communities killing Americans right now. The proceeds, up to \$16 billion, and we are denying those to the transnational criminal organizations that are often used for crime for corruption and other events in the host countries that often destabilize fragile democracy and become the cause of migration in the first place. So, I am proud of

the work that our men and women are doing at the border, but I also want to mention this problem doesn't start or end at the border. It starts with precursor shipments in China and ends up as overdose and fatal overdoses in our communities. We have—

Mr. NORMAN. Doctor, how many countries are we—

Chairwoman MALONEY. The gentleman's time has expired. We could have a second round, but we have to keep moving.

Congresswoman Norton, you are now recognized.

Ms. NORTON. Thank you very much, Chair Maloney. Dr. Gupta, let me preface my questions by noting that I am extremely disappointed that the Biden administration's two budgets have proposed maintaining the right that prohibits the District of Columbia from spending its local funds on commercializing recreational marijuana. I will be submitting a question for the record on this matter.

Ms. NORTON. With that said, since assuming office, the Biden administration has shown a robust commitment to advancing equity and centering recovery over punishment in our Federal response to the overdose crisis. In 2022, the National Drug Control Strategy clarified further this crucial commitment. Dr. Gupta, could you explain the racial disparities that currently exist in incarceration and arrests for drug-related offenses? And how have these incarceration disparities perpetuated inequities in the ways communities experience the drug overdose crisis?

Dr. GUPTA. Thank you, Congresswoman. It is no doubt that the disparities in incarceration that exists and continue to exist have perpetuated a lot of challenges. I would say the question in the matter of D.C. rider, I understand it is with Congress, and I will leave it at that. And having said that, the President has been very clear that he supports decisions regarding legalization of marijuana up to individual states, but at the Federal level, he has supported decriminalization of marijuana use and automatically expungement of records. And part of the reason is because of the disparities in incarceration.

Now, one of the things we are doing through the Strategy is looking at all of the metrics that are available to us and where the data makes sense, for example, pre-arrest diversions. We were able to put forward a state model on deflection. Deflection is the idea that for nonviolent crimes, if someone has a mental health disorder or addiction, let's get the person the help. Let's get them the treatment. Let's get them figured out housing. Let's get them other things instead of incarcerating them. It is not only a good thing to do, prevents recidivism, but it is also cost-effective for the communities. It is these type of things that the Strategy looks at. It is figuring out how to solve problems at a community level and making sure that we are doing that with equity with the lens of equity at it.

Ms. NORTON. Thank you. To address the inequities in our criminal justice system, the Strategy urges the Department of Justice to identify opportunities to amend Federal statutes requiring mandatory minimums for drug-related offenses, and it calls for greater intergovernmental collaboration to address the root causes. How will these steps advance racial equity in our Federal response to the overdose crisis?

Dr. GUPTA. Thank you, Congresswoman. You know, as a physician who practiced for 25 years, I have seen the effect not just for individuals but also the family, the neighborhoods, the community. So, it is important for the administration to make sure that we are looking at every option and every possible way to have both judicial independence, and, at the same time, figure out what is the best way forward in ensuring that we are addressing equity at the same time we are addressing the drug crisis that is happening.

So, it is important for us, as I mentioned, to look at the alternatives. That includes drug courts. That includes making sure that people have this help while incarcerated. We know that 2 out of 3 people behind the walls have a substance use disorder or addiction. It is important for us to make sure that people are getting the treatment, both behind the walls but also upon reentry. And the reason for that is that is a commonsense smart way to not only save lives, but also save money and have more productive communities. As I mentioned, up to 25 percent, 26 percent of the labor force participation loss has been because of addiction, and we need to change that. And looking at it through the lens of equity is an important piece of doing that.

Ms. NORTON. The 2022 National Drug Control Strategy proposes steps for the Federal Government to better understand these racial inequities across our criminal justice system. It calls for universal substance use disorder screening for people who are arrested. How will these steps help to ensure that people in incarcerated settings have access they need to treat addiction? And why is this such an important component of the fight against addiction—

Chairwoman MALONEY. The gentlelady's time has expired. The gentleman may answer her question.

Dr. GUPTA. Thank you. This allows us to provide access to treatment behind the walls. The Federal Government is already working on that for Federal prisons because we want to walk the talk, we want to make sure that we are leading. So, we are currently working with Bureau of Prisons, Department of Justice, DEA, and HHS to make sure that we could provide treatment behind the walls so we can have productive communities at reentry.

Chairwoman MALONEY. Representative Cloud, you are now recognized.

Ms. FOXX. Madam Chair, this is Virginia Foxx. I think I am on next.

Chairwoman MALONEY. Oh, we would—

Mr. CLOUD. That is fine with me. She can go first.

Ms. FOXX. Thank you, Michael. Thank you, Madam Chair. Dr. Gupta, it is interesting to me you say, "behind the walls." It is impossible for you to say, "people in prison," I guess. Dr. Gupta, what percentage of drugs coming across the Southern border are fentanyl or laced with fentanyl?

Dr. GUPTA. I can speak about the seizures. I do not have direct data on the amount or percentage of the seizures.

Ms. FOXX. OK. Well, of the seizures.

Dr. GUPTA. Of the seizures, the volume of it, because most of those seizures—

Ms. FOXX. No, just what percentage are fentanyl or laced with fentanyl?

Dr. GUPTA. I can get you that data, Congresswoman.

Ms. FOXX. OK. I think it is most of them. Since fentanyl is one of the most deadliest drugs that is coming across the Southern border, what policies has this administration implemented to stop it, and I would just like you to say one, two, three, four, policies. Don't go into extraneous information, please.

Dr. GUPTA. Yes, Congresswoman. So, first of all, there is a United States-Mexico Bicentennial Framework that is looking at particular policies that fuel the trafficking, that fuel the transfer across the border, and work with Mexico as a partner to make sure that, we are working on that. The second, President signed an executive order that expands the prosecution and placing of sanctions to not just individual traffickers, but also the enablers, their financiers, and I can provide details later on to you for that.

Ms. FOXX. OK. And the first thing you gave nothing. There is nothing in what you said. It is a working on an agreement, so nothing there. You are saying just one thing, and I will look for the details. So, during the Trump administration, we saw the first annual decrease in overdose deaths in 30 years, with the Trump DHS setting an all-time high for the amount of drugs seized at the border, and the Trump administration awarded a record amount of Federal grants in support of drug interdiction and public health programs. What can we do to replicate this kind of success moving forward, and why hasn't the Biden administration already kept those programs in place?

Dr. GUPTA. Thank you, Congresswoman. I was Virginia health commissioner at the time, and I can tell you that during 2018, the deaths from fentanyl actually went up by 10 percent, so the decrease was not, unfortunately, in fentanyl during that time. What we have seen now, two weeks ago, CDC provided its first 12-month numbers, that have shown a few hundred decline in the deaths for a 12-month period from month to month. We are now——

Mr. FOXX. OK. Well, let us have that information. We would like to be able to compare what happened during the Trump administration with what is happening because that is not what we understand. The Trump administration's stance on securing the Southern border helped make America safer, stopped the flow of opioids into the Nation, and reduced overdose deaths, but the Biden administration's stance on the border is making us less safe and allowing opioid overdose deaths to continue increasing, despite what you are saying. So, without addressing our Southern border security, we simply cannot stop the flow of fentanyl into the country.

According to the CDC, in 2021, more than 107,000 people died from drug overdose, up from 91,799 in 2020. Why has the Biden administration failed to bring down drug overdose deaths?

Dr. GUPTA. Thank you, Congresswoman. I believe we are seeing now a blunting of the curve of overdose death. We know there are multiple factors. We also know that it is very important to secure our border and continue to secure our border. That is exactly why President Biden has proposed a budget of increase of \$300 million for Customs and Border Protection, for the drug budget. It is really important that we provide the men and women on the border in uniform the resources, the technology, as well as the infrastructure that they need to do the job that they are supposed to do.

Mr. FOXX. Oh, come on Mr. Gupta. You can't believe that. Let me ask you one more question. As a physician who served in rural communities, like many throughout my district, can you describe what should be done to protect rural communities from fentanyl and other dangerous opioids?

Dr. GUPTA. Thank you, Congresswoman. I think, first of all, we got to get naloxone out there. We can prevent about 80,000 deaths, a majority, if we can get naloxone out there, then connect people to treatment. We also need to have robust law enforcement drug trafficking efforts to make sure that we are cutting into the profits. That is where the High Intensity Drug Trafficking Area, or HIDTA, programs are important because they bring in local state and Federal partners to work collectively, and they are doing a great job of interdicting that supply right now. It is a combination of both, public health and public safety, especially in rural communities.

Ms. FOXX. You seem to know what to do, but you are not doing it. Thank you, Madam Chair. I yield, expired.

Chairwoman MALONEY. The time has expired. Representative Lynch, you are now recognized. Representative Lynch.

Mr. LYNCH. Thank you, Madam Chair, and, Dr. Gupta, thank you for joining us, and thank you for all your good work.

You know, I have been at this a while, and we have had a difficult time in addressing the drug problem in this country. We seem to have gone from a policy where we tried to get people clean and sober to a policy where we now try to get them off one drug and put them on another drug. And I am speaking specifically about suboxone and how we have taken the lid off, and allowed doctors to have hundreds of patients and just give them suboxone and not really deliver any behavioral health services that would get at the underlying addictive activity. And I am seeing it in my district where we have got a couple of clinics that hand out suboxone. The patients go out the door, and then they either trade that or they buy fentanyl or methamphetamines, which is even a worse problem. They can't get high with the suboxone, so they are going to harder drugs, and we are actually seeing much more violent activity because an individual on methamphetamines might be up for days, and we are seeing a lot of stabbings, a lot of violence.

And I am just questioning the whole policy here where we seem to be moving away from, you know, getting people straight, getting them clean, getting them sober, getting them back into their lives, and instead we are getting them on different drugs, and I just don't see a good result as a result of that policy. You got any thoughts on that?

Dr. GUPTA. Thank you, Congressman. You know, one of the things we have realized in the last few decades is this is a brain disease. It is just like a lot of other diseases. It is a brain disease, and the way we need to treat that is as a disease of the brain. That includes making sure that we understand the disease better, we provide the FDA-approved medications to help the person. And people may have different ways of getting at the treatment, Congressman. Some people may actually do OK, cold turkey. Others may actually need the medication for varying amounts of time.

But one thing that I have in my 25 years learned is we got to figure out how to get the help to people when they need it and

where they need it because they may not be coming back. The next time they come back would be as a fatal overdose in my emergency room, and that is why we have taken effects and actions here to save lives first. And part of that means to get people the help they need, figure out what works for them while not giving up on our research agenda, making sure that we are looking—

Mr. LYNCH. I appreciate that, Doctor, I really do, but I am just telling you. I am trying to give you a little feedback. It is not working where I am. It is not working in the 8th congressional District of Massachusetts. I got 10 cities. I got hundreds and hundreds and hundreds of people all together right next to the suboxone clinic, right next to the methadone clinic that are shooting up. And, you know, they are shooting up 5 or 6 times a day and, you know, it is just a very bad situation. I have had to go down there and look for young people who have left their families and are now totally off the grid and addicted, you know, to fentanyl and methamphetamines, and it is a sad, sad state.

You know, *The Journal of Medicine* just came out with an article last week, two weeks ago, that in one year, between 2019 to 2020, the adolescent death rate has gone up 100 percent, double in one year. And, you know, I just think that we are pushing more of this stuff out. It is not helping, so I think we have got to reassess.

One last question. You know, I am also on the Transportation Committee, and I had an unclassified briefing with the Department of Homeland Security and FAA, and this was on Judicial Watch as well. We had 9,000 unauthorized drone incursions over the Southwest border last year—9,000. And I am just wondering, you know, these drones have a payload of anywhere from 3, to 5, to 8 pounds, and I am sure a lot of fentanyl is coming in over the border by drone. Not by individuals, but by drones. They are shipping it in. And I am just wondering, I know the number of interdictions has increased, but I am just worried about volume. Is that because there is more volume coming over? Do you have any thoughts on that?

Dr. GUPTA. Thank you, Congressman.

Chairwoman MALONEY.—expired, but the doctor may answer your question.

Dr. GUPTA. Thank you. On the first part, I would say it is tragic, Congressman, and we are willing to work with you and Congress in any way possible we can help Americans, too many dying, unacceptable. On the second part, that is exactly the challenge today. The 21st century tools and technology that we need to be a deterrent to these air drone, marine drones, subterranean tunnel, some of which I have been inside of, we are going to need to work collectively to have deterrence technologies of the future because our adversaries are not waiting on us to develop them to fight this. And so I would look forward to working with Congress on some of those aspects which the bad guys figure out one way or the other to bring drugs in—

Mr. LYNCH. I look forward to working with you as well. Thank you, Madam Chair. I yield back.

Chairwoman MALONEY. The gentleman yields back.
Representative Cloud, you are now recognized.

Mr. CLOUD. Thank you, Madam Chair, and thank you for being here, Dr. Gupta. I have a few very quick questions for you. That should be pretty easy. How many fentanyl deaths have there been in the last year?

Dr. GUPTA. About 80,000. That is—

Mr. CLOUD. About 80,000, and we know the majority—

Dr. GUPTA. That is opioids, including fentanyl, sir.

Mr. CLOUD. Yes, we know the majority of that is coming over the Southern border. You already touched on a little bit, but where is most of the fentanyl coming from? Where are the cartels sourcing it from, either the fentanyl or components to make it?

Dr. GUPTA. Predominantly China, some amount—

Mr. CLOUD. Predominantly China, yes. And if China were to send over some sort of bomb, chemical warfare that killed 70,000, 80,000, to 100,000 people in our country, do you think that would be considered an act of war?

Dr. GUPTA. Congressman, I think we are already trying to make sure that China understands the importance and significance of cooperation in this area, but certain—

Mr. CLOUD. If they had sent that many people over with guns that killed 70,000, 80,000 people, do you think that would be considered an invasion?

Dr. GUPTA. Congressman, clearly people are dying already from fentanyl, of course.

Mr. CLOUD. Yes. In the few years that I have been in office, we have gone from the coyotes on the Southern side of the border who kind of duck and hide until our armed border patrol would move their posts, and then they would try to sneak people and drugs across, to now the coyotes are armed sometimes better than our Border Patrol agents, and our Border Patrol agents have been told to stand down. And so now the cartels, armed, bring their loads to our cartel members and tell them to get them to the station for processing. This is a completely backward approach to border security.

And the chair at the beginning of this hearing tried to make some benefit and make it sound good that we are catching more fentanyl at the border. That is a ridiculous notion and a spin on some really, really bad news. We are catching more because there is more coming across, not because we are catching more of a percentage of what is coming across. There is almost a half million got-aways coming across our border that are suspected undetected got-aways, not to mention the people who we know that we are not catching that are coming across, and the cartels are wreaking havoc on our Nation while this Nation stands down.

Now you are wanting more money from us to fix this issue, but my question for you is we have already sent you money to secure the border, the Biden administration. How do we know that if we send you money for anything, you are going to use it for what you are legally obligated to use it for?

Dr. GUPTA. Thank you, Congressman.

Mr. CLOUD. Why should we as Congress trust the Biden administration at this point?

Dr. GUPTA. Thank you, Congressman. I think when I go down and I talk to individual agents as well as leaders of the Customs

and Border Protection, as well as the other Federal agencies, look at the technology that is there that can be enhanced, I look at the infrastructure, the people, the resources that could be enhanced, all of our deterrent and detection technologies that can be enhanced, I think that is the rationale to making sure. I can tell you that—

Mr. CLOUD. We have already paid in Congress. We have already authorized and paid for much more border infrastructure and technology to be put in place. And the Biden administration continues to pay more than what it costs to put the wall up than to keep it down, and manned, and guarded, and rusting away in a stockpile. So, we could be doing a lot more to stop the cartel activity coming across the border. We are turning Mexico into a narco-state because of our inaction on the border, and they are beginning to have even footholds and even take over communities in the United States of America. I don't understand how the Biden administration makes any sort of positive news out of this.

Dr. GUPTA. Congressman, I went to the wall in San Ysidro, and then I walked 10 meters back to United States. And I went down several feet into a tunnel, a drug smuggling tunnel that was coming from across the border. There are hundreds of those. Women and men of the Border Patrol and Customs and Border Protection are working to seize and provide mitigation to those tunnels. We need cooperation from the Mexicans to do that on their end, but the fact is that it is—

Mr. CLOUD. Well, tunnels is one aspect, but they are coming in drones, but the wall that we have already paid, that the administration is breaking the wall and not to build, we have already paid for it. We have given the direction to do it. Their job is to execute the laws of the land, and they are not executing, so there is no way around that. They need to execute the laws of the land as sworn to do, as you had sworn to do, as Biden is sworn to do, as Kamala Harris is sworn to do.

So, I am going to move on to Big Tech for a little while. I am curious to know what you have done. A lot of this is being bought by young people over TikTok. Cartels are even recruiting over TikTok to make transports and those sorts of things in social media as well. The Big Tech and social media company has been pretty effective at clamping down on ideologies that they don't like to be particularly conservative ideologies. What kind of communication have you had with Big Tech when it comes to getting them to just allow cartel activity on their platforms?

Dr. GUPTA. Thank you, Congressman. We have had several conversations with Big Tech companies. We are working here at the office, particularly with one large one, where also CDC is working to make sure that there are PSAs, that Big Tech is taking its own accountability in place. DEA is, as well, providing the One Pill Can Kill Campaign through a variety of mechanisms, including social media, and clearly there is more that we need to do. Why? Because we still have kids oftentimes, but others as well, who do not often understand the importance of counterfeit pills these days, but the conversation and the work is ongoing. I have been personally engaged and involved in some of those conversations and actions.

Mr. CLOUD. Thank you, Chair. My time is up. I yield back.

Chairwoman MALONEY.—time has expired.

Representative Raskin, you are now recognized.

Mr. RASKIN. Thank you, Madam Chair. Dr. Gupta, addiction is a terrible brain disease as you have described it, and I believe the administration has adopted an approach called harm reduction of trying to help people recover from addiction and trying to reduce the other lethal harms of the terrible traffic in addictive drugs. Can you explain what is the overall theory behind harm reduction, and what are the components of it, and how well is it working now?

Dr. GUPTA. Thank you, Congressman. Over my 25 years, what I have seen oftentimes is, or the only time I will see somebody is when they are dead in my emergency room. I will often see them auto reversing and they go away. The fact is that where people are utilizing drugs, where they are using, we are not there. And where we are, four walls of the doctor's office, hospital, they are not there because there is a lack of trust. There is a lack of understanding, and the idea behind harm reduction is to meet people where they are, engage them, and build trust. And ultimately, what studies have shown is these types of strategies allows more people to enter into treatment, it allows more people to be saved, meaning in terms of saving the life, and it is cost effective.

The administration is embracing proven strategies like naloxone, the antidote, making sure people get them antidote for opioid overdose. Because we talk about counterfeit drugs that are out there in the community now, we are looking at how do we get people to help be able to check their own drugs to make sure that they are not playing Russian roulette each time they are using those drugs. And last, the Syringe Service Program that help us prevent the spread of dangerous, fatal, and very expensive, lifelong diseases like HIV and hepatitis. We have gone through a pandemic. We know what an epidemic or outbreak of HIV and hepatitis looks like, and it is a proven strategy to prevent that from happening. Those are the three aspects that were in the Strategy mentioned with the goal of making sure we are saving lives, first and foremost, and then obviously engaging individuals.

Mr. RASKIN. OK. And is that a policy that most of the states and local governments are participating in along with the Federal Government?

Dr. GUPTA. Yes, Congressman, it has bipartisan support, and it is one that has been adopted by many state and local governments and have, as a result, saved lives.

Mr. RASKIN. Well, how do you envision the role of the national government going forward in expanding access to harm reduction services? Obviously, we are in the thick of this terrible crisis, and our people are suffering, and more and more people are getting addicted. So, how can the Federal Government become an instrument of actually getting assistance to our people who need it?

Dr. GUPTA. Thank you, Congressman. Harm reduction policies, as me, as a provider and a local health physician, I can tell you is all about building community trust, bringing all partners together, including law enforcement, to build that trust. The Federal Government can certainly, and Congress can, of course, provide the resources that are needed for communities to be able to, on a voluntary basis, if they want to, pursue these, but also the ability to heal the community through building trust, through connecting

people back with treatment and the offering resources that they need to move forward. We have too many broken communities across the Nation because of this crisis, and this is another opportunity to do that, just that, with the resources, of course from Congress.

Mr. RASKIN. OK. Thank you. I will yield back to you, Madam Chair.

Chairwoman MALONEY. The gentleman yields back.

Mr. GROTHMAN, you are now recognized.

Mr. GROTHMAN. Thank you. Can you hear me? Mr. Gupta, the statistics I am looking at show that two Aprils ago, April 2020, 6,000 people crossed the border and were let in the country. Most recent April, we are at 183,000. So far, from 6,000 in April to 183,000. Do you feel that that is a complete and total embarrassment? How would you describe that performance as far as its effect on what we are discussing today, 6,000 to 183,000.

Dr. GUPTA. Thank you, Congressman. I am having a little bit difficulty hearing you. I believe you were comparing numbers.

Mr. GROTHMAN. OK. We will say 6,000 people crossed the border and were let in the United States in April 2020. The most recent April number was 183,000, so we have gone from 6,000 to 183,000. Do you consider that a complete embarrassment? And do you think we have to do something to get back the policy that went up to 6,000 if we are going to reduce the amount of illegal drugs flowing into this country?

Dr. GUPTA. Thank you, Congressman. I believe, obviously, at ONDCP we are concerned about the amount of obviously fentanyl and other drugs that are trafficked across the Nation, but globally. And one of the things that I think is really important for us and for us to not lose sight of is where are these drugs coming from, how are they being manufactured, and obviously what is happening to the American people falling victim to these poisonous—

Mr. GROTHMAN. Do you care at all? Six thousand to 183,000, does that bother you?

Dr. GUPTA. Congressman, clearly it is important that we have a robust border. And I do believe that, to the extent our men and women are doing their job, they are doing their job, and we need to provide them the resources that they need.

Mr. GROTHMAN. Would you prefer to go back to the system or the rules under which they operated two years ago when they had 6,000 people crossing instead of 183,000?

Dr. GUPTA. Frankly, Congressman, I would prefer to go back to a place where we didn't have literally any overdose deaths, and the fact is that we have too many overdose deaths. Over a million Americans have died, and we have got—

Mr. GROTHMAN. OK. I will give you another question if you don't want to answer that one. Given the huge number of deaths, the 110,000 from illegal drugs, 12-month period, do you feel more people than now should be put in prison for selling or trafficking these drugs in general and fentanyl in particular?

Dr. GUPTA. Congressman, I believe that people who are trafficking, manufacturing, and routing these drugs for the sole purpose of profits need to be held accountable, and they are our rule of law. No doubt about that.

Mr. GROTHMAN. Right now, you were hearing 10,000. Do you feel more people should be going to prison for trafficking or selling fentanyl and all?

Dr. GUPTA. I feel that people should be accountable for their actions. Of course we have the most lethal drug supply we have ever had in this Nation's history.

Mr. GROTHMAN. Right. If we had to do last year over, do you feel more people should be going to prison than now for the 10,000 deaths?

Dr. GUPTA. Congressman, I think the responsible people should be—

Mr. GROTHMAN. OK, you don't want to answer the question. Next question. Do you know what the total number of professionals dealing with addiction and that sort of thing has been, say, this year compared to 10 years ago when the problem was not as bad? Could you give an estimate of the number of people making their living as addiction professionals?

Dr. GUPTA. Congressman, I can tell you we have significant shortage of professionals for addiction medicine that—

Mr. GROTHMAN. That wasn't the question. Can you just do me a favor and answer one of my questions? Do you know the total number of people working in this field today compared to, say, 10 years ago?

Dr. GUPTA. I can get the figures for you, Congressman. I do know we have significant shortages, but I can get you exact numbers.

Mr. GROTHMAN. OK.

Dr. GUPTA. We have had significant turnover during the pandemic as well, so that would be—

Mr. GROTHMAN. OK. Now, the next question. I know people who have been stuck in this addiction from all sorts of family background. Nevertheless, I feel there are all sorts of problems in our country that correspond to the decrease in family backup. Do you have a statistics on either people who die or people who are convicted for selling these drugs as to their family background, or does anybody have those statistics?

Dr. GUPTA. Of family background, Congressman?

Mr. GROTHMAN. Correct. You know, what type of family structure, family structure? You know, they have no father at home, or they have mom and dad at home, they have no parents at home. Does anybody collect those statistics?

Chairwoman MALONEY. The gentleman's time has expired. The gentleman's time has expired.

Representative Kelly, you are now recognized.

Ms. KELLY. Thank you, Madam Chair. The Biden administration is committed to a health equity approach to addressing substance use disorders and recognizes that, for far too long, people have been unable to obtain treatment simply because they experience low income or because they live in a community lacking adequate recovery resources. President Biden's National Drug Control Strategy aims to address the systemic health disparities that previous administrations have frankly ignored. Director Gupta, I understand that there is a link between unemployment or experiencing low income and substance use disorders. How has the administration been addressing this and other root causes?

Dr. GUPTA. Thank you, Congresswoman. I think one of the aspects that this strategy looks at is the underlying factors, and it is important for us to understand the childhood experiences matter. We call them adverse childhood event, and experiences, and ACEs. It is important that we know from this data that somebody who has these types of events, five or more, has almost tenfold increased risk of using illicit drugs, also, overall, lack of education, less likely to have or hold a job. So, these things are all connected. But when we look at the underlying factors, we look at things like housing, things like job, economic security, food security, all of those aspects are important to a person's not just survival, but also thriving. So, it is important for us as we work with other agencies, like HUD, or Transportation, or others, to make sure that we are looking at the entirety of the picture of communities and addressing it from that perspective as well.

Ms. KELLY. Yes. I was going to ask, how does the administration plan to utilize prevention methods to specifically address the social determinants of health?

Dr. GUPTA. Thank you, Congresswoman. One of the things that we want to be able to do, as the President's HUD announcement and President has taken a leadership on this, which is to make sure that people have the housing needs that they need. Especially in the area of substance use disorders, it is critical, and that same thing goes for food security. It goes for economics. It also goes, as I mentioned, for deflection, to get people to help instead of incarcerating them. Those aspects that are part of the Strategy allow us to build a more resilient population, and actually, while making sure we are focusing on primary prevention for school-aged children as well so we can have a more robust future America which is really important part of this Strategy.

Ms. KELLY. I know you have only been around not even quite two years, but any improvements or any consequences of your work already in ensuring equity when addressing treatment for opioid use disorder? Have you seen any pattern changes by using your strategies?

Dr. GUPTA. As I mentioned, two weeks ago, CDC for the first time demonstrated a 12-month pattern with fewer deaths than the past, report a month ago. This is a very small amount of change. We are hoping and expecting that as we continue this effort, it will have more. We are also making sure we are working with Department of Education to have information disseminated to school districts around prevention messages as well.

The President is committed to ensuring that equity is something that we are looking at carefully, because we are seeing for the first time some of the highest rises in overdose deaths in African American population, especially black males. The worst problem is that we also know some populations have the most difficulty entering treatment. So, we are trying to narrow those two gaps to make sure that we are, at the end of the day, saving lives.

Ms. KELLY. Thank you. And is further research and methodologies surrounding the social determinants of health and substance use something the administration is prioritizing?

Dr. GUPTA. Yes, Congresswoman, it is something that we are making sure that we are looking into the research, not just to what

is, but what are those differences, how can we make it better, how can we also look at treatments and prevention aspects that could help us get to a place where fewer Americans are using drugs, but fewer Americans are ultimately dying.

Ms. KELLY. Thank you so much. I just want to say we cannot fully address substance use disorder without first addressing its root causes and ensuring that marginalized communities receive the support they need. And with that, thank you, and I yield back.

Chairwoman MALONEY. The gentlelady yields back.

Representative Biggs, you are now recognized.

Mr. BIGGS. Thank you, Madam Chair. Dr. Gupta, thanks for being here. Last month during a traffic stop, police in Pinal County, which is not a border county, but it is in my state, stopped two women for speeding. They found 500,000 fentanyl pills. Last month, 500,000. Synthetic opioid deaths, including fentanyl, up 23 percent from last year. Cocaine deaths, up 23 percent from last year. Meth and other stimulants, up 34 percent from last year. In Arizona, in a two-month period, the end of last year, seized more than 3 million fentanyl pills. And, Madam Chair, I ask that this article be put into the record.

Chairwoman MALONEY. Without objection.

Mr. BIGGS. Thank you. Thank you so much. And also, Dr. Gupta, just two weeks ago at Calexico, at the POA there, they found 55 pounds of fentanyl stuffed into a gas tank coming across the border, so, hallelujah, they are stopping some. Here is the score: 2018, Pinal County zero fentanyl pills; 2019, 700 fentanyl pills, 2018–2019; 2020, 200,000-plus fentanyl pills; and then in 2021, more than 1.1 million fentanyl pills in that county alone. Dr. Gupta, in your written testimony you state the United States has a fundamental responsibility to protect its borders and this is precisely what the Biden administration has been doing. Just two months ago on the Judiciary Committee, Secretary Mayorkas testified that the Biden administration had operational control over the border.

Dr. Gupta, are you familiar with the Secure Fence Act of 2006?

Dr. GUPTA. I am aware of it.

Mr. BIGGS. So, here is how they define operational control: “the prevention of all unlawful U.S. entries, including entries by terrorists other unlawful aliens and instruments of terrorism, narcotics, and other contraband.” You wouldn’t say that our border is operationally secure knowing the amount of narcotics that are coming across, would you?

Dr. GUPTA. Well, Congressman, what I would say that our border is secure, but there is a lot more we can do.

Mr. BIGGS. You are saying the border is secure. OK. Well, see, that kind of undermines the credibility, so let me let me go through this. You say approximately 92 percent of the heroin seized and tested in the U.S. is from Mexico. Ninety-two percent of the drug that is killing Americans is smuggled over our Southern border. That is not operational control. So, let us go through just a little bit more. According to the DEA, 42 percent of pills tested for fentanyl contained at least 2 milligrams of fentanyl, which is considered a lethal dose. In the eight Texas ports of entry, they saw over a 1,000-percent increase in seized fentanyl.

But here is the deal. You said that that is a great sign, and it is good, we are stopping some of it. But Brandon Judd, who is the president of National Border Patrol Council, testified under oath this year that CBP is lucky if they seize even five percent of what is coming over the border. You understand what I am saying, right? The ratio indicates that we are failing in interdicting drugs, and yet you are telling us that the border is secure.

And you said that you have visited the border in two places San Ysidro and El Paso. I would love for you to come with me. Just you and me, incognito. We don't tell them I am a Congressman. We don't tell them that you are the director of the National Drug Control Policy. We won't tell them that. Just you and me, come on down. We will go to the border. I will take you to places where you can watch what is happening. You can watch our men and women of CBP overrun. So, there are literally hundreds of miles unprotected, which is where drugs are coming in. We will find a place. We will watch people come across in camo, carpet shoes, backpacks on, carrying drugs. I am happy to do that with you.

And when you say we want to do \$300 million to get interdiction materials, and you want to make sure you have high tech and you want to have all of that, fantastic, but you know what? When you talk to Border Patrol agents, and if you come with me, we will talk to real Border Patrol agents and even managers who will tell you, if they don't know who you are, and they know they can trust you, they will tell you what is going on. And they will say, look, we may need more resources, but you know what we really need? We need the policy so we can enforce the law to secure our border.

And as long as we fail to do it, then we will continue this rather inhumane approach to the borders where you have drug trafficking, you have human smuggling, you have human trafficking coming across. You have people like the lady who was wandering around in the desert, found by some sheriffs' deputies just about a month, actually about two months ago now. Why are you carrying those pills? What are those pills? They are morning-after pills because I knew I would be raped repeatedly coming across.

Dr. Gupta, it is incumbent upon you before you can solve the problem that you are trying to solve, and I appreciate you are trying to take a full-on multifaceted approach. It is a huge task. I don't envy you the task. But as long as you are in denial on what is happening on the border, you are not going to solve the biggest part of this, and that is the smuggling that is coming across. So Dr. Gupta, I do extend to you an invitation to come with me down to the border. I go often. I go to a lot of places, and I would love to have you there with me. And with that I yield back. Thank you, Madam Chair.

Chairwoman MALONEY. Representative Wasserman Schultz, you are now recognized.

Ms. WASSERMAN SCHULTZ. Thank you, Madam Chair, and thank you, Director, for your testimony and to the work of your office, as well as the Biden-Harris Administration's effort to combat this crisis. And let me just state to the record that your efforts are the furthest thing from not understanding what the crisis is. And in my experience with you and the conversations I have had with you, it is very clear to me that you understand the depth of the crisis, and

also clear to me that immigration policy and border policy is not in your job description.

So, our colleagues on the other side of the aisle in this committee talk a lot, a good game about focusing on what we are actually responsible for. That policy is not what we are responsible for in the Oversight Committee. But I do want to talk about an issue that directly affects my home state of Florida, and any of the deadly dozen states that haven't expanded Medicaid, how inadequate health insurance coverage contributes to our Nation's addiction and overdose crisis. Research shows that overdose rates are lower in states that expanded Medicaid coverage under the Affordable Care Act. In fact, states that expanded Medicaid coverage experienced at least 10-percent fewer overdoses involving synthetic opioids like fentanyl, and 11 percent fewer overdoses involving heroin when compared against states that haven't expanded Medicaid.

So Director Gupta, how would further Medicaid expansion combat the opioid epidemic and improve access to treatment and recovery for individuals experiencing substance use disorder?

Dr. GUPTA. Thank you, Congresswoman, and I really appreciate the efforts and the fact that we were able to see some offloads. Once again, the interdiction aspect is so important.

Ms. Ms. WASSERMAN SCHULTZ. Yes. Yes.

Dr. GUPTA. The treatment part is so critical because as we try to get people the help, one of the reasons people do not get the help is because they don't have the coverage, and the very people that we are trying to help often cannot afford to see a physician or a provider, and that is tragic, and that is unfortunate. So, we know that there is a direct link between increasing access to care and getting actually the care, and it is critical. That is probably one of the most important pieces of the backbone that we are going to need to solve this crisis and save the 107,000 lives or perhaps increasing number in the future. So, access to care is a critical component, and obviously, people who get it are able to then have at least one more issue that they don't have to worry about while seeking care.

Ms. WASSERMAN SCHULTZ. Absolutely, thank you. And I mean, we are all painfully aware of how the addiction and overdose crisis has impacted our Nation's young people. In fact, the final two years of the Trump administration, the overdose mortality rate among U.S. adolescents went up 94 percent, and this crisis also affects young adults, especially those who may struggle to find adequate health insurance. And let me tell you, you and I together saw firsthand the efforts that are being made with an entire depth full of interdicted drugs in South Florida that were brought in, among the largest interdictions of drugs in our history that the Coast Guard was able to recover, and you and I were there to witness it. So, any suggestion that there isn't every effort being made to interdict the smuggling of illicit drugs is erroneous.

So, I want to also just focus on Medicaid expansion and how it would help young adults acquire health insurance. How would increased access to health insurance lead to access to effective treatment and recovery and, thus, improved outcomes for young adults and for society generally? I mean, again, we have 12 states in the country, mine included, that have not expanded Medicaid, and as

a result, the rate of drug overdose is higher in those states than it is in those states that have expanded Medicaid.

Dr. GUPTA. Thank you, Congresswoman. First of all, it is important to note that about half of the people with substance use disorder have mental health and vice versa. So, this overlap in mental health, that also is part of the importance of access to care. It is true and tragic that young people are perishing at higher rates than ever before, because of the overlap of the two. It is also true that majority of people that have the 107,000 deaths that happen are between 25 and 54 years of age. That means that is our working-age population across this country, that we are losing 100,000 people at a time, every year. So, if you think about it from economics, if you think about it common sense, if you think about it from the ability to get people, the ability to feel that they get help and overlap is critical.

Ms. WASSERMAN SCHULTZ. It is basic math. Really, what it boils down to is. If you have health insurance, if you can afford to pay for your healthcare, you are much more likely to be able to get access to that care and prevent either ever being addicted to drugs in the first place and be able to overcome substance use disorder in the second place. So, I appreciate your explanation of how expanding Medicaid is absolutely vital in our fight against this terrible crisis.

The Affordable Care Act provides a powerful tool to fight addiction and overdoses, yet Republicans, like Florida Governor Ron DeSantis, refused to expand Medicaid to reduce the misery and death that this disease brings on. Sadly, because Governor DeSantis is immune to facts, science, and even the shame of adding to the overwhelming grief that families must endure, because of his callous inaction, he is not likely to be moved to act. But that doesn't mean we stop calling out his and other Republican Governors' cruel indifference and how it compounds this crisis and adds to the pain that millions of American families will suffer.

Thank you, Madam Chair. I yield back the balance of my time, and, Dr. Gupta, thank you so much for your service.

Chairwoman MALONEY. Thank you. Wasserman yields back.

Representative FALLON, you are now recognized.

Mr. FALLON. Thank you, Madam Chair. Dr. Gupta according to the DEA, the illegal smuggling of narcotics in our country has increased dramatically over the last two years. Do you agree with the DEA's assessment that smuggling of cocaine and methamphetamine and fentanyl is on the rise?

Dr. GUPTA. Congressman, we are seeing an unprecedented drug supply environment that this country has never seen before.

Mr. FALLON. OK. And I thought it was interesting too, Doctor, that the DEA said the only major drug that is actually on the decline as far as vis-a-vis illegal smuggling is heroin, but it is only because fentanyl has replaced it because it is cheaper, it is easier to smuggle, and there is greater profits, and it is a lot deadlier. And, Doctor, is it accurate to say that fentanyl is, I think it is 50 times more powerful than heroin and 100 times more powerful than morphine. Is that accurate?

Dr. GUPTA. Congressman, that would be accurate. I just wanted to mention one thing—

Mr. FALLON. Sure.

Dr. GUPTA [continuing]. that we are seeing a transition from plant-based organic compound, like heroin, to synthetics, and a Pandora's box has been opened with the lab production of synthetics like fentanyl.

Mr. FALLON. OK. And then I think this is important from your testimony, one of my colleagues, but the country that the lion's share of these drugs are being smuggled from and into our country is which country again?

Dr. GUPTA. Obviously where they are being produced is Mexico, but obviously it is other nations like China from which the resources are coming from.

Mr. FALLON. Right. So, is it fair to say most of the methamphetamine that is smuggled in to the country is produced in Mexico, and most of the fentanyl is produced in China. But I also heard from some of our DEA agents that fentanyl production in Mexico is also on the rise. Is that accurate?

Dr. GUPTA. Congressman, as of today, for North America or for United States actually, the precursors are shipped for both of these predominantly from China, production for fentanyl and meth happens in Mexico, and obviously Americans bear the burden.

Mr. FALLON. Sure, because, you know, you can understand my concern. I mean, when you have 107,000 deaths, American deaths due to drug overdoses, mostly opioids, and I think you just said 80,000 to fentanyl alone. My home state has a 1,254-mile border with Mexico, which has been proven time and again to be a de facto narco-state. And here we have the worst on record for illegal encounters was April with 234,000, but then that record was broken in May with a nearly 240,000 illegal border crossers. And during the Biden administration, 2.9 million illegal border encounters and 700,000 known got-aways, so that is at least 3.6 million. And if only one percent of those folks that are crossing the border are smuggling narcotics, even small amounts, that is 36,000 times. That is remarkable.

So, here are some stats. The Customs and Border Patrol estimate that during the Biden administration, over a million pounds of illegal narcotics have been seized along the border, and 7,000 pounds of fentanyl, which is enough to kill every American multiple times over. So, Secretary Mayorkas last year testified in front of the House committee that the border was secure, and he then reasonably said there was operational control, and I was a little surprised. I think my colleague, Representative Biggs, did an outstanding job in his questioning. I just want to hear this again. Your testimony is as that Director of the National Drug Control Policy for the Biden administration, that our border is secure. Is that correct, because that is what you said to him.

Dr. GUPTA. Thank you, Congressman. We believe certainly that the border is secure with respect to making sure that we are seizing both the drugs but also the counternarcotics aspect. We are partnering closely with Mexico to ensure that, because the problems do not begin or end at the border when they are concerned with narcotics and other illegal drugs, we want to make sure we are addressing the causes of production, the causes of transportation, the routes, as well as shipment from China—

Mr. FALLON. And, Doctor, I apologize. I have to reclaim my time only because I have five minutes, but I am just shocked. I think that is shockingly inaccurate, and it just shows just gross negligence. I mean, a porous border is a dangerous border, and it is an immoral border. And the Mexican drug cartels, the fact of the matter is, are controlling our Southern border, not our Federal Government. And that is a gross dereliction of duty from this administration that is putting Americans at risk. And we see that in Texas with the political shift. Folks are leaving in droves the Democratic Party and coming to the Republican Party because they are sick of the chaos, the corruption, the cartels, and the crime.

Madam Chair, thanks very much. I yield back.

Chairwoman MALONEY. The time has expired. And to followup on the discussion we just had, I would like unanimous consent to enter into the record President Biden's 2021 Executive Order imposing sanctions on transnational cartels and drug traffickers. Just this year the administration has extradited 10 transnational criminals from Mexico to the U.S., including several top cartel operatives. The administration has also sanctioned another 26 operatives and 10 trafficking organizations. So, the truth is the Biden administration has been aggressively going after the cartels.

Now I would like rec to place it in the record.

Voice. Without objection.

Chairwoman MALONEY. Without objection.

Chairwoman MALONEY. Now, Congressman Ro Khanna, you are now recognized.

Mr. KHANNA. Thank you, Madam Chair, and thank you for your leadership. It is clear that the Sackler family and Purdue Pharma, alongside with other major pharma companies, are responsible for massive crimes on the American public and the harm that they have caused with the opioid epidemic. We should read Beth Macy's work on this. They need to be held accountable. They shouldn't be able to hide behind bankruptcy court or shield their assets for the crimes they have committed on the American public.

My questioning wants to focus on the current research that shows that cannabis can be a key alternative to opioids when it comes to relieving pain. Access to cannabis is associated with the reduced rates of opioid use and abuse, reduced rates of opioid-related hospitalizations, reduced rates of opioid-related traffic fatalities, reduced rates of opioid-related drug treatment admissions. One study showed a 64-percent reduction in opioid use amongst chronic pain patients who use medical marijuana.

Dr. Gupta, I appreciate your leadership. I imagine you and the administration are aware of these studies. Is that true?

Dr. GUPTA. Thank you, Congressman. We are closely monitoring these. As someone who has implemented a medical cannabis program in the state of West Virginia, I understand this work, and we are monitoring those studies as well.

Mr. KHANNA. Thank you, Dr. Gupta. Would you say, based on your experience, that it is true that cannabis use is an effective alternative for chronic pain patients?

Dr. GUPTA. There is evidence to suggest that in cases of certain chronic pain, cannabis can be efficacious.

Mr. KHANNA. Dr. Gupta, when it comes to acute pain, what category do opioid prescriptions fall under? Do you know, or I can let you know if you don't.

Dr. GUPTA. Most of the opioid prescriptions are Class 2.

Mr. KHANNA. Exactly. Exactly, Schedule II. And yet, cannabis is still categorized as Schedule I, as a Schedule I drug, which is the most heavily restricted category and which prohibits scientists and researchers from conducting rigorous large scale-studies on cannabis. Just to be clear, this means that cannabis has more restrictive policies than currently opioids have, even though opioids have killed tens of thousands of Americans. Do you see this, Dr. Gupta, as a contradiction that needs to be resolved?

Dr. GUPTA. Thank you, Congressman. Clearly the President has been clear about this in regards to the decriminalization, but also it is important for us to continue to look at this from a research perspective, from a medical use perspective, but it is clear the policies that we have had in this country with regards to marijuana have not worked, and the President has said so.

Mr. KHANNA. I appreciate that, Dr. Gupta, and I admire your public service. I know you have to be careful not to get ahead of the President, and you are being appropriately diplomatic in your responses. But the President has the executive authority to direct DEA, HHS, and FDA to consider administratively rescheduling marijuana, which would facilitate research, which would facilitate patient access. I am for legalizing, at the very least decriminalizing, but the President could at least make sure that it is rescheduled so it is not more restrictive than opioids themselves. Dr. Gupta, you don't have to make public comments, but can you assure the committee today that privately, at the very least, you will urge the President and the administration to follow the best judgment of science here and medical research, because that can really help in solving this problem.

Dr. GUPTA. Thank you, Congressman. I think it is the foundation for so many ways to proceed forward, including our current Strategy, is to follow science, follow data, and I can commit to you that we are going to continue to do that.

Mr. KHANNA. Thank you, Dr. Gupta. I just would hope you and the administration really will consider the rescheduling, and to look at what can make a difference in patients' lives, and resolve this discrepancy where currently cannabis, which is actually more effective and isn't killing thousands of people, is more restrictive than the opioids that have done so much harm in American life. And I appreciate your public service, I appreciate your work, and thank you for appearing before this committee.

Dr. GUPTA. Thank you.

Chairwoman MALONEY. Thank you. The gentleman yields back.

Representative Donalds, you are now called upon. Representative Donalds?

Mr. DONALDS. Thank you, Madam Chair. Dr. Gupta, thanks for joining us. Quick question, Doctor. You were talking about transportation of fentanyl and other opioids, routes, manufacturing. You mentioned that there is precursor that comes from China. Wouldn't you say that most of the actual pills that are pressed with fentanyl are actually manufactured in Mexico?

Dr. GUPTA. Congressman, yes. They are manufactured in Mexico after production.

Mr. DONALDS. OK. So, they are manufactured in Mexico, and then where do they go from there?

Dr. GUPTA. Congressman, they are often trafficked. We know that they end up in the hands of unsuspecting Americans oftentimes—

Mr. DONALDS. So, how are they are trafficked into the United States, Dr. Gupta?

Dr. GUPTA. Well, we understand that they are trafficked across all routes, from land borders, sea border, ports of entry, air, as we have been discussing. So, there is all—

Mr. DONALDS. Dr. Gupta, I have a question, side question, but it is on the point of trafficking itself. Wouldn't you say it would be better for Border Patrol agents to be fully focused on the trafficking of narcotics as opposed to processing people coming across the border at an illegal point of entry?

Dr. GUPTA. Congressman, I think you are trying to get to the point of resources, I guess, and the fact of the matter is that we have to be able to do both. But when it comes to counter-narcotics—

Mr. DONALDS. Dr. Gupta, to your point about resources, resources are finite. There are only about so many resources you actually have at your disposal. We know that there are only about so many men and women of Border Patrol at the disposal of the United States. So, would you say it will be more effective drug policy to have Border Patrol agents actually monitoring drug trafficking than processing people with asylum applications who are coming to an illegal point of entry?

Dr. GUPTA. Congressman, what I would say to you is, it is a distribution of resources. The President has asked for budget to match that, but we must also look at the profits that are driving the transnational criminal organization. I say this because it is not only drugs. These are poly crime organizations that are involved in smuggling people, they are smuggling guns, they are smuggling cash.

Mr. DONALDS. Dr. Gupta, I actually completely agree with what you just said. They are smuggling people, drugs, cash, and weapons. So, if we know these things, as you just alluded, isn't it the best policy from the White House, and then definitely with respect to your purview in the administration, so make sure that border agents are focused on trafficking of all of these things as opposed to just processing people just on the border, because let me add this point to my question. Fine point.

I have been there four times. I know the President has not been, but I have been there four times. When a border agent is at the Southern border and a group of people come out of the brush crossing our border illegally, the border agent, as usually just him by himself or herself, has to stop actually patrolling the section they are responsible for, and they have to go through the process of doing intake of everybody that approached them. I was at a border stop where people came across illegally about a week ago in McAllen, Texas. I witnessed this firsthand, and that agent is now distracted. Now, at that time, when that agent had to deal with

people coming across the border illegally, on the radio, there were runners coming through the McAllen section who did not want to give themselves up. And I would assume they were running with narcotics, namely fentanyl.

So, I am going to go back to the original point of questioning here. Isn't it better policy in the United States for border agents to be focused on trafficking from the drug cartels and multinational criminal organizations, as opposed to actually going through the process of processing people coming into our country at an illegal point of entry?

Dr. GUPTA. Congressman, I hope we can do both, and I hope we can do both because what drives—

Mr. DONALDS. Well, hope is not the strategy, Dr. Gupta. Hope is not a strategy. Hope is wishful thinking. The reality is, as you already dictated, there are finite resources. It is only about so many border agents. So, if you have to choose, which one do you choose, Dr. Gupta?

Dr. GUPTA. Congressman, if we follow the strategy that is laid out, the President's strategy, Drug Control Strategy, I think you will find a number of technological aspects for both detection and deterrence that allow us to actually save money by using technology for that, but we must go after the profits of these transnational criminal organizations. They are not—

Mr. DONALDS. I completely agree with you, Dr. Gupta. I am going to reclaim my time. We go after their profits. The No. 1 thing we do is we actually stop processing people at an illegal point of entry because then they won't pay the drug cartels. Those are profits to traffic them into the United States. The drug cartels are using human trafficking into our country as a way to actually increase drug trafficking into our country, which is a direct thing that goes with the amount of fentanyl deaths in the United States.

Thank you, Madam Chair, for the indulgence. I yield back the rest of my time.

Chairwoman MALONEY. The gentleman's time has expired. OK. Representative DeSaulnier, you are now recognized.

Mr. DESAULNIER. Thank you, Madam Chair. Thank you, Doctor, for being here. Thank you for your lifetime work in this field.

I want to talk to you a little bit about and very much appreciate the evidence-based approach. We have had success in a bipartisan way on criminal justice reform. We have had people like the Heritage folks agree that evidence-based research policies can work and they are effective, and they clearly work when it comes to substance abuse. Only 30 million Americans, who have substance abuse problems, almost 70 percent of them say they are either in recovery or have recovered. For those of us who are familiar with recovery, there is certainly an argument to be made you are always in recovery once you have become addicted.

One of my frustrations, Doctor, is, and I am sure it is yours as well, the scale of this country, your institution. I was at an event this Sunday for a sober living nonprofit that I have been involved with since I was in local government 30 years, myself and the presiding judge of our drug court, who is a Republican nominee. And we were talking about, ironically, the last comments about hope and the hope of having programs like that at a community level

where users and families, users of services, addicted people, can see them work because of the evidence-based research.

So, the frustration is getting the Federal Government to be in the role of, from my perspective, identifying those programs that work and then incentivizing investments in that programs, in those programs at a community level. Could you speak to that, both your frustrations and the successes? I look at places like Johns Hopkins and UCSF here where I live, where the exponential research and understanding of addiction and neuroscience is so wonderful, but then deploying that to the communities that need it are so frustrating.

Dr. GUPTA. Thank you, Congressman. I think it is an important piece to understand at least two-thirds of people that are incarcerated have a diagnosis of substance use disorder or addiction. Therefore, it is important, first of all, to think about all the programs that could do a pre-arrest diversion, like deflection programs. We have just put out a state model law that put public safety and public health communities to work together, to get people the help they need in lieu of arrest and incarceration. It says money is common sense. Second, drug courts. I want to make sure that before either pre-trial diversion, drug courts, and other aspects like that, we have robust training. The Strategy calls for ensuring that people have the opportunity for non-violent crimes to have, to move on, to make sure that happens.

Treatment for people incarcerated is critical, and we are doing that because people become more productive. The death rates declined significantly at the scene in states like Rhode Island when we can treat people, and recidivism in all quarters costs go down as well. And then, reentry. It is important to make sure that when people are ready to reenter society, we get them the tools that need to be successful, and that is where treatment continuing and community connection become important. And then recovery support services. Understanding the recovery is not about a treatment only, but it is about all the support that individual needs with their health, with their home, with their community, and with their purpose in life to make sure that they have all of those surrounding services and supports to make them successful across the lifetime.

Mr. DESAULNIER. A followup on that. Having had multiple discussions with Secretary Walsh, and a member of the Education and Labor Committee, and chair of that committee's Health, Employment, Labor, and Pension Subcommittee, and with Xavier Becerra, a good friend, how do we coordinate those services? So again, at the community level, years ago I had a conversation when I was in the legislature, and we were dealing with both criminal justice reform that has been successful here in California and the ACA. I had the warden of San Quentin tell me, why are you surprised that we release people from here back into your district in Richmond, California or Oakland, and they are back here within a month when we only give them \$200 and say "good luck." So, how are we coordinating those services at the Federal level and at the state level?

Dr. GUPTA. At a Federal level, Congressman, it is important for us to be working together. That is where ONDC comes in with the Strategy because it allows us to work with Health and Human Services, with Labor, with HRSA, with making sure that we have

both recovery-ready work force as well, but also recovery-ready employers and employment places that allow that to happen. So, it is a matter of coordination, and that is exactly what we are doing by bringing all the 18 drugs controlled by the Agency together and work on it collectively.

The state level, I am proud when I talk to leaders, like Governor Sununu in New Hampshire, who is actually leading recovery-ready work force, recovery-ready workplaces. I visited him, and I was happy to see how far we are moving when we decided that this is the right thing to do because it makes sense. And there are Governors across the country that are actually moving to understand it is effective. There are 23 million Americans that the President called out in the State of Union speech that are on path to recovery. We need to support them and do everything we can to provide them the resources.

Mr. DESAULNIER. Thank you, Doctor. Public health is public safety, right? I yield back.

Dr. GUPTA. Yes, sir. Thank you.

Chairwoman MALONEY. Representative Comer, you are now recognized.

Mr. COMER. Thank you, Madam Chair. Dr. Gupta, is fentanyl the deadliest drug currently coming across the border?

Dr. GUPTA. Congressman, there are some others, but predominantly it is.

Mr. COMER. And is fentanyl being manufactured in clandestine labs on the Mexican side of the border?

Dr. GUPTA. Yes, Congressman.

Mr. COMER. And when they are manufacturing these synthetic opioids, where are they obtaining the precursor chemicals from?

Dr. GUPTA. Mostly from China, Congressman.

Mr. COMER. What is this administration doing to hold China accountable for helping the cartels create and distribute fentanyl?

Dr. GUPTA. Congressman, I agree with the words of Secretary Blinken, who spoke recently about China policy, which is that we have to work with the PRC to make sure that the criminal elements within the PRC are held to account. And if China is to be the global leader and demonstrate the leadership, that it must actually be held accountable.

So, one of the things we are doing is I am working very closely with our Ambassador, Nick Burns, in Beijing to see how we work together. We have very specific asks of the People's Republic of China, and we have provided them the asks, both in meetings as well as in writing. Those asks are that we want you to make sure that there is labeling and you are following the uniform international shipping standards. We want you to make sure your companies know the customer, KYC, Know Your Customer protocols all the way to the end user, and making sure that some of these dual-use chemicals, we are keeping a track and working mutually to do that. Now that spoken—

Mr. COMER. Let me reclaim my time there. You know, we obviously don't feel that that is a firm stance with China. We all know from history, China is not the most truthful country we deal with. They steal our patent. They steal our intellectual property. They are contributing to the fentanyl crisis we have here in America.

Now back to the Mexican drug cartels, they smuggle both people and drugs in their operations, correct?

Dr. GUPTA. Correct.

Mr. COMER. Are the cartels using their human smuggling operations to facilitate their drug smuggling operations?

Dr. GUPTA. Congressman, we believe sometimes they are and sometimes they are not, so it depends. There are reasons for both.

Mr. COMER. Well, I can tell you, and the reason you have had so many questions is the Republicans on the Oversight Committee, we have been to the border numerous times, and the drug cartel tell us that, in fact, that drug cartels use human smugglers to get their fentanyl across the border. So my question, sir, is why was the Southern border only mentioned twice in the National Drug Control Strategy for 2022?

Dr. GUPTA. Congressman, I might point to you that part of the responsibility ONDC is to provide border strategy. So, there is an entire accompanying document that focuses just on the border strategy: the Southwest border, the Caribbean border, and the Northern border. So, there is an entire complement that has the border strategies, the full written complement.

Mr. COMER. Dr. Gupta, you know, you have been asked this question by many Republicans on the committee, and I am going to give you one last opportunity to answer the question since I am the last question, and I want to remind you that you are under oath. But do you believe the Biden administration is doing everything it can to control the illicit flow of fentanyl across the Southern border?

Dr. GUPTA. Congressman, I believe we can do more, and I think we need to do more. And I believe part of that requires making sure that we are holding Mexico and Mexican Government accountable with the same level of energy and enthusiasm that we are working on South Dong, gun trafficking, as well as cash trafficking. We want them to act accordingly and as robust as we are because we put a lot of resources into Mexico. We could do more in terms of President's budget and making sure it kind of helps us with making sure that folks have the technology, the resources, as well as infrastructure. We think we can do more to stop the shipment of precursors from China and make sure the next country in the line does not substitute for that.

Mr. COMER. And I will close with this. My time is about up. You know, there aren't many areas right now, unfortunately, where there is bipartisan agreement in Congress. There is one agreement that the fentanyl is coming across the Southern border, and this administration needs to do more. When you ask for more funding and when we talk to the Border Patrol, they say that this administration continues to do things to tie their hands, like the recent announcement to suspend Title 42, that is only making the illegal border crossings significantly increase. When the border crossing increases, there is more drugs at—

Chairwoman MALONEY. The gentleman's time has expired.

Mr. COMER. Now this administration is going to have to get serious. Madam Chair, I will wrap it up here. You can't have a committee hearing on the National Drug Control Strategy and the Federal response without addressing the crisis at the Southern border,

and that is what we have is a crisis. And this administration's response is substandard and certainly making a bad situation worse. I yield back.

Chairwoman MALONEY. The gentleman yields back.

Representative Tlaib, you are now recognized.

Ms. TLAIB. Thank you so much, Chairwoman, and thank you Dr. Gupta for being with us today. You know, I know addiction is a critical issue. You know, even as my colleagues focus so much on some of the border and immigration policies, I know within our own country, we just have not done enough to push back in understanding or push back on this rhetoric that we don't have a substance abuse issue and problem in our country, especially with even some, you know, legal pharmaceutical companies pushing, you know, contributing to the opioid crisis right here at home. And many of my colleagues continue to actually benefit through political contributions from some of the same folks that continue to push those drugs onto our families.

You know, one of the things I want to talk about is that, you know, expanding access to an opioid overdose reversal medication as you know, the current Narcan, would help achieve so much in saving tens and thousands of lives, as you know, Doctor. And we have seen in places like Massachusetts and where, you know, Narcan distribution program reduce opioid overdoses and deaths by an estimated 11 percent without increasing opioid use.

And if I may, Chairwoman, I would like to submit for the record a study to show some of the impact of that program, that distribution program.

Chairwoman MALONEY. Without objection.

Ms. TLAIB. Thank you. To maximize the lifesaving potential of these treatments, it is imperative, as you know, Doctor, that the overdose reversal medication are affordable and easily accessible in every city and town across the United States.

Doctor, how does the current administration's National Drug Control Strategy increase access to Narcan so it can be readily available for people who need it the most, including those historically neglected communities like mine? I mean, you should know this, you know, seeing some of the information coming out, I think, with the past decade, over 2,000 of my fellow Detroiters lost their lives. Many corporate funding pushed, you know, addiction on them. Of them, 364 overdose deaths in 2019, 86 percent of those deaths were involved opioid. And so what can you tell me that you all are doing to increase the access?

Dr. GUPTA. Thank you, Congresswoman. Naloxone or Narcan, this is about making sure it is affordable and it is accessible. And one of the things we are doing is making sure that states have a set-aside amounts to be able to both acquire as well as have a distribution plan to especially the most vulnerable communities within the states to be able to distribute. It does no good sitting on the shelf because it expires. It is not saving lives. But we are very intentional about making sure that we are removing the affordability aspect of a naloxone and we are providing naloxone in the hands of people who need it because we know that if we do not, we are on track to have 163,000 deaths a year by 2025. But if we do what

the Strategy calls for, we can reduce that number literally by half to 81,000.

And if you accumulate over the next three years, we are talking about hundreds and thousands of American lives that can be saved, and naloxone is lifesaving. For every dollar, there is a \$2,760 return investment. It is the biggest bang for the buck in terms of saving lives, and it is a critical aspect of the Strategy. So, we are moving forward to make sure that we are working closely with HHS, with our other Federal agencies and state partners, as well as local partners.

Ms. TLAI B. Well, thank you so much. One of the things as a parent I want to talk about is, how do we have it accessible in some of our high school and some universities and campuses, because, you know, I have been hearing obviously an increase in addiction played among our, you know, college age, I would say, and youth. And so anything that we are doing in that regard?

Dr. GUPTA. Thank you, Congresswoman. It breaks my heart every time we see children especially die, unknowingly, unsuspectingly, because of the abuse, a counterfeit pill. It is important while we work on the supply side, we also make sure that kids are aware. This is no different than learning CPR, than having AED device in the wall. So, it is going to be very important for us to make sure we are removing the stigma out of this and getting people to understand this is about saving a life, not making judgments, because we believe every life is precious and it is worth saving.

Ms. TLAI B. Absolutely. And you know, again, as I look at our country, if it is not this crisis of addiction, there are others in the future, so we really have to try to work on this holistically as well. So, thank you all so much, and I yield, Madam Chair.

Chairwoman MALONEY. Thank you. Before we close, I want to offer the ranking member an opportunity to offer any closing remarks he may have. Ranking Member Comer, you are now recognized.

Mr. COMER. Thank you, Madam Chair, and, again, Dr. Gupta, thank you so much for coming before this committee. We appreciate your willingness to give us an update of what this administration is focused on with respect to drug control. But I think you heard loud and clear that Republicans are concerned with the lack of border security along the Southern border, and we get this from many conversations with Border Patrol and with local law enforcement. Even in Kentucky, in rural Kentucky, my drug task force agents tell me that all the fentanyl and all of the crystal meth, which are the two main drugs of choice right now on the street in rural Kentucky, in rural America, for that matter, are coming across the Southern border.

So, I don't think it makes a lot of sense for this administration to say they are focused on drug control when we have a border that is wide open. And this administration continues to do things to tie the hands of our border agents by announcing that they are going to do things like suspend Title 42. We need to get serious about the border, and we need to hold Mexico and China accountable for the drugs that they are working together to manufacture in Mexico with inputs from China that they are sending across the border.

And I think that we can do that, but this administration is going to have to take this seriously and greatly reverse course with respect to border security on the Southern border.

With that, Madam Chair, I yield back, and thank you again for holding this hearing.

Chairwoman MALONEY. Thank you for participating, and I thank our panelists and all of my colleagues for participating. And before I get to my closing statement, it is clear we need a comprehensive approach to this crisis.

I would like to enter into the record a Customs and Border Protection Study showing that as of 2019, 90 percent of heroin and 80 percent of the fentanyl coming into the country, a lot arrived at a legal border crossing point, and Trump's border wall would not have stopped any of these opioids. And diverting resources away from proven interdiction efforts to build a wall would be poor use of taxpayers money.

So, I ask unanimous consent to put this U.S. Customs and Border Protection Report into the record.

Without objection.

Chairwoman MALONEY. The opioid epidemic has been ravaging this country for years, and it has affected all of our communities in red states and blue states. Often, it can feel hopeless. But as we heard from Director Gupta, the Biden-Harris Administration is committed to combating the opioid crisis that has already made meaningful progress, and it has a clear strategy to stop fentanyl from devastating our communities and families. This clear plan is what gives me hope.

I am grateful because the administration has adopted a public health and harm reduction approach that will help ensure people with addiction receive lifesaving treatment regardless of who they are and where they live. That includes the director's announcement today that he supports extending the use of telehealth services to provide medication for opioid use disorder. The administration has also laid out a plan to build on the success of seizing illicit drugs at our Southern border by encouraging Federal, state, and local law enforcement agencies to work together and by investing in the right technology to keep our Southern borders secure.

Today's hearing makes clear that we cannot reduce the prevalence of drugs in our communities through interdiction and law enforcement alone, nor is it possible through public health measures alone. Instead, we need to address both supply and demand that requires a whole-of-government approach with public health and law enforcement agencies working together to get the job done. Every life lost to an overdose is a tragedy. The 2022 National Drug Control Strategy provides the roadmap to prevent these tragedies and to finally address this crisis.

Now, Democrats and Republicans must work together through legislation and appropriations to make this plan a reality. We should start by passing my CARE Act, which would further expand access to key resources like treatment, overdose reversal medications, and fentanyl test strips by providing the comprehensive sustained funding needed to finally overcome overdose crisis.

So, with that, and in closing, I want to thank all of our panelists for their remarks, and I want to commend my colleagues for participating in this event.

With that without objection, all members have five legislative days within which to submit extraneous materials and to submit additional written questions for the witnesses to the chair, which will be forwarded to the witnesses for a response. I ask our witness to please respond as promptly as you possibly can.

Chairwoman MALONEY. And with that, this hearing is adjourned. [Whereupon, at 3:37 p.m., the committee was adjourned.]

