United States Senate
Committee on Indian Affairs

Oversight Hearing on “Fentanyl in Native Communities: Examining the Federal Response to the Growing Crisis”

Wednesday, December 6, 2023

Statement of
Adam W. Cohen
Deputy Director
Office of National Drug Control Policy

For Release Upon Delivery
Chairman Schatz, Vice Chairman Murkowski, and distinguished Members of the Committee, thank you for the opportunity to testify today regarding the growing problem of illicit fentanyl in Native communities, as well as the Biden-Harris Administration’s vital work to save lives by strengthening public health and public safety in order to reduce overdoses. I am honored to join you today, on behalf of the Office of National Drug Control Policy (ONDCP), to discuss lasting solutions to the opioid and overdose epidemic, which has devastated so many families across Tribal Nations and Native communities.

Every five minutes around the clock, someone in the United States dies from a drug overdose or poisoning. The majority of these deaths are caused by illicit synthetic drugs, such as clandestinely manufactured fentanyl and methamphetamine, which are often used in combination with each other or other drugs like cocaine and the emerging threat illicit xylazine. The Biden-Harris Administration has focused its efforts on tackling this changing and dynamic drug supply, while addressing longstanding structural factors that have limited access to life-saving public health interventions. We must do everything in our power to ensure people get the support they need to beat this epidemic, build strong, resilient communities, and thrive – all while continuing to ensure the federal government honors its commitment to Tribal Nations and Native communities.

While the most recent provisional data shows that our efforts have helped lead to overdose deaths levelling off nationally throughout 2022 and 2023, much work remains to be
done. This is particularly and tragically true among American Indian, Alaska Native, and Native Hawaiian communities, where overdose deaths have climbed in recent years even as the national rate has slowed.

The reasons for this differential impact are varied and rooted in history, and they manifest themselves in our data. In addition to rising overdose deaths, we know that American Indian and Alaska Native persons, for example, experienced the second highest nonfatal opioid overdose rate last year, yet had the lowest number of administrations of naloxone per overdose. We also know that American Indian and Alaska Native persons in the United States were nearly two times more likely to suffer from drug use disorder compared to their White counterparts in 2022.

It is one thing to understand this data, but it is far more important to experience it and understand it in direct interaction with these communities. At ONDCP, we have heard from families and Native communities who have lost loved ones to an overdose. We have listened to Tribal government officials and substance use treatment providers describe the strengths and challenges they face in their communities, including increasing access to naloxone and the need for greater information sharing with law enforcement. The toll of the opioid epidemic on their families and communities is significant.

These people, their families, and their communities, expect this Administration to stay in their corner—and we will.

That is why ending the opioid epidemic in and outside of Tribal communities is a key pillar of the Biden-Harris Administration’s Unity Agenda. The President has challenged his entire Administration to implement the National Drug Control Strategy (Strategy), which

---

2 Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Provisional Mortality on CDC WONDER Online Database. Data are from the final Multiple Cause of Death Files, 2018-2021, and from provisional data for years 2022-2023, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at http://wonder.cdc.gov/mcd-icd10-provisional.html on Nov. 6, 2023.


ONDCP developed in consultation with more than 2,000 leaders and stakeholders including advocates representing public safety, public health, community groups, local governments, and Tribal communities.\(^5\) Our overarching goal is to reduce the number of drug overdose deaths, put high-quality public health services within reach for people with substance use disorder, and strengthen public safety by disrupting the drug production and trafficking pipeline that profits by harming our loved ones.

Today, I want to emphatically state that the Biden-Harris Administration is delivering on unprecedented whole-of-government actions that are saving lives, and continuing to take urgent and necessary action. We have made naloxone more widely available, and are working to make it far more accessible and affordable. We have removed historic barriers to treatment, and are working to make it available to everyone who is ready for it. We have dedicated historic funding to law enforcement, and are further improving policies that target drug traffickers and disrupt their schemes as well as the profits that fuel the illicit drug trade.

While the Biden-Harris Administration is dedicating specific law enforcement and public health resources to this work—in partnership with Tribal communities—we must remember that this problem does not start at our borders and it will not end at our borders.

Through commercial disruption, we are targeting not only the illicit finished drugs and those who sell them, but also raw materials like precursor chemicals and the machinery used in production of illicit pills, the commercial shipping that moves these items around the world, and the flow of financial benefits and operating capital to individuals and groups directly and indirectly involved in the illicit drug industry.

Targeting these critical elements will allow us to remove the gaps illicit fentanyl producers and traffickers currently exploit, disrupt their production and supply chains, and reduce the availability of these dangerous substances in our communities. Disrupting global illicit drug trafficking and constraining transnational organized crime is a key public safety priority of this Administration.

---

Supporting Law Enforcement

Much of my career has focused on bringing together state, local, Tribal, and federal law enforcement to synchronize and coordinate efforts to keep our communities safe from criminal actors, sophisticated transnational organized crime networks, and international drug cartels trafficking cocaine, methamphetamine, and fentanyl into the United States. Disrupting the flow of drugs into our communities is important—not only to keep these substances from harming people and denying drug traffickers illicit proceeds, but it is critical to allow our historic investments in public health to be effective. That is why this Administration has invested significant amounts of funding for law enforcement efforts to target and dismantle illicit trafficking networks, deploy the latest drug detection technology, and enable historic seizures of illicit fentanyl along the southwest border.

Under President Biden’s leadership, there are now a record number of personnel working to secure the border. In just the last year, Customs and Border Protection (CBP) seized 547,000 pounds of illicit drugs, including nearly 28,000 pounds of fentanyl, primarily at ports of entry on our border. These numbers speak not only to the magnitude of the threat, but also to the corresponding strength of our strategic response and the incredible work of courageous, committed, and resilient CBP officials who keep our borders secure and our communities safe.

As part of President Biden’s Invest in America agenda, we are expanding the use of high-tech non-intrusive inspection (NII) systems to detect trafficking at the border. These systems, which can check vehicles faster than agents doing physical searches, are an integral part of a layered enforcement strategy to secure the border. The Administration’s Fiscal Year (FY) 2024 national security supplemental request to Congress provides more than $1.2 billion in counterdrug funding, including $849 million for CBP to advance its deployment of NII systems at the southwest border. These technology advancements will help CBP increase its inspection capacity from what has historically been around 1 percent of passenger vehicles and about 15 to 17 percent of cargo vehicles, to 40 percent of passenger vehicles and 70 percent of cargo.

---

vehicles.\textsuperscript{7} But these investments are just the start; the goal is to ensure that every vehicle that needs it is inspected in a comprehensive manner. This will go a long way to keeping illicit drugs out of our country, including Tribal communities.

Collaboration across all levels of government and with Tribal partners is essential to strengthening our domestic response to drug trafficking. Prior to my current appointment, I served as the Director of the Executive Office for the Organized Crime Drug Enforcement Task Forces at the Department of Justice, the largest law enforcement task force in the United States. I cannot overemphasize the necessity of information and intelligence sharing in a dynamic drug threat environment. Effectively countering sophisticated drug trafficking organizations requires an approach combining the expertise, perspectives, and authorities of federal, state, local, Tribal, and territorial agencies, as well as foreign partners. That is why this Administration is building the tools, relationships, and capacity to address a constantly evolving set of criminal networks that adapt their methods, change their tactics and techniques, and employ new technologies to avoid detection, interdiction, arrest, and prosecution.

The High Intensity Drug Trafficking Areas (HIDTA) Program is one of our most impactful investments; these multi-jurisdictional task forces bring together the resources, expertise, and authorities of federal, state, local, Tribal, and territorial agencies to target drug traffickers and their networks, and stop them from distributing illicit drugs into our communities. These task forces mitigate jurisdictional challenges for law enforcement, such as investigations on Tribal lands and Tribal Trust lands that straddle international borders with Mexico and Canada, where criminal organizations exploit the gaps and seams between jurisdictions to ply their trade. Earlier this year, we designated nine new HIDTA counties that have been impacted severely by drug trafficking and overdoses. We are working to get them the critical resources and support they need to enhance law enforcement collaboration.\textsuperscript{8}


Fourteen regional HIDTAs across the country work directly with Tribal law enforcement and the Bureau of Indian Affairs to disrupt the market for illicit drugs. Last year, these HIDTA Tribal task forces seized over $414 million in illicit drugs, cash, and other assets from traffickers. In total, all HIDTAs seized an estimated $22 billion in illicit drugs and cash in 2022—a return on investment of $82.91 for every $1 budgeted for the program. President Biden’s FY 2024 budget calls for $290.2 million in funding for the HIDTA Program, which is managed by ONDCP. Funding this program is a successful, time-tested, and evidence-based way for Congress to help us reduce the illicit drug supply, prevent overdoses and poisonings, save lives, and make our communities safer.

The Arizona HIDTA Native American Targeted Investigation of Violent Enterprises (NATIVE) task force, for example, works to reduce, dismantle, and disrupt drug trafficking organizations that utilize the shared border between the Tohono O’odham Nation and Mexico. The Shadow Wolves, a Native American investigation unit assigned to Homeland Security Investigations (HSI) on the Tohono O’odham Nation, also work to disrupt all forms of transnational organized crime, including trafficking and smuggling of methamphetamine, illicit fentanyl, humans, firearms, and bulk cash.

ONDCP’s Director, Dr. Rahul Gupta, traveled to Arizona in June to witness and learn firsthand the detail-oriented tracking work the Shadow Wolves perform on their unique terrain to combat smuggling and trafficking. While there, Dr. Gupta spoke with Tribal leadership and representatives from Tohono O’odham Healthcare about substance use disorder in the

---


11 The NATIVE task force is led by the Tohono O’odham Police Department and consists of federal representatives from Homeland Security Investigations, U.S. Border Patrol, Bureau of Indian Affairs, Bureau of Land Management, the Federal Bureau of Investigations, and the Drug Enforcement Administration.
community as well as opportunities to increase prevention efforts and support services through telehealth and other behavioral health measures. Partnerships like these are critical to protecting both public health and safety.

**Public Safety and Public Health Partnerships**

The HIDTA program also partners with the Centers for Disease Control and Prevention (CDC) on the Overdose Response Strategy (ORS), which is designed to help communities reduce fatal and nonfatal drug overdoses by connecting public health and public safety agencies, sharing information, and supporting evidence-based interventions. HIDTA ORS teams are engaged with Tribes and Native communities in states like Alaska, Montana, Washington, North Dakota, South Dakota, and Oklahoma, to name a few.

For example, the Montana ORS team has been collaborating with five Tribal law enforcement agencies, two Tribal public health agencies, three federal law enforcement entities with jurisdiction on Tribal lands in Montana, and the Rocky Mountain Tribal Leaders Council – Tribal Epidemiology Center to assist with collaboration efforts, data sharing, and intelligence sharing between local, state, Tribal, and federal agencies to respond effectively to the growing drug overdose problem in Montana.

The ORS team’s focus is to utilize overdose mapping software known as ODMAP to set up coordinated response plans to overdoses occurring throughout Montana—especially on the reservations. ODMAP provides near real-time suspected overdose data to support public safety and public health efforts to mobilize an immediate response to a sudden increase or spike in overdose events. This will include collaboration with over 110 local, state, Tribal, and federal public health and public safety agencies and several hospitals across Montana to expand ODMAP coverage, access, and use for each reservation.

Similarly, the HIDTA ORS team in Wyoming has been working with the Wind River Indian Reservation and the Eastern Shoshone Tribal Health Team to better understand the need for overdose services, improve access to naloxone, and expand ODMAP access to inform Tribal leadership of the epidemic’s impact within the community. I can tell you today that ONDCP is committed to increasing outreach to Tribes through our regional HIDTAs and the ORS teams across the United States.
Our Strong Public Health Response

Our public safety efforts must be linked with our public health efforts to reduce demand for and use of these substances. Untreated addiction, and the drug trafficking profits that fuel it, are two sides of the same coin. Traffickers are not going to import products no one wants, and individuals cannot overdose on drugs that are not available for them to purchase. The simple truth is that if it is easier to get drugs than it is to get treatment, we will never reduce overdose deaths.

The Biden-Harris Administration has been diligently tackling the structural factors that hamper our ability to decrease overdose deaths. We have committed billions of dollars, more than half of our federal drug control budget, to public health measures to prevent our youth from falling into the cycle of drug use and addiction, reduce the harms caused by these drugs and save lives, extend treatment services to everyone who needs them, and make our communities and workplaces recovery-ready.

Much of this work is being done in partnership with Congress, and I want to thank the Members of this Committee and the Congress at large for your support of numerous pieces of legislation. The bipartisan Consolidated Appropriations Act of 2023, in particular, included key provisions to help lower barriers to treatment and to deliver necessary tools and resources to our communities to address the overdose crisis, such as the Mainstreaming Addiction Treatment Act and the Medication Access and Training Expansion Act.

Thanks to these provisions, prescribers can treat their patients who have opioid use disorder with buprenorphine, a medication proven to help people achieve recovery, without obtaining additional federal licensing. This drastically boosted the number of providers eligible to prescribe buprenorphine from roughly 130,000 before December 2022 to 1.9 million today, making treatment far more accessible.

Further, the Administration announced $55 million in funding last year for the Tribal Opioid Response grant program, which seeks to address the opioid epidemic in Tribal communities by increasing access to medication for the treatment of opioid use disorder and supporting prevention, harm reduction, treatment, and recovery services. To date, the Substance
Abuse and Mental Health Services Administration has awarded 398 Tribal grantees, totaling $227 million in funds, as part of this grant program.

In addition to the commitments made to Tribal Nations and Native communities in his FY 2024 budget request, President Biden has also requested $1.55 billion in domestic supplemental funding to expand essential life-saving services provided through the State Opioid Response grant program. This grant program has long been a core component of our response to the opioid epidemic and has provided treatment services to over 1.2 million people and helped reverse more than 500,000 overdoses.

This supplemental funding is urgently needed to help Tribal communities address the severe impacts of the overdose and opioid epidemic. Of this amount, approximately $250 million would be transferred to the Indian Health Service for prevention, treatment, recovery support services, and harm reduction interventions. This is a historic set-aside of emergency opioid funding for Tribes and Tribal organizations.

Dr. Gupta had the honor of participating in the inaugural National Tribal Opioid Summit hosted by the Northwest Portland Area Indian Health Board and the National Indian Health Board earlier this year. Several participants at the Summit discussed challenges that many Tribal Nations face in accessing federal resources via the cumbersome processes associated with grants.gov. The White House has been developing an online clearinghouse of federal funding opportunities available to Tribes as a direct response to these concerns. I am proud to share that ONDCP resources and funding opportunities will be included in this clearinghouse.

The Administration is also continuing to bring down other barriers to care, including: working to finalize a rule to make permanent COVID-era policies that allow take home of methadone and the use of telehealth for buprenorphine treatment initiated by an opioid treatment program; creating a new opportunity for states to increase care for individuals in the period immediately prior to their release to help them succeed and thrive during reentry; and expanding access to life-saving harm reduction services like overdose reversal medications.

**Mobilizing Communities to Prevent Youth Substance Use**

We have also awarded nearly $100 million in grants over the past year as part of the Drug-Free Communities (DFC) Support Program, which provides funding to more than 750
community coalitions across the country working to prevent youth substance use. DFC coalitions constitute a critical part of our drug prevention infrastructure—they are a catalyst for building capacity at the local level and engaging youth with messaging and resources tailored to their needs and the challenges they face. ONDCP funds and directs the DFC program with critical support from the CDC.

Currently, 70 DFC-funded coalitions are located in, or serving, a federally recognized Tribal area, and approximately $8.75 million goes to fund these coalitions. Tribal representation in the DFC program has grown from 1.9 percent in 2006 to 10.2 percent in 2023—more than a five-fold increase. About 17 percent of all DFC coalitions tailor their information and prevention efforts to focus on the needs of Tribal groups, including American Indians, Alaska Natives, and Native Hawaiians.

For example, the Healing Our People and Environment Coalition works to prevent and reduce substance use among middle school youth in Sitka, Alaska, with an emphasis on working with Indigenous and LGBTQIA+ youth. And, the Cherokee Nation Coalition Action Network in Tahlequah, Oklahoma also mobilizes Tribal and community-based agencies and resources to address issues associated with youth substance use on the Cherokee Nation Reservation. By empowering youth to share their own experiences and be a part of solution-focused planning through youth coalition meetings, they are creating a generation of advocates who share these skills and messages with their home communities. The Navajo Youth Builders Coalition in Fort Defiance, New Mexico is another example of a DFC coalition engaging the local community in developing a culturally grounded youth prevention curriculum and encouraging active participation of community members, parents, and young people in the process.

ONDCP will continue to partner with Tribal and Native communities, and we are planning to offer trainings for Tribes on how to meet the DFC program’s eligibility requirements in advance of the next DFC Notice of Funding Opportunity announcement.

---

Conclusion

Every life saved means one less grieving family and community. There is hope, there is progress, and there is an unwavering commitment from the Biden-Harris Administration to help Native communities overcome the opioid epidemic. We have much work ahead of us, and your partnership will be as critical in the months ahead as it has been thus far.

On behalf of Dr. Gupta and the hardworking team of the Office of National Drug Control Policy, I would like to thank the Committee and your Congressional colleagues for your foresight and leadership on this incredibly difficult issue. Ending the opioid and overdose crisis demands the best efforts of us all: Tribal Nations; federal and state policy makers; national and regional Tribal organizations; private-sector partners and stakeholders; and the Congress, which has time and again demonstrated a strong spirit of bipartisanship on this issue.

The Office of National Drug Control Policy looks forward to continuing its work with this Committee, the Congress, and our other partners to disrupt the production and trafficking of these dangerous drugs, prevent and reduce drug overdoses and poisonings, save lives, and protect Tribal Nations and Native communities.