July 26, 2022

The rise in overdose deaths is being driven by illicit fentanyl and has affected every corner of our communities. My home state of North Carolina has not been spared, and too many individuals and families in my state have dealt with tragedy as a result of fentanyl. In order to address the fentanyl problem in the United States, we need strong leadership and an effective, multi-sectoral strategy that addresses both the source of the drugs and also the substance use disorder prevention and treatment needs of the response.

I had hoped to have Customs and Border Protection here to discuss with the Committee what they are seeing, particularly at the border, with respect to drug trafficking. Just last week, two men in Washington State were charged with smuggling 91,000 fentanyl pills inside potato chip containers in connection with a transnational criminal organization. Or the Drug Enforcement Administration, which just earlier this month, announced the seizure of 100,000 fake oxycodone pills containing fentanyl and could provide us with a clear picture of the criminal networks that are mass-producing illicit fentanyl and fake pills in clandestine laboratories. But Chair Murray did not want to invite those agencies to this

1

hearing, despite requests, so that we might gain a better understanding of the complexity behind the illicit fentanyl and fentanyl analogues problem in the United States and their sources.

Every day, illicit drugs are entering the country from China, Mexico, and India. The recent news from Washington State is just one example of this problem. And it's driving overdose deaths. According to DEA, the agency's lab testing demonstrated that 4 out of every 10 pills with fentanyl contain a potentially lethal dose. Permanently scheduling fentanyl analogues, which drug traffickers use to skirt trafficking laws, as Schedule I under the Controlled Substances Act would play a significant role in reducing the supply of illicit fentanyl smuggled into the United States. I urge my colleagues to consider the HALT Fentanyl Act, a bill that Senator Cassidy and I worked on together that would permanently schedule fentanyl analogues as Schedule I under the Controlled Substances Act.

We also need to continue to support and improve public health programs charged with responding to the substance use disorder prevention, treatment and recovery needs of communities that were hit hard by the opioid crisis and now are grappling with high overdose rates driven by illicit fentanyl. With the passage of the Comprehensive Addiction and Recovery Act of 2016, the 21st Century Cures Act, and the SUPPORT for Patients and Communities Act, Congress has demonstrated its commitment to supporting substance use disorder needs. We need to make sure our programs are effectively utilizing data, leveraging innovative medical products for treatment and overdose reversal, and partnering with different sectors to promote effective solutions on the ground. I am thankful for Senator Bill Cassidy's expertise and willingness to serve as Ranking Member for the Senate HELP Committee hearing today, and look forward to continuing to work on this issue.