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"Fentanyl: The Next Wave of the Opioid Crisis"

Subcommittee on Oversight and Investigations
Committee on Energy and Commerce
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Chairman Murphy, Ranking Member DeGette, and members of the Subcommittee, thank you for inviting me to discuss the public health and public safety issues resulting from the opioid epidemic – and illicit fentanyl in particular.

Background

In 2015, more than 52,000 Americans, or approximately 144 people each day, died from a drug overdose. Opioids – a category of drugs that includes heroin, prescription pain medicines like oxycodone, and fentanyl – are having a considerable impact on public health and public safety in communities across the United States. Of the overdose deaths in 2015, 63 percent (33,091) involved an opioid, 47 percent (24,508) involved prescription pain medicines, and 25 percent (12,990) involved heroin.[1]

The threat posed by heroin has continued to grow dramatically over the past several years – between 2007 and 2015, deaths involving heroin have risen 441 percent, from 2,402 to 12,990,[2] and since 2013, available public health data indicate fentanyl-laced heroin has been increasingly involved in these deaths. In 2015, 9,580 drug overdose deaths involved synthetic opioids other than methadone (a statistical category that is dominated by fentanyl), up from 3,105 such deaths in 2013, a 209 percent increase. Even with this substantial increase, it is likely that overdose deaths involving opioids like fentanyl are undercounted – of deaths where drug overdose is cited as the underlying cause, approximately one-fifth of the death certificates do not list the specific drug(s) involved in the fatal overdose.[3]

Fentanyl is a powerful Schedule II synthetic opioid approved in a variety of products for indications including the treatment of breakthrough cancer pain in opioid-tolerant patients and anesthesia.[4] Pharmaceutically produced fentanyl comes in patches, lozenges, tablets, and liquid. Conversely, illicitly produced fentanyl is mixed with powder heroin to increase its effects, with diluents and sold by itself as "synthetic heroin," or pressed into pill form and sold as commonly misuse prescription opioids, with or without the buyer's knowledge.[5]

Public health and law enforcement officials nationwide believe that the emergence of fentanyl in the illegal drug market is compounding our country's current opioid crisis by fueling the high mortality rate we are seeing. It is important to note that law enforcement officials do not believe our Nation's fentanyl problem originates from diversion from licit sources, but rather from clandestinely produced fentanyl that is mixed with heroin or pressed into tablets intended to mimic the appearance of prescription opioid medications such as oxycodone or hydrocodone. Mexico and China are the two largest sources of illicit fentanyl smuggling to the United States.[6]

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[1] An opioid-related death may involve more than one type of opioid.
[2] CDC National Center for Health Statistics. (2016). Multiple Cause of Death, 1999-2015 (WONDER Online Database). Available at: http://wonder.cdc.gov/mcd-icd10.html.
[3] Trinidad, James P., Margaret Warner, Brigham A., Bastian, Arialdi M. Miniño, and Holly Hedegaard. (Dec 20 2016). Using Literal Text From the Death Certificate to Enhance Mortality Statistics: Characterizing Drug Involvement in Deaths. National Vital Statistics Report. Volume 65, Number 9.
[4] Available at: http://www.accessdata.fda.gov/scripts/cder/daf/index.cfm.
[5] DEA. Strategic Intelligence Section. 2016 National Heroin Threat Assessment. DEA-DCT-DIR-031-16.
[6] DEA. Counterfeit Prescription Pills Containing Fentanyls: A Global Threat. DEA-DCT-DIB-021-16, July 2016.

Due to similarities in production, trafficking, and consumption, it is important that we address concerns regarding heroin and illicit fentanyl together within the broader context of the opioid crisis. The same drug trafficking organization can manufacture and package both heroin and clandestinely produced fentanyl. These organizations likely use the same supply routes and distribution methods for both drugs. Moreover, both heroin and fentanyl belong to the same class of opioid drugs that produce similar effects on the body, and the available epidemiological data indicate that the people using and overdosing on fentanyl are very similar to those using heroin. As a result, drug trafficking organizations may see the heroin user population as a ready-made customer base for illicit fentanyl. Furthermore, addressing both drugs together allows us the ability to confront the heroin crisis without inadvertently compounding and accelerating illicit fentanyl use. If we drastically and quickly reduce the availability of heroin, thereby increasing its price, without simultaneously addressing illicit fentanyl availability, we risk driving people to use illicit fentanyl, which could create a potentially more deadly opioid drug threat.[7,8]

Federal Response

The combination of increased availability and purity with low prices for both heroin and illicit fentanyl has led to a complex national security, law enforcement, and public health issue that demands significant effort, creativity, and interagency coordination and collaboration. As a result, the Office of National Drug Control Policy (ONDCP) is facilitating the Federal response to this problem with a comprehensive approach that includes preventing initiates to drug use, providing evidence-based treatment for substance abuse, and drastically reducing the availability of illicit drugs through international engagement and law enforcement efforts.

Prevention, Treatment, and Recovery Efforts. One element of the Federal Government's approach is a public health effort to address the use of and consequences from heroin and illicit fentanyl. Collaboration with states, local governments, tribes, and non-governmental organizations is central to these efforts. A number of activities bridge the public health and public safety sectors to respond effectively to the opioid crisis: primary prevention; prescriber and public education; monitoring programs; safe prescription drug disposal; overdose reversal; medication-assisted treatment; and recovery support services.

Primary prevention – Preventing drug use before it starts is critical. Very few individuals use heroin or fentanyl without first misusing prescription drugs or using drugs such as cocaine or methamphetamine.[9] Research has shown that evidence-based primary prevention programs are

[7] NIH Development, Infectious Diseases and Drug Monitoring Centre. 2014 National Report to the EMCDDA by the REITOX National Focal Point. Tallinn, Estonia.
[8] European Monitoring Centre for Drugs and Drug Addiction. Fentanyl in Europe EMCDDA Trendspotter Study: Report from an EMCDDA expert meeting 9 to 10 October 2012. Lisbon, Portugal.
[9] Muhuri PK, Gfroerer JC, Davies MC. SAMHSA. (Aug 2013). Associations of nonmedical pain reliever use and initiation of heroin use in the United States. CBHSQ Data Review. Available at: http://www.samhsa.gov/data/2k13/DataReview/DR006/nonmedical-pain-reliever-use-2013.pdf.

effective at reducing prescription opioid misuse among youth and young adults.[10] The Centers for Disease Control and Prevention (CDC) and the Substance Abuse and Mental Health Services Administration, within the Department of Health and Human Services (HHS), support grants to states for evidence-based prevention aimed at this key demographic group.

Prescriber and public education – Educating the public, prescribers, pharmacists, and other health professionals about the risks associated with opioid medications remains a priority. In addition, the new prescribing guidelines for opioid therapy for chronic pain (e.g., those released by CDC, Department of Veterans Affairs (VA), and Department of Defense) include a number of recommendations that reflect an understanding of the risks associated with opioid therapy and the importance of considering nonpharmacologic therapy and other risk mitigation strategies.[11] Four out of five recent heroin initiates used opioid medications non-medically prior to initiating heroin use.[12] And, while heroin and illicit fentanyl have been involved in a rapidly increasing percentage of opioid overdose deaths, opioid medications are still involved in about half of all U.S. opioid-related deaths,[13] and the number of people misusing prescription opioids remains much larger than heroin – over 12 million people according to the 2015 National Survey on Drug Use and Health.[14] To be successful in reducing the initiation of heroin and illicit fentanyl use, we must reduce the numbers of new initiates of misuse of opioids. As such, ONDCP works with public and private partners, including parents, to increase awareness, knowledge, training, and education efforts about prescribing practices, addiction, and opioid medications.

Monitoring programs – Prescription Drug Monitoring Programs (PDMPs) are state-operated automated databases that track controlled prescription medications issued to patients. Prescribers, pharmacists, and others, depending on state law, have access to these databases that can help with medication interaction reconciliation or indicate whether more than one doctor is prescribing the same medicine. Currently, all states but Missouri have implemented PDMPs. In addition, at the Federal level, the VA and the Centers for Medicare and Medicaid Services in HHS both have policies in place to help monitor prescription and use of controlled prescription drugs.

Safe prescription drug disposal – Research indicates that 54 percent of those who use opioid medications non-medically obtained those drugs from friends or family.[15] It is important

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[10] Spoth R1, Trudeau L, Shin C, Ralston E, Redmond C, Greenberg M, Feinberg M. (2103). Longitudinal effects of universal preventive intervention on prescription drug misuse: three randomized controlled trials with late adolescents and young adults. Am J Public Health. 03(4):665-72. DOI: 10.2105/AJPH.2012.301209. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3673263/.

[11] Available at: CDC: https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm and VA/DoD:http://www.healthquality.va.gov/guidelines/Pain/cot/VADoDOTCPG021517clean.pdf.

[12] Pradip et al. (2013). SAMHSA. Associations of Nonmedical Pain Reliever Use and Initiation of Heroin Use in the US. Center for behavioral Health Statistics and QualityData Review. Available at: http://www.samhsa.gov/data/2k13/DataReview/DR006/nonmedical-pain-reliever-use-2013.htm.

[13] CDC. (2016). Wide-ranging online data for epidemiologic research (WONDER). Atlanta, GA: CDC, National Center for Health Statistics; Available at http://wonder.cdc.gov.

[14] SAMHSA. Center for Behavioral Health Statistics & Quality. National Survey on Drug Use and Health, 2015.

[15] SAMHSA. Center for Behavioral Health Statistics & Quality. National Survey on Drug Use and Health, 2014 and 2015.

to create opportunities for individuals to dispose of unwanted controlled substance prescription medications safely. In 2010, the Controlled Substances Act was amended to permit safer drug disposal, including disposal sites at pharmacies and law enforcement agencies, mail back programs, and drug deactivation products, and in 2014, the Drug Enforcement Administration (DEA) issued new rules governing the secure disposal of prescription controlled substances. As of 2016, the DEA had collected approximately 7.2 million pounds of unwanted prescription medicines through its take-back efforts. The VA also provides disposal options.

Opioid overdose reversal – Naloxone is a prescription medicine that reverses opioid overdoses by blocking opioids from attaching to receptors in the body. While naloxone itself has been in approved for use for decades, it has become a widely used to counteract drug overdose and prevent deaths. In some instances, first responders report that they need to use up to six times the standard dose of naloxone to reverse an overdose caused by fentanyl, which strains resources. The Federal Government is working to expand access to and use of naloxone, and in recent years, police and fire department personnel across the country have been trained and equipped with the drug because timely administration enables a person having an overdose to be transported to an emergency department for immediate care and, if available, treatment. Similar efforts have been made to expand access to and training on the use of naloxone for potential bystanders who may be able to prevent, recognize, and respond to an overdose.

Medication-assisted treatment (MAT) – Food and Drug Administration-approved medications are the standard of care for opioid abuse treatment. These medications include buprenorphine, methadone, and injectable naltrexone. Research shows the increased effectiveness of treatment involving use of these medications in conjunction with psychosocial services for those with opioid addiction over approaches that do not include them. When used with recovery support services, the use of MAT in the treatment of opioid abuse reduces opioid use, opioid-related overdose deaths, criminal activity, and infectious disease transmission; improves social functioning and treatment retention;[16,17,18] and improves the outcomes of babies born to women with opioid addiction.[19] Nevertheless, only about 22 percent of people with an opioid use disorder receive specialty treatment,[20] and the Federal Government has taken a number of steps to expand access through increased ability to prescribe (including new MAT prescribing privileges for Nurse Practitioners and Physicians Assistants) the medications necessary to facilitate treatment and stable long-term recovery.

Recovery support services – Recovery support services have become the glue that holds together many of our public health efforts. When offered through recovery community organizations – these services can be provided before, during, after, and, in some cases, in lieu of

[16] RP Mattick et al. (2009). Cochrane Database of Systematic Reviews.
[17] RP Mattick et al. (2014). Cochrane Database of Systematic Reviews.
[18] Schwartz, R.P. et al. (2013). Opioid agonist treatments and heroin overdose deaths in Baltimore, Maryland, 1995-2009. Am J Public Health. 103(5):917-22.
[19] American College of Obstetricians and Gynecologists & American Society of Addiction Medicine. (2012). Opioid Abuse, Dependence, and Addiction in Pregnancy. Committee Opinion Number 524. (Reaffirmed in 2016).
[20] Unpublished Tabulations from SAMHSA. Center for Behavioral Health Statistics & Quality. National Survey on Drug Use and Health, 2011-2014.

specialty treatment. Recovery support services are based primarily on shared experience of addiction and recovery and only secondarily on training. Peer recovery support services can be seen as a bridge between formal systems, such as hospitals, specialty substance abuse treatment providers, drug courts, or correctional institutions and natural supports in the community, such as mutual aid groups,[21] family, church, temple, mosque, or other faith groups.

Availability Reduction: The National Heroin Coordination Group. In November 2015, ONDCP, in coordination with the National Security Council (NSC), established the National Heroin Coordination Group (NHCG) to form the hub of a network of interagency partners to leverage agency authorities and resources and synchronize their activities against the heroin and illicit fentanyl supply chains to the United States. When not serving as Acting Director of ONDCP, I am Associate Director of ONDCP in charge of the NHCG. Like ONDCP, the NHCG is uniquely positioned to identify gaps and redundancies in U.S. efforts, while also focusing on directly connecting actions taken on the front end of the supply chain with effects on the domestic market and user population.

Early in its existence, the NHCG, in close coordination with Federal departments and agencies, developed the Heroin Availability Reduction Plan (HARP) to bring together and synchronize the strategies and partnerships at the Federal, state, local, and tribal levels to reduce availability of heroin and illicit fentanyl. As I stated earlier, the heroin and illicit fentanyl crisis is a complex problem with many moving parts throughout the Federal Government. The HARP provides the structure for consistent and clear communication so we can examine the effectiveness of existing efforts and identify gaps and redundancies in government efforts to address this ever-evolving crisis. The close coordination of multi-agency, multi-jurisdictional actions, including investigations and prosecutions, against the organizations manufacturing and distributing heroin and illicit fentanyl directly contribute to our overall goal of reducing the availability of these drugs in the United States.

The HARP deliberately focuses on measuring effects, not simply performance. Law enforcement efforts to disrupt the supply of heroin and illicit fentanyl – from manufacture, through transport, and to sale – are having some impact on availability in the U.S. market. However, in focusing our attention on the connection between actions on the front end of the supply chain with the effects on the domestic market and user population, we can assess the strength of that impact on use, overdose, and mortality rates and its long-term sustainability.

Effective implementation of the HARP brings many important stakeholders to the table, and it has been crucial to our better understanding and vigorous identification of the heroin and illicit fentanyl crisis and its rapid growth, and has allowed the Federal Government to focus on those aspects of the problem that will bring the greatest results.

The NHCG hosts monthly coordination meetings to facilitate and drive discussion and data sharing, which allows for Federal law enforcement engagement and open dialogue with the public health community across the United States. Notably, on public health community calls,

[21] Examples of mutual aid groups include Alcoholics Anonymous, Narcotics Anonymous, SMART Recovery, LifeRing Recovery, and Woman for Sobriety.

Federal and state public health professionals share near-real-time overdose data with each other and with law enforcement, which provides a critical early warning window for other stakeholders and helps inform our understanding of the problem. In a recent session, one state reported for the first time that fentanyl caused more overdose deaths than heroin. While this information points to an alarming shift, our early access to this information will be used to alert and help prepare Federal and state public health and law enforcement professionals in other states for this change in the trafficking and use environment. Absent these coordination meetings, we would have to rely on annual mortality data sets and lose valuable time as we work to simultaneously reduce the number of people who use these substances and disrupt the heroin and illicit fentanyl supply chain.

As a result of HARP implementation, the NHCG, and consequently the Federal Government, is better informed and more prepared to work to reduce overall heroin and illicit fentanyl availability. Because of our ability to share information and coordinate activities among all relevant actors across the Federal Government:

- We can discover, identify, and disseminate information about the rapid changes to various fentanyl-family drugs. For example, when carfentanil, a powerful fentanyl-family drug used as a large animal tranquilizer, entered the illicit market and caused several multiple death overdose outbreaks, we were able to recognize and respond to its emergence.

- We have been able to focus efforts to identify the source of production of fentanyl and fentanyl analogues. Compared to heroin, which is derived from a plant that can be tested to determine geographical origin, fentanyl is synthesized from chemicals in a laboratory, making identification of its manufacturing origin extraordinarily difficult.

- Agencies are sharing important information to help law enforcement detect fentanyl in the field, including technology that is available or under development, as well as improving the efficacy of training techniques for canine teams to assist in fentanyl detection.

- Agencies are successfully coordinating efforts to detect packages at international mail facilities, looking for illicit fentanyl shipments originating abroad.

- Federal health agencies are more directly engaging in collaborative efforts with Federal law enforcement agencies to share information, collaborate on a comprehensive response, and discuss strategies to effectively address the evolving opioid epidemic.

- The NHCG worked with the HHS and CDC's National Institute for Occupational Safety and Health to produce science-based handling instructions for fentanyl and disseminated those instructions to Federal agents and local police to better protect law enforcement and first responders from potential fentanyl exposure.

Interagency Partnerships. The challenging and complex nature of the heroin and illicit fentanyl problem not only demands increased collaboration and coordination among Federal agencies, including those here today, but also enhanced partnerships at the state, local, and tribal levels where the crisis is felt most deeply. Moreover, state, local, and tribal partners often have demonstrated an enormous amount of energy and innovation, which are key to addressing the problem nationwide. Cooperation and communication among Federal, state, local, and tribal partners provides greater situational awareness for a more comprehensive understanding of changes in the domestic environment.

There are a number of efforts across the Federal Government that enhance collaboration and coordination. For example, ONDCP's High Intensity Drug Trafficking Areas (HIDTA) program is a locally-based program that responds to the drug trafficking issues facing specific areas of the country. Law enforcement agencies at all levels of government share information and implement coordinated enforcement activities; enhance intelligence sharing among Federal, state, local, and tribal law enforcement agencies; provide reliable intelligence to law enforcement agencies to develop effective enforcement strategies and operations; and support coordinated law enforcement strategies to maximize available resources and reduce the supply of illegal drugs.

In August 2015, ONDCP committed $2.5 million in HIDTA funds to develop a Heroin Response Strategy to respond to the Nation's opioid/heroin/fentanyl epidemic. This unprecedented project combines prevention, education, intelligence, and enforcement resources to address the heroin and fentanyl threat across 17 states and the District of Columbia. The effort is carried out through a unique partnership of seven regional HIDTAs – Appalachia, Michigan, New England, New York/New Jersey, Ohio, Philadelphia/Camden, and Washington/Baltimore. The HIDTA Heroin Response Strategy is fostering a collaborative network of public health-public safety partnerships, sharing best practices, innovative pilots, and identifying new opportunities to leverage resources.

International Engagement. International engagement with Mexico, Canada, and China, as well as multilateral bodies responsible for international control of these substances and their precursor chemicals, are essential to addressing this crisis at the very front end of the supply chain.

U.S.-Mexico engagement regarding heroin and illicit fentanyl is robust. The At a high-level bilateral security meeting in October 2015, discussed heroin as the first agenda topic, which included the importance of increased poppy eradication efforts by the Government of Mexico, as well as drug interdiction, clandestine laboratory destruction, and disruption of precursor chemical trafficking. As the illicit opioid crisis has evolved, illicit fentanyl has become a key part of that discussion.

In early March 2016, the ONDCP Director and the Assistant Secretary of State for International Narcotics and Law Enforcement Affairs traveled back to Mexico, specifically to engage on heroin and illicit fentanyl issues and to impress upon our Mexican partners the urgency with which the United States is addressing this problem. We met with the Mexican Attorney General, as well as senior officers from the Mexican Army, the Mexican Navy, and the Secretariat of the Government, the agencies that lead Mexico's efforts to disrupt the production

of heroin and illicit fentanyl, including poppy eradication and the identification and neutralization of production laboratories.

In June 2016, the leaders of the United States, Mexico, and Canada participated in the North American Leader's Summit where U.S. concerns about heroin and illicit fentanyl were specifically raised. The annual trilateral meeting resulted in the first-ever North American Drug Dialogue (NADD), subsequently held in October 2016 and focused on the opioid crisis, with particular attention paid to heroin and illicit fentanyl. The parties shared information on best practices, data gathering methodologies, and avenues for further trilateral lines of cooperation, including public health efforts. As a follow up, the United States recently hosted a NADD technical workshop here in Washington where we met with the Mexican and Canadian delegations at the White House for four days of information exchange that included heroin and illicit fentanyl, resulting in a list of tangible deliverables for all three countries to address the issue.

We have also had successes in our work with the People's Republic of China. After the United States raised the need for better regulation of Chinese chemical and pharmaceutical industries at a number of high-level engagements, including the Strategic and Economic Dialogue and the Law Enforcement Joint Liaison Group, China responded to U.S. requests to schedule certain fentanyl analogues and other new psychoactive substances by domestically controlling 116 of such substances in 2015. As a result of our joint cooperation, on March 1, 2017 China domestically controlled another four critical fentanyl analogues, including carfentanil, a particularly lethal analogue of fentanyl. These decisions by the Chinese Government to strengthen controls over these substances could have a positive impact in reducing their availability in the United States and other countries.

Federal law enforcement agencies are aggressively addressing the heroin and illicit fentanyl issue both here and abroad. The Federal Bureau of Investigation, Immigration and Customs Enforcement, and DEA have co-located Special Agents with international partners in Mexico and China to assist in criminal investigations targeting drug trafficking organizations and to help their international counterparts develop capacity to conduct the full range of narcotics interdiction activities within their countries to target both heroin and illicit fentanyl. Federal law enforcement agencies, in conjunction with the Department of State, are working with the countries who supply illicit fentanyl, and the precursor chemicals used in its manufacture, to stem the flow of these dangerous chemicals to the Western Hemisphere.

We have also worked aggressively through the United Nations to strengthen international controls against illicit fentanyl-family drugs and the precursor chemicals used by criminals to produce them. On March 16, 2017 in response to an official request from the United States, the United Nations Commission on Narcotic Drugs (CND) voted unanimously to schedule the two chemicals most commonly used to produce illicit fentanyl products – N-Phenethyl-Piperidone (NPP) and 4-Anilino-N-Phenethyl-Piperidine (ANPP) – for international control under the 1988 UN Drug Convention. This decision by the CND will to require governments to establish controls over the production and transport of these chemicals and make it considerably more difficult for drug traffickers to access them. Also earlier this month, Secretary of State Rex

Tillerson issued a formal request to the UN Secretary General to expedite the process of controlling carfentanil – a powerful fentanyl analogue responsible for hundreds of U.S. overdose deaths in 2016 – under the UN Single Convention on Narcotic Drugs.

Challenges Ahead

While we have worked to combat the opioid crisis, including the exponential risk that illicit fentanyl presents, and laid a firm foundation for future efforts, we must do more. The complex and ever-evolving nature of the illicit fentanyl problem continues to be a threat to our Nation. Through our efforts thus far in facilitating efforts across the interagency, we have identified gaps in our knowledge, data, and abilities, and now we are working to close them.

Our capability to detect illicit fentanyl at our borders remains limited, as does our ability to effectively interdict at our airfreight package locations. Our Mexican partners could increase their efforts in opium poppy eradication and clandestine laboratory identification and neutralization. And, we must continue to work with the Government of China to better regulate and control their chemical and pharmaceutical industries, both licit and illicit. We also need to better understand the true extent of illicit fentanyl deaths in the United States. For example, as I stated earlier, although it is abundantly clear that the number of overdose deaths involving fentanyl nationwide has increased dramatically, it is likely that the overdose numbers underreport the actual number of such deaths. This is because the ability to detect fentanyl or fentanyl analogues in overdose victims, and the standard inclusion of these drugs in overdose death toxicology screening, varies widely among our Nation's medical examiners and coroners. In localities where detailed toxicology screening is being performed, information suggests there are increasing numbers of overdoses involving these drugs.

We look forward to continuing our work with Federal, state, local, and tribal government partners, as well as our international counterparts and non-governmental organizations, to address these challenges.

Conclusion

The opioid epidemic, initially fueled by prescription opioid misuse and enhanced by the availability of low cost high potency heroin and deadly fentanyl-family drugs, is a public health and public safety crisis. Addressing the problem requires attention and resources dedicated not only to substance abuse prevention and treatment strategies and recovery support services, but also to reducing the availability of these drugs. Our coordination thus far has afforded us a glimpse into how law enforcement officials, Federal, state, and local, are increasingly becoming public health partners, helping those with an opioid addiction to obtain treatment for their disease, and identified how we need to continue our efforts to make the greatest possible gains in this deadly crisis.

ONDCP will continue to work with our international partners, Federal departments and agencies, regional HIDTA programs, and our partners at the state, local, and tribal levels to

reduce heroin and illicit fentanyl production and trafficking and the profound effect these dangerous drugs are having in our communities.

Thank you for the opportunity to testify today and for your commitment to this important issue. I look forward to answering any questions you may have.