



GEORGETOWN UNIVERSITY

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Testimony of

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Introduction

Chairman Carter, Ranking Member DeGette, and Members of the Subcommittee, thank you for the opportunity to appear before you.

I am Regina LaBelle, Professor of Addiction Policy at Georgetown University. I direct the Master of Science in Addiction Policy and Practice at Georgetown’s Graduate School of Arts and Sciences. In the Master’s program, we educate future addiction policy professionals. Several of my students are here today to learn first-hand about bipartisan approaches to drug and addiction policy issues. I also direct the Center on Addiction Policy at Georgetown Law’s O’Neill Institute. In addition, I serve on the National Advisory Council on Drug Abuse, an advisory council to the National Institute of Health’s National Institute on Drug Abuse.

Today, I speak to you in my personal capacity and not on behalf of Georgetown University or any other institution.

In my decade and a half of working on these issues in both government and academia, I have witnessed—and often been part of—numerous initiatives designed to combat the addiction and overdose epidemic in America.

While billions of dollars have been spent to save lives, the crisis persists, demanding ongoing attention and innovation.

I have sat with grieving families who have lost their loved ones. I keep many of their pictures above my desk as a daily reminder. I have also experienced the joy of celebrating with those in recovery, witnessing firsthand the power of resilience, strong support systems, and effective public policies.

I carry with me the stories of those we have lost and those who are rebuilding their lives. We must build on our successes, learn from past challenges, and continue to work in a bipartisan manner—because history has shown us that this is when we achieve the greatest impact.

Combatting Existing and Emerging Illicit Drug Threats requires a three-pronged approach:

1. Strengthening bipartisan cooperation to disrupt transnational criminal organizations and enforce the rule of law.
2. Expanding access to public health services, including prevention, treatment, and recovery support.
3. Investing in our workforce to detect emerging drug threats and respond effectively.

The Urgency of the Crisis

Since 2000, over one million Americans have died from overdoses, with nearly 90,000 projected deaths in the 12 months ending August 2024.¹ While this represents an almost 22% decline from the previous year, the numbers remain unacceptably high, and disparities persist—overdose rates among Black, Indigenous, and Hispanic Americans continue to rise.²

The majority of overdose deaths (69%) involve synthetic opioids, such as fentanyl, which is extremely potent—just two milligrams can be fatal.³ Additionally, nearly a quarter of fentanyl seized by the DEA contains xylazine, a dangerous veterinary sedative.⁴ Stimulant-related overdoses, including methamphetamine, have surged, now accounting for one-third of overdose deaths.⁵

Disrupting Transnational Criminal Organizations and Enforcing the Rule of Law

¹ Centers for Disease Control and Prevention, National Center for Health Statistics. Vital Statistics Rapid Release: Provisional Drug Overdose Death Counts, January 2025. (<https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>).

² Georgetown University Law Center, O’Neill Institute for National and Global Health Law, Center on Addiction and Public Policy, Examining Overdose Inequities: 2022-23 Data, November 2024.

(<https://oneill.law.georgetown.edu/examining-overdose-inequities-2022-23-data/>); Henderson, Tim. Overdose deaths are rising among Black and Indigenous Americans, October 2024.

(<https://stateline.org/2024/10/29/overdose-deaths-are-rising-among-black-and-indigenous-americans/>).

³ Kaiser Family Foundation. Opioid Deaths Fell in Mid-2023, But Progress Is Uneven and Future Trends are Uncertain, September 2024.

(<https://www.kff.org/mental-health/issue-brief/opioid-deaths-fell-in-mid-2023-but-progress-is-uneven-and-future-trends-are-uncertain/>); U.S. Customs and Border Protection. Frontline Against Fentanyl.

(<https://www.cbp.gov/border-security/frontline-against-fentanyl>).

⁴ U.S. Department of Justice, Drug Enforcement Agency. DEA Reports Widespread Threat of Fentanyl Mixed with Xylazine. (<https://www.dea.gov/alert/dea-reports-widespread-threat-fentanyl-mixed-xylazine>).

⁵ Centers for Disease Control and Prevention, National Center for Health Statistics. Drug Overdose Deaths in the United States, 2003–2023, December 2024. (<https://www.cdc.gov/nchs/products/databriefs/db522.htm>).

Illicit fentanyl in the U.S. originates from precursor chemicals primarily sourced from China, processed in Mexico, and trafficked by criminal organizations.⁶ These transnational criminal organizations operate vast international networks, making financial disruption critical.

The U.S. and its allies must target money laundering operations that sustain the illicit drug trade by prosecuting financial crimes linked to trafficking. Law enforcement coordination and intelligence-sharing with international partners are critical to cutting off the supply of deadly drugs and precursor chemicals before they reach our communities.

Bipartisan efforts, such as the Commission on Combating Synthetic Opioid Trafficking, have laid out actionable recommendations to address these challenges.⁷ This includes international cooperation to combat money laundering and enhancing public health strategies alongside law enforcement efforts.

While drug trends change, I can say without hesitation that synthetic drugs, made in labs and not dependent upon the weather like crops are, are a permanent fixture in the drug landscape. The synthetic drug crisis is not temporary; it requires long-term, adaptable strategies that integrate public health and public safety responses.

Expanding Access to Public Health Services

Substance use disorder is a chronic condition that demands a coordinated, evidence-based public health response. The continuum of care includes prevention, harm reduction, treatment, and long-term recovery support.

- **Prevention:** Parents and communities need resources to recognize and help young people with early signs of mental health struggles, which can be a risk factor for substance use.⁸ In addition, social media has become a primary marketplace for illicit fentanyl, making parental awareness and education critical. The Substance Abuse and Mental Health Services Administration (SAMHSA) provides valuable guidance for these conversations.⁹
- **Interventions:** Increasing naloxone availability saves lives.¹⁰ The FDA's approval of over-the-counter naloxone in March 2023 was an important step.¹¹ Naloxone distribution is essential, particularly when a bystander is present in over 40% of fatal overdoses.¹² States like Tennessee have

⁶ U.S. Department of Justice, Drug Enforcement Agency. DEA Intelligence Report Fentanyl Flow in the United States, January 2020.

(https://www.dea.gov/sites/default/files/2020-03/DEA_GOV_DIR-008-20%20Fentanyl%20Flow%20in%20the%20United%20States_0.pdf).

⁷ RAND, Homeland Security Research Division. Commission on Combating Synthetic Opioid Trafficking, February 2022. (https://www.rand.org/pubs/external_publications/EP68838.html).

⁸ Over 2 in 5 young adults with mental health disorders are untreated, and nearly 9 in 10 young adults with substance use disorders are untreated. Substance Abuse and Mental Health Services Administration. Mental Illness and Substance Use in Young Adults, September 2022. (<https://www.samhsa.gov/young-adults>).

⁹ Substance Abuse and Mental Health Services Administration, Why You Should Talk With Your Child About Alcohol and Other Drugs, August 2019. (<https://www.samhsa.gov/sites/default/files/talk-with-your-child-about-alcohol-drugs.pdf>).

¹⁰ Brookings Institution. Harm reduction and its role in improving health outcomes in an era of fentanyl, December 2024. (<https://www.brookings.edu/articles/harm-reduction-and-its-role-in-improving-health-outcomes-in-an-era-of-fentanyl/>).

¹¹ Food and Drug Administration. FDA Approves First Over-The-Counter Naloxone Nasal Spray, March 2023. (<https://www.fda.gov/news-events/press-announcements/fda-approves-first-over-counter-naloxone-nasal-spray>).

¹² Brookings Institution. Harm reduction and its role in improving health outcomes in an era of fentanyl, December 2024. (<https://www.brookings.edu/articles/harm-reduction-and-its-role-in-improving-health-outcomes-in-an-era-of-fentanyl/>).

documented over 103,000 lives saved through naloxone distribution, and Washington, D.C. reverses an estimated 100 overdoses per month.¹³

- **Treatment:** Federal investment is essential to expanding access to treatment, particularly Medicaid, the State Opioid Response grant, and SAMHSA’s substance use block grant. Medications for opioid use disorder (MOUD) are the gold standard of treatment for opioid use disorder and play a critical role in reducing overdoses. Congress took a key step by passing the Mainstreaming Addiction Treatment Act in 2023, removing barriers to prescribing MOUD. However, further efforts are needed to ensure timely access to high-quality treatment.
- **Criminal Justice Interventions:** Jails and prisons can provide key intervention points to provide treatment for people with all forms of substance use disorder. The rate of drug-related deaths in jails has quadrupled since 2000, highlighting the urgent need for treatment programs within correctional facilities.¹⁴ The federal approval of 1115 Medicaid waivers allows states to use federal matching funds for treatment 90 days before an individual’s release, improving post-incarceration outcomes. Nineteen states, including Kentucky and North Carolina, have implemented this approach.¹⁵

Ultimately, recovery is the goal. Today, 22.2 million Americans are in long-term recovery,¹⁶ demonstrating that with the right support, individuals can rebuild their lives. People in recovery are our neighbors, friends, family members, and, sometimes, our member of Congress. Strengthening recovery networks—from peer support initiatives to recovery-ready workplaces—remains an important part of the continuum of care.

Investing in Workforce and Emerging Drug Threats

The evolving drug landscape requires a well-trained workforce capable of detecting and responding to new threats. Drug testing and monitoring programs, such as those in Rhode Island¹⁷ and North Carolina,¹⁸ help identify dangerous substances and alert the public to potentially dangerous substances. Similarly, the DEA and other law enforcement agencies must continuously enhance their ability to identify, track, and disrupt new synthetic drug markets.

Continued support for a comprehensive federal government approach to identifying new and potentially dangerous drugs is an important part of the nation’s strategy. The CDC, DEA, CBP, and other federal agencies all have important data collection and analysis tools that offer a national perspective on drug trends. Their ability to monitor and interpret emerging threats informs policy decisions, ensures that

¹³ Tennessee Department of Mental Health and Substance Abuse Services, Prevention. Regional Overdose Prevention Specialists. (<https://www.tn.gov/behavioral-health/substance-abuse-services/prevention/rops.html>); LIVE. LONG. DC. Opioid Overdose Dashboard, January 2025.

(https://dataviz1.dc.gov/t/OCTO/views/DCHealthLiveLongDCDashboardFinal/OpioidLandingPage?%3AshowAppBanner=false&%3Adisplay_count=n&%3AshowVizHome=n&%3Aorigin=viz_share_link&%3Aembed=yes&%3Atoolbar=no).

¹⁴ Medicaid and CHIP Payment and Access Commission. Behavioral Health in the Medicaid Program – People, Use, and Expenditures, June 2015.

(<https://www.macpac.gov/publication/behavioral-health-in-the-medicaid-program%E2%80%95people-use-and-expenditures/>).

¹⁵ Kaiser Family Foundation. Medicaid Waiver Tracker: Approved and Pending Section 1115 Waivers by State, January 2025.

(<https://www.kff.org/medicaid/issue-brief/medicaid-waiver-tracker-approved-and-pending-section-1115-waivers-by-state/>).

¹⁶ Substance Abuse and Mental Health Services Administration, 2023 National Survey on Drug Use and Health Annual Report, July 2024.

(<https://www.samhsa.gov/data/sites/default/files/reports/rpt47095/National%20Report/National%20Report/2023-nsduh-annual-national.pdf>).

¹⁷ Brown University. Toxicological and Ethnographic Drug Surveillance Testing RI. (<https://sites.brown.edu/testri/>).

¹⁸ University of North Carolina, UNC Street Drug Analysis Lab. (<https://www.streetsafe.supply/>).

interventions are based on the best available evidence, and enables a more coordinated response across federal, state, and local levels.

Federal support for the Office of National Drug Control Policy remains vital to coordinating efforts across agencies and ensuring a comprehensive, whole-of-government response.

Conclusion

The best approach to addressing synthetic drug threats is an "all of the above" strategy—one that integrates law enforcement, public health, and workforce investment. By working together, we can disrupt and dismantle illicit drug supply chains, expand treatment and recovery services, and equip our workforce to combat future drug crises. This is a bipartisan issue that affects every community, and solutions must be pursued with urgency and unity.

Thank you for your time and commitment to addressing this epidemic.