

**Senator Chuck Grassley, Ranking Member**  
**Questions for the Record**  
**Dr. Rahul Gupta**  
**Nominee to be Director of the Office of National Drug Control Policy**

1. The Biden Administration shared a proposal with Congress earlier this month on how to proceed with controlling fentanyl-related substances (FRS). While the proposal supports permanently placing FRS in Schedule I, it eliminates certain mandatory-minimum penalties associated with trafficking, manufacturing, importing, and exporting FRS. Many members of Congress have raised concerns with this policy choice, myself included. The Administration's proposal creates a false dichotomy where it appears Congress either has to accept removing mandatory-minimums for FRS crimes, or nothing can pass. Do you believe and support this false choice, or would you support Congress moving forward on a measure that would only permanently schedule FRS?

**RESPONSE:** Addiction and the overdose epidemic is an important and complex issue that requires a whole of government response, including supply reduction, prevention, harm reduction, treatment, and recovery support. I support the permanent scheduling of FRS as well as civil rights protections and access of FRS to researchers and if confirmed will work with you and Congress to move this issue forward. I will also look forward to supporting efforts to address the overdose epidemic that can expand access to evidence-based and high-quality prevention, harm reduction, treatment, and recovery.

2. Do you know of any instances where a substance was scheduled under the CSA and had mandatory minimum sentences, but then was subsequently stripped of mandatory minimums? If so, please list out those instances including the drug, the regulatory or legislative means by which the applicability of mandatory minimum sentences were removed, and the reason for the change.

**RESPONSE:** My understanding is that this has happened in the past. I also understand that class scheduling of FRS has been temporary to date because several issues, including civil rights protections and access of FRS to researchers have remained unresolved. If confirmed, I would consult with staff at the Office of National Drug Control Policy and the Department of Justice to gain a full understanding of historical scheduling policies.

3. The Office of National Drug Control Policy's (ONDCP) statutory responsibilities include that it shall "take such actions as necessary to oppose any attempt to legalize the use of a substance (in any form) that (A) is listed in Schedule I [of the CSA]; and (B) has not been approved for use for medical purposes by the Food and Drug Administration." 21 U.S.C. 1703 (b) (12). This mandate rests on the shoulders of the Director of ONDCP. If confirmed, how would you comply with this statutory requirement, particularly given that a number of states have legalized marijuana, a Schedule I drug under federal law?

**RESPONSE:** If confirmed, I would comply with all statutory requirements that apply to the ONDCP Director and the agency's authorities.

4. One result of marijuana legalization and commercialization efforts taking place in some states is the normalization of the use of the drug. Under your tenure, what will ONDCP do to raise awareness of the science on marijuana's harms in the public arena as well as in other government agencies?

**RESPONSE:** In addition to advocating for a robust cannabis and cannabinoid research agenda, if confirmed, I will work closely across the interagency to encourage Federal partners to use the tools at their disposal to promote a comprehensive, science-based understanding of the risks associated with use. Promoting evidence-based prevention initiatives at the Federal, state, local, and tribal levels to help reduce the number of youth initiates is also vital.

5. The Surgeon General's office under Dr. Jerome Adams implemented a marijuana public education campaign, targeting pregnant mothers and youth specifically. What tools can ONDCP engage to protect pregnant mothers and youth from the harms of marijuana use?

**RESPONSE:** Preventing youth substance use and building the addiction treatment infrastructure are critical elements of the Administration's drug policy priorities. Scaling up science-based, community-level interventions to prevent and reduce youth and young adult substance use, including marijuana, through ONDCP's Drug-Free Communities Support Program is one tool ONDCP can utilize to help reduce use of alcohol, tobacco, and other drugs, including marijuana. School- and office-based healthcare settings provide opportunities for evidence-based prevention outreach to millions of children and young adults. In developing the President's inaugural *National Drug Control Strategy*, ONDCP can prioritize prevention efforts in these and other settings, support research on evidence-based prevention and effective screening tools, and increase capacity to screen and provide treatment for substance use disorders. Similarly, ONDCP can coordinate the efforts of interagency partners to enhance education and awareness of the harms associated with substance use in particularly vulnerable populations such as youth and pregnant women.

6. I am committed to protecting access to rural health care by boosting doctor pay, expanding access to telehealth, and protecting funding for rural hospitals. Section 125 of Public Law (P.L.) 116-260 established the Rural Emergency Hospital (REH) voluntary Medicare payment designation. This bipartisan solution will support struggling rural hospitals by allowing them to voluntarily right-size their health care infrastructure while maintaining essential medical services for their rural communities. A recent Government Accountability Office (GAO) report found more than 100 rural hospitals have closed in 28 different states since 2013. The COVID-19 pandemic has only further strained rural hospital finances. If nothing is done, more hospitals and rural Americans will continue losing access to essential medical services resulting in poorer outcomes and higher costs for patients and taxpayers. The REH designation offers the flexibility to support rural hospitals that can no longer support inpatient services while maintaining services that better align with the specific needs of their patient population including 24/7 emergency care, outpatient care, ambulance services, and more. It is important that federal regulations and guidance adequately consider the needs of rural providers. Earlier this

year, Senator Klobuchar and I sent a letter to the Centers for Medicare & Medicaid Services (CMS) asking the agency to prioritize the implementation of this law to ensure a timely and stakeholder-driven implementation. In CMS' fiscal year 2022 budget justification it stated, "CMS will engage with stakeholders through the rulemaking process in implementing this provision." Most recently, CMS issued a Request for Information (RFI) as part of the process to implement REH. As part of the RFI, a question asked, "[s]hould REHs include Opioid Treatment Programs, clinics for buprenorphine induction, or clinics for treating stimulant addiction in their scope of services?"

- a. If confirmed, how will you support the implementation of REH to maintain access to rural health care including for substance use disorder patients?

**RESPONSE:** I was one of the only three physicians in a critical access hospital in Alabama where I also worked as an emergency physician and it was later closed. I am intimately familiar with the challenges our rural communities and rural hospitals face. Additionally, drug overdose deaths have increased significantly in both urban and rural populations, and those in rural settings face a unique set of challenges when seeking treatment for substance use disorder. Increasing access to Opioid Treatment Programs, providers for buprenorphine induction, or providers for treating stimulant addiction would be important to getting more people with substance use disorder into a treatment program, and reduce overdose deaths. If confirmed, I will collaborate closely with other Federal agencies, including the Centers for Medicare & Medicaid Services, to increase access to evidence-based care, reduce the stigma that those seeking treatment face, support rural providers so they can appropriately care for their patients, and identify opportunities to address rising drug overdose rates.

7. Do you believe that we should defund or reduce the budgets of police departments? Please explain.

**RESPONSE:** I do not support defunding the police. If confirmed, I will work to advance ONDCP's mission to address substance use and its consequences with stakeholders including law enforcement officials across the nation. The Administration's drug policy priorities include reducing the supply of illicit substances by supporting law enforcement efforts and multi-jurisdictional task forces. They also include advancing racial equity, which includes efforts to establish a research agenda to better understand the needs of historically underserved communities and identifying data gaps related to drug policy.

8. Is gun violence a public-health crisis?

**RESPONSE:** I understand that gun violence is an important issue of concern that Members of Congress are working on legislation to address. If confirmed, I will work to advance ONDCP's mission, which is to address substance use and its consequences.

9. Is racism a public-health crisis?

**RESPONSE:** I understand that racism is an important issue of concern that Members of Congress are working on legislation to address. If confirmed, I will work to advance ONDCP's mission, which is to address substance use and its consequences.

10. During your selection process did you communicate with any officials from or anyone directly associated with the organization Demand Justice? If so, what was the nature of those discussions?

**RESPONSE:** No.

- a. Did anyone do so on your behalf?

**RESPONSE:** No.

11. During your selection process did you communicate with any officials from or anyone directly associated with the American Constitution Society? If so, what was the nature of those discussions?

**RESPONSE:** No.

- a. Did anyone do so on your behalf?

**RESPONSE:** No.

12. During your selection process, did you communicate with any officials from or anyone directly associated with Arabella Advisors? If so, what was the nature of those discussions? Please include in this answer anyone associated with Arabella's known subsidiaries the Sixteen Thirty Fund, the New Venture Fund, or any other such Arabella dark-money fund that is still shrouded.

**RESPONSE:** No.

- a. Did anyone do so on your behalf?

**RESPONSE:** No.

13. During your selection process did you communicate with any officials from or anyone directly associated with the Open Society Foundation. If so, what was the nature of those discussions?

**RESPONSE:** No.

- a. Did anyone do so on your behalf?

**RESPONSE:** No.

14. Please explain, with particularity, the process whereby you answered these questions.

**RESPONSE:** I consulted staff at the ONDCP in the development of my responses pertaining to drug control policy but relied on my years of professional experience in this area in providing my responses. I personally developed responses pertaining to my personal knowledge, training, experience, and background.

**Senator Blackburn**  
**Questions for the Record to Rahul Gupta**  
**Nominee to be Director of National Drug Control Policy**

1. Tennessee is ranked high for prescription drug abuse, as some estimates indicate approximately 70,000 Tennesseans are addicted to opioids. Law enforcement has also documented a surge in illicit drugs within the state. Given your work in Tennessee and surrounding states, what is your perspective on the opioid epidemic in our country?

**RESPONSE:** Based on my experience on the ground in rural and urban areas across states such as Tennessee, West Virginia, and Alabama, I have a true and real understanding of the harm to individuals, families and communities as a result of addiction and the overdose epidemic. I believe we can use science, compassion and community engagement to make serious advances in the Appalachian region and across the Nation in our fight to end this epidemic.

2. What are your public health and drug enforcement priorities for Tennessee and surrounding states?

**RESPONSE:** My experiences as the Public Health Commissioner for the State of West Virginia as well as a local health officer have given me a perspective and appreciation for serving counties in the Appalachian region that have been severely impacted by the addiction and overdose epidemic. In many cases, counties with the highest rates of overdose deaths lack resources and public health infrastructure – including service and workforce capacity. If confirmed, I will work with stakeholders including public health officials as well as state and local law enforcement officials (such as the Tennessee Bureau of Investigations) to address overdoses in these mostly rural counties, and this includes working with Tennessee and surrounding states.

3. In 2018, Congress passed the STOP Act to require all mail sent from foreign countries through the U.S. Postal Service to provide “package level detail information” to U.S. Customs and Border Patrol. Implementation of the Act, however, has been slow. What would you like to see in DHS’s implementation of the STOP Act and data sharing between agencies for shared missions?

**RESPONSE:** Illegal substances enter the United States through a variety of means including through the mail and commercial carriers. I understand that the Synthetics Trafficking and Overdose Prevention Act of 2018 (STOP Act) directs the United States Postal Service to transmit certain advance electronic information to Customs and Border Protection.

The seriousness of this issue and the enormity of the problem requires efforts by a variety of Federal law enforcement, border and postal security officers, and other partners to develop coordinated strategies to address the totality of the issue. If confirmed, I will be committed to addressing this situation with ONDCP’s interagency partners, focusing on

using each agency's authorities, including those under the STOP Act, to improve the U.S. Government's ability and capacity to address the shipment of illicit drugs through postal or parcel services.

4. The crisis at our southern border allows dangerous drugs to pour into our country. Please describe the specific difficulties border agents face in intercepting these drugs and catching the responsible traffickers. What changes or improvements can be made to end drug trafficking across our southern border?

**RESPONSE:** Effectively strengthening border security and reducing drug trafficking require effort both domestically and abroad. The manufacture and trafficking of illicit drugs is a complex issue that we must address at each stage of the supply chain.

The brave men and women serving on the border are challenged by Drug Trafficking Organizations (DTOs) that adapt quickly to changes in law enforcement tactics. Data show that the majority of illicit drugs seized at the southern border are seized at the ports of entry (POE). The volume of vehicular and pedestrian traffic at the border, and the POEs specifically, provide numerous opportunities for DTOs to smuggle illicit drugs into the United States, and makes detecting illicit drugs and identifying the perpetrators challenging.

Domestically, our nationwide drug interdiction efforts are focused on the most prolific drug trafficking routes and modalities, and we must leverage drug interdictions to help dismantle the criminal organizations responsible for manufacturing and trafficking illicit drugs. Collaboration and information sharing among Federal, state and local agencies is vitally important to this end and, if confirmed I will support initiatives aimed at improving coordination to disrupt the flow of illicit drugs into this country.

Abroad, we must act to address those preconditions conducive to the illicit drug trade, such as a lack of licit economic opportunities, weakened governmental institutions and widespread corruption in addition to direct interdiction activities. If confirmed, I will continue to work with our key partners in the Western Hemisphere, like Mexico and Colombia, to shape collective and comprehensive responses to illicit drug production and trafficking. I will also continue to engage nations like China and India to disrupt the global flow of synthetic drugs and precursor chemical ingredients to nations like Mexico, where illicit synthetic drugs are produced in large quantities.

5. Many illicit and deadly drugs or their precursors are produced in foreign countries like China or Mexico, and then they are smuggled into the United States. What reforms need to be made to address this issue? Do you see any potential for international cooperation and enforcement?

**RESPONSE:** There are several opportunities to enact reforms as well as an urgency to encourage international cooperation and enforcement. One of the priorities in the Administration's Statement of Drug Policy Priorities is to "use established multilateral and bilateral forums to engage with China, India, and other source countries to disrupt the

global flow of synthetic drugs and their precursor chemicals.” If confirmed, I will work to help ensure cooperation and enforcement via these types of bilateral and multilateral international forums in order to reduce the trafficking of illicit drugs and precursors chemical ingredients.

Precursor chemical monitoring and tracking is a complex problem, as regulations vary from nation to nation, and many precursor chemicals are widely used in the legitimate industry. If confirmed, I will work across Federal agencies and with international partners to help address this disparity in precursor chemicals regulations, to reduce their diversion and illicit use, and ultimately prevent drugs from coming in the United States.



**Nomination of Rahul Gupta to be Director of National Drug Control Policy Questions  
for the Record  
Submitted September 21, 2021**

**QUESTIONS FROM SENATOR COTTON**

1. Since becoming a legal adult, have you ever been arrested for or accused of committing a hate crime against any person?

**RESPONSE:** No.

2. Since becoming a legal adult, have you ever been arrested for or accused of committing a violent crime against any person?

**RESPONSE:** No.

3. There has been an increase in the development and use of long-acting forms of opioid agonists (such as buprenorphine), which can be administered by a healthcare professional and can diminish the effects of opioid dependency and withdrawal, and can also prevent drug users from being able to get “high” from certain drugs for a specified amount of time. What role do you think long-acting forms of drugs like buprenorphine should play in combating the opioid crisis?

**RESPONSE:** Buprenorphine is an evidence-based medication for opioid use disorder that is an important and effective tool to help address the opioid crisis. One barrier to effective medication-assisted treatment for opioid use disorder, such as buprenorphine, is the need to take a medication on a daily basis. Using long-acting forms of medications, such as the long-acting injectable form of buprenorphine, can help to address adherence issues by requiring patients to get weekly or monthly injections. While long-acting formulations of buprenorphine are still relatively new and not yet widely used, increasing access to these medications in an affordable way will be vital to treating opioid use disorder and reducing drug overdose deaths.

4. A healthcare professional who buys and bills long-acting forms of injectable buprenorphine can store the medication in their office until the medication expires. But a healthcare professional who obtains the same medication through specialty pharmacies can hold the medication in their office for only 14 days. As a physician, are you aware of any differences in storage requirements if a medication containing a controlled substance is obtained through the “buy and bill” process compared with the same substances obtained through specialty pharmacies?

**RESPONSE:** No, there are no differences in storage requirements whether a medication is purchased through “buy and bill” practices or a specialty pharmacy.

5. If the storage requirements for healthcare professionals who buy and bill long-acting forms of injectable buprenorphine are no different than the storage requirements if the same healthcare professionals obtain the same medication through specialty pharmacies, do you believe that the 14-day limit on storing those drugs after obtaining them through specialty pharmacies is appropriate for diversion or healthcare reasons? If so, please explain the reasons that you believe the 14-day limit is appropriate.

**RESPONSE:** The 14-day limit on storing drugs obtained through a specialty pharmacy was initially created by the SUPPORT Act in order to guard against diversion. In order to increase access to long-acting injectable buprenorphine, the 14-day limit would need to be modified, as allowed under that statute.

6. Please describe with particularity the process by which you answered these questions and the written questions of the other members of the Committee.

**RESPONSE:** I consulted staff at ONDCP in the development of my responses pertaining to drug control policy but relied on my years of professional experience in this area in providing my responses. I personally developed responses pertaining to my personal knowledge, training, experience, and background.

7. Did any individual outside of the United States federal government write or draft your answers to these questions or the written questions of the other members of the Committee?

**RESPONSE:** No.

If so, please list each such individual who wrote or drafted your answers. If government officials assisted with writing or drafting your answers, please also identify the department or agency with which those officials are employed.

**RESPONSE:** N/A

## **SENATOR TED CRUZ U.S. Senate Committee on the Judiciary**

### **Questions for the Record for Dr. Rahul Gupta, to be Director of the Office of National Drug Control Policy (ONDCP)**

#### **Directions**

Please provide a wholly contained answer to each question. A question's answer should not cross-reference answers provided in other questions. Because a previous nominee declined to provide any response to discrete subparts of previous questions, they are listed here separately, even when one continues or expands upon the topic in the immediately previous question or relies on facts or context previously provided.

If a question asks for a yes or no answer, please provide a yes or no answer first and then provide subsequent explanation. If the answer to a yes or no question is sometimes yes and sometimes no, please state such first and then describe the circumstances giving rise to each answer.

If a question asks for a choice between two options, please begin by stating which option applies, or both, or neither, followed by any subsequent explanation.

If you disagree with the premise of a question, please answer the question as-written and then articulate both the premise about which you disagree and the basis for that disagreement.

If you lack a basis for knowing the answer to a question, please first describe what efforts you have taken to ascertain an answer to the question and then provide your tentative answer as a consequence of its reasonable investigation. If even a tentative answer is impossible at this time, please state why such an answer is impossible and what efforts you, if confirmed, or the administration or the Department, intend to take to provide an answer in the future. Please further give an estimate as to when the Committee will receive that answer.

To the extent that an answer depends on an ambiguity in the question asked, please state the ambiguity you perceive in the question, and provide multiple answers which articulate each possible reasonable interpretation of the question in light of the ambiguity.

## Questions

1. Fentanyl seizures at the southern border are exploding. Federal agents have indicated that fentanyl seizures have increased 4,000 percent over the last three years. An NBC news article from June 29 of this year reported that 41 pounds of fentanyl have been discovered at the border *so far*. According to U.S. Customs & Border Patrol, its agents have seized 255 pounds of fentanyl at nationwide checkpoints since January of this year. This volume could kill tens of millions of Americans. Despite these dangers, the Biden-Harris Administration wants to reduce the penalties for fentanyl trafficking.
  - a. Do you anticipate that reducing the penalties for trafficking fentanyl will result in a smaller volume of fentanyl being trafficked?

**RESPONSE:** I am unaware that any proposal from the Administration would reduce penalties for trafficking fentanyl. I understand that class scheduling of fentanyl-related substances (FRS) has been temporary to date because several issues, including civil rights protections and access of FRS to researchers, have remained unresolved. If confirmed, I look forward to the opportunity to working with you and Congress to move this issue forward.

- b. What solutions do you propose to stop the influx of deadly drugs across the border?

**RESPONSE:** The manufacture and trafficking of illicit drugs is a complex issue that we must address at each stage of the supply chain, both domestically and abroad.

Domestically, our nationwide drug interdiction efforts are focused on the most prolific drug trafficking routes and modalities, and we must seek to fully leverage drug interdictions to help illuminate and dismantle the criminal organizations responsible for manufacturing and trafficking illicit drugs. Collaboration and information sharing among Federal, state, local, and tribal agencies is vitally important and, if confirmed, I will support initiatives aimed at improving coordination to disrupt the flow of illicit drugs into this country. Additionally, ONDCP supports law enforcement partners through its High

Intensity Drug Trafficking Areas (HIDTA) program to disrupt drug trafficking organizations.

Abroad, we must address those preconditions conducive to the illicit drug trade, such as a lack of licit economic opportunities, weakened government institutions and corruption, in addition to direct interdiction activities. If confirmed, I will continue to work with our key partners in the Western Hemisphere, like Mexico and Colombia, to shape collective and comprehensive responses to illicit drug production and trafficking. I will also continue to engage nations like China and India to disrupt the global flow of synthetic drugs and precursor chemical ingredients to nations like Mexico, where illicit synthetic drugs are produced in large quantities.

If confirmed, I will also be committed to working to dismantle the financial networks of drug trafficking organizations (DTOs). I believe that a whole-of-government approach is central to disrupting and dismantling the DTOs financial structures that are facilitating the illicit narcotics trade.

2. The Biden-Harris has released a list of first-year priorities in its effort to combat the addiction crisis in the United States. The death toll from overdoses continues to rise at alarming rates, driven mostly by fentanyl and synthetic opioids pouring into our country. Even before the pandemic started, U.S. life expectancy had decreased primarily due to overdoses and suicides. The American Medical Association has reported that the drug overdose epidemic has further worsened during the pandemic. Nonetheless, the Biden-Harris Administration is focusing its first-year priorities on structural racism and equity in the approach to drug policy.

- a. If confirmed as Director of ONDCP, would you promote policies intended to benefit only specific racial or demographic groups rather than the nation at large?

**RESPONSE:** If confirmed, I will work to ensure that the drug policies are applied uniformly without regard to race. My job will be to address addiction and the overdose epidemic in communities across the entire nation, including rural, urban, and Tribal communities. This is especially true for communities that have been disproportionately affected and need resources to address addiction and overdose deaths in their areas. I have had first-hand experience

with this working in rural and urban communities in West Virginia, Tennessee, and Alabama. The Administration's drug policy priorities include advancing racial equity, which includes efforts to establish a research agenda to better understand the needs of historically underserved communities and identifying data gaps related to drug policy. They also include efforts to advance evidence-based and high-quality prevention, treatment, harm reduction, recovery, and supply reduction efforts.

b. Do you agree with the Biden-Harris Administration's policy that the ONDCP should target its resources to address "equity issues," effectively treating people differently because of their race?

**RESPONSE:** I believe that we should address addiction and the overdose epidemic in communities where it exists. And that is across the entire nation, including rural, urban, and Tribal communities. If confirmed, I will work to ensure that the drug policies are applied uniformly without regard to race. It has been well documented that different communities in this country have had and continue to have different experiences when it comes to drug policies, both in regard to enforcement and to treatment. I also believe that we should endeavor to better understand the needs of historically underserved communities and identifying data gaps related to drug policy via research.

3. Do you think that it would be appropriate for medical providers to deny care or provide lesser care to people who have not received the Covid-19 vaccine?

**RESPONSE:** I do not. And I am a medical provider myself.

4. Is it appropriate for the executive under the Constitution to refuse to enforce federal drug control and prohibition laws, absent constitutional concerns? Please explain.

**RESPONSE:** While I am not an attorney and have a medical background, I understand this issue is of concern to Members of Congress and that law enforcement agencies in past Administrations have sought ways to address differences in federal and state laws. If confirmed, I will work to advance ONDCP's mission, which is to address substance use and its consequences.

5. Is it appropriate to consider skin color or sex when making a federal drug enforcement decision? Is it constitutional?

**RESPONSE:** No. As to the constitutionality, I am not an attorney and, therefore, I am not in a position to offer an opinion.

6. Are federal drug control and prohibition laws infected with “systemic racism”?

**RESPONSE:** As I stated above, it has been well documented that different communities in this country have had and continue to have different experiences when it comes to drug policies, both in regard to enforcement and to treatment. If confirmed, I will work to ensure that the drug policies are applied uniformly without regard to race.

- a. If yes, please provide examples of “systemic racism” in America’s current system of drug enforcement that you would address if confirmed as Director of ONDCP?

**RESPONSE:** Data published by the United States Sentencing Commission has shown that a higher percentage of Black Americans are convicted in federal court for crack cocaine offenses versus powder cocaine offenses and the attendant sentencing disparity has caused them to receive substantially longer average sentence lengths for comparable offenses.

- b. If yes, what specific policy changes to federal drug control and prohibition laws would you implement to address your concerns about “systemic racism”?

**RESPONSE:** The bipartisan EQUAL Act, supported by the Administration, would eliminate the unfair sentencing disparity between sentences for trafficking crack and powder cocaine, which was based on many unfounded assumptions and has caused disproportionate harm to our most vulnerable communities as the U.S. Sentencing Commission has documented.

In addition, reform that bridges public safety and public health can deflect more people to social and human services as an alternative to arrest, and treatment as an alternative to incarceration. I would support state and local policies and programs that divert individuals away from arrest and

incarceration and toward treatment and prevention and are implemented by local community coalitions that include law enforcement and other local community stakeholders.

7. As you are aware, government agencies must inevitably choose what issue will take first priority in light of limited time and resources. If confirmed as Director of ONDCP, in what order would you prioritize the following three items: drug overdoses, drug trafficking, and “systemic racism”?

**RESPONSE:** If confirmed, my top priority to take all steps possible to stop Americans from dying at an unacceptably high rate from drug overdoses. Addressing addiction and the overdose epidemic requires a solid public health infrastructure – including evidence-based and high-quality prevention, harm reduction, treatment, and recovery support services – as well as the disruption of the drug supply. I know that a balanced approach to public health and public safety, along with policies that ensure equity and fairness for all people, including communities of color, are essential to achieving our goals.



**Senator Josh Hawley**  
**Questions for the Record**

**Rahul Gupta**  
**Nominee, Director of the Office of National Drug Control Policy**

- 1. The State of Missouri has some of the highest opioid-related overdose fatality rates per capita. If confirmed, what concrete steps would you take to address opioid deaths in Missouri?**

**RESPONSE:** Addiction and the overdose epidemic have taken a heartbreaking toll on far too many Americans and their families.

I am acutely aware of recent rural hospital closures further reducing access to substance use disorder treatment for many Americans in Missouri. If confirmed, I will prioritize expanding access to evidence-based prevention, treatment, recovery support, and harm reduction services, as well as stopping the supply of illicit substances in Missouri and the rest of the United States. I will work closely with the Midwest High Intensity Drug Trafficking Area on its efforts to prevent overdose deaths and with the 14 Drug-Free Communities coalitions in Missouri that are working to prevent youth substance use.

- 2. The State of Missouri has been devastated by fentanyl and fentanyl-analogs. These drugs are often manufactured in China, exported to Mexico, and conveyed across our southern border illegally.**

- a. Do you believe it is imperative to stop the manufacture and transportation of these drugs at the earliest point possible, including by pressuring China to cease production and strengthen our border to prevent these drugs from ever entering?**

**RESPONSE:** Yes. At the request of the United States, China scheduled all fentanyl-related substances as a class in 2019. Since that time, it is my understanding that seizures of fentanyl coming directly to the United States from China fell to near-zero. However, a significant amount of non-fentanyl opioids and precursor chemicals used to produce fentanyl, fentanyl analogues, and other synthetic drugs still originate in China and is being exported to Mexico for fentanyl production and trafficking.

If confirmed, I am committed to working in partnership with China to improve standards for the export of potential precursor chemicals, particularly those destined for North America. I also will work across the interagency and with our international partners to ensure we hold accountable those responsible for shipping chemicals to North America that are known to be used in the production of illicit drugs.

- b. If confirmed, what steps would you take to address the illegal importation of fentanyl and fentanyl-analogs across our southern border?**

**RESPONSE:** The manufacture and trafficking of illicit drugs is a complex issue that we must address at each stage of the supply chain, both domestically and abroad.

Domestically, our nationwide drug interdiction efforts are focused on the most prolific drug trafficking routes and modalities, and we must seek to fully leverage drug interdictions to help illuminate and dismantle the criminal organizations responsible for manufacturing and trafficking illicit drugs. Collaboration and information sharing among Federal, state, local, and tribal agencies is vitally important and, if confirmed, I will support initiatives aimed at improving coordination to disrupt the flow of illicit drugs into this country. Additionally, ONDCP supports law enforcement partners through its High Intensity Drug Trafficking Areas (HIDTA) program to disrupt drug trafficking organizations.

Abroad, we must address those preconditions conducive to the illicit drug trade, such as a lack of licit economic opportunities, weakened government institutions and corruption, in addition to direct interdiction activities. If confirmed, I will continue to work with our key partners in the Western Hemisphere, like Mexico and Colombia, to shape collective and comprehensive responses to illicit drug production and trafficking. I will also continue to engage nations like China and India to disrupt the global flow of synthetic drugs and precursor chemical ingredients to nations like Mexico, where illicit synthetic drugs are produced in large quantities.

Additionally, if confirmed, I will also be committed to working to dismantle the financial networks of drug trafficking organizations (DTOs). I believe that a whole-of-government approach is central to disrupting and dismantling the DTOs financial structures that are facilitating the illicit narcotics trade.

- 3. A number of groups in the law enforcement community have called for fentanyl-related substances to be scheduled permanently. Do you support permanently scheduling fentanyl-related substances, and if confirmed, what steps would you take to make sure that Americans are protected from these substances?**

**RESPONSE:** Yes, I support the permanent scheduling of FRS. This is an important and complex issue that requires a whole of government response, including supply reduction, prevention and treatment. If confirmed, I look forward to working with you and Congress to move this issue forward.

- 4. If confirmed, what steps would you take to combat the manufacture and distribution of methamphetamine?**

**RESPONSE:** Methamphetamine use is on the rise, evidenced by an increase in overdose deaths involving psychostimulants, including methamphetamine, and increases in seizures reported by law enforcement in recent years. Methamphetamine is a highly addictive substance that is readily available throughout the United States, and methamphetamine use disorder is especially difficult to treat.

If I am confirmed, methamphetamine use and psychostimulant-involved overdose deaths will be a top priority that I will address through improved data and research to better understand the issue, expanded access to targeted prevention interventions, increased capacity of harm reduction programs to prevent infections in people who inject drugs and identify fentanyl contamination, and promotion of widescale access to contingency management as an evidence-based treatment approach. Additionally, I will focus on improving education around methamphetamine for first responders and medical professionals, and continue ongoing work both domestically and internationally to reduce the supply of methamphetamine in the United States, and I would coordinate the efforts of Federal agencies to address use of stimulant drugs like methamphetamine.

- 5. If confirmed, do you commit not to require critical race theory training for any employees in your office or for federal contractors?**

**RESPONSE:** If confirmed, I will work to advance ONDCP's mission, which is to address substance use and its consequences. I understand that racism is an important issue of concern that Members of Congress are working on legislation to address. I am currently unaware of such training in the Federal Government.

**Questions for the Record for Rahul Gupta  
From Senator Mazie K. Hirono**

1. As part of my responsibility as a member of the Senate Judiciary Committee and to ensure the fitness of nominees, I am asking nominees to answer the following two questions:

**a. Since you became a legal adult, have you ever made unwanted requests for sexual favors, or committed any verbal or physical harassment or assault of a sexual nature?**

**RESPONSE:** No.

**b. Have you ever faced discipline, or entered into a settlement related to this kind of conduct?**

**RESPONSE:** No.

**Senator Ben Sasse**  
**Questions for the Record**  
**U.S. Senate Committee on the Judiciary**  
**Hearing: “Nominations”**  
**September 14, 2021**

Questions for all nominees:

1. Since becoming a legal adult, have you participated in any events at which you or other participants called into question the legitimacy of the United States Constitution?

**RESPONSE:** No.

2. Since becoming a legal adult, have you participated in any rallies, demonstrations, or other events at which you or other participants have willfully damaged public or private property?

**RESPONSE:** No.

**Questions from Senator Thom Tillis**  
**for Dr. Rahul Gupta**  
**Nominee to be Director of the Office of National Drug**  
**Control Policy**

1. Dr. Gupta, what do you believe is the most pressing issue that the ONDCP should address? If you are confirmed, what would you do to solve this problem?

**RESPONSE:** I believe that the most pressing issue is the unacceptably high rate at which Americans are dying from drug overdoses. President Biden has made it clear that addressing addiction and the overdose epidemic is a priority for his administration. If confirmed, I will continue to make this my top priority. I would approach this by emphasizing the need for a stronger public health infrastructure – including evidence-based prevention, harm reduction, treatment, and recovery support services – as well as the disruption of drug supply.

2. Customs and Border Protection (CBP) reported that 6,128 pounds of fentanyl were seized from January 2021 through July 2021. This is more than double the amount of fentanyl seized during the same period in 2020.

a. How will you work with our local, state, federal, and international partners to stop fentanyl from entering the country?

**RESPONSE:** If confirmed, I will closely work with our local, state, federal, and international partners to continue to build upon the foundation established in the Administration's Statement of Drug Policy Priorities to reduce the supply of illicit substances, both domestically and abroad.

Domestically, supporting multi-jurisdictional task forces and ONDCP's High Intensity Drug Trafficking Areas (HIDTA) program to disrupt and dismantle drug trafficking organizations (DTOs) that bring illicit fentanyl, and other illicit drugs, across the border is crucial.

Abroad, we must act to address those preconditions conducive to the illicit drug trade, such as a lack of licit economic opportunities, weakened governmental institutions and widespread corruption, in addition to direct interdiction activities. If confirmed, I will continue to work with our key partners in the Western Hemisphere, like Mexico and Colombia, to shape collective and comprehensive responses to illicit drug production and trafficking. I will also continue to engage nations like China and India to disrupt the global flow of synthetic drugs and precursor chemical ingredients to nations like Mexico, where illicit synthetic drugs are produced in large quantities.

If confirmed, I will also be committed to working to dismantle the financial networks of DTOs. I believe that a whole-of-government approach is central to disrupting and

dismantling the DTOs financial structures that are facilitating the illicit narcotics trade.

- b. How will you work with local, state, and federal partners to prevent fentanyl from being distributed into our communities?

**RESPONSE:** If confirmed, I will leverage the multijurisdictional task forces and ONDCP's HIDTA program to help us understand how to most effectively disrupt the distribution of illicit fentanyl and other illicit drugs in our communities. State, local, and tribal partners are well-positioned to help us identify and tailor evidence-based response strategies.

In my experience in West Virginia, information critical to disrupting DTOs is frequently obtained at the state, local, and tribal levels and, correspondingly, the experience necessary to best exploit that information resides within these agencies. Improving the collaboration, coordination, and information sharing among public safety and public health agencies at all levels is crucial to disrupting DTOs and formulating timely, effective public safety and public health responses.

3. One of the major responsibilities of the Director of ONDCP is to oversee the High Intensity Drug Trafficking Areas (HIDTA) and Drug-Free Communities (DFC) grant programs, implement the National Drug Control Budget, and implement the National Drug Control Strategy. How



has your experience at the state level prepared you to efficiently and effectively administer these critical programs and implement our nation's drug control strategy?

**RESPONSE:** HIDTA programs across the Nation play a vitally critical role towards a multijurisdictional response to curb the trafficking of illicit substances in the United States. Their mission also provides them the unique role of functioning at the interface of public safety and public health.

For many years in West Virginia, I have worked closely with courageous men and women of the Appalachian HIDTA. I have also interacted with the Baltimore/Washington HIDTA and have met law enforcement officials of other HDTAs across the country. I have also worked with DFC programs in West Virginia and am aware of the strong work of the DFC Program and its proven effectiveness in helping to address youth substance use in local communities. I believe that my local and state level experience working with these mission-critical officials has prepared me well to execute these programs efficiently and effectively and serve as an important role in the Nation's Drug Control Policy.

4. During the COVID-19 pandemic, opioid overdoses spiked dramatically across the country, including in North Carolina. Will you commit to working with North

Carolina's local and state leaders to mitigate this epidemic?

**RESPONSE:** Absolutely. Addressing the overdose epidemic requires an “all hands on deck” approach, and if confirmed, I am committed to engaging with both state and local leaders in North Carolina, as well as with the Atlanta-Carolinas HIDTA and other stakeholders.

5. I have heard from law enforcement and community partners in North Carolina that methamphetamine is a growing threat to public health and safety. Do you agree with that, and what will you do to address this rising challenge?

**RESPONSE:** Yes, reports indicate that methamphetamine use is on the rise, evidenced by an increase in overdose deaths involving psychostimulants, including methamphetamine, and increases in seizures reported by law enforcement in recent years. Methamphetamine is a highly addictive substance that is readily available throughout the United States, and methamphetamine use disorder is especially difficult to treat. If I am confirmed, methamphetamine use and psychostimulant-involved overdose deaths will be a top priority that I will address through improved data and research to better understand the issue, expanded access to targeted prevention interventions, increased capacity of harm reduction programs to prevent infections in people who inject drugs

and identify fentanyl contamination, and promotion of widescale access to contingency management as an evidence-based treatment approach. Additionally, I will focus on improving education around methamphetamine for first responders and medical professionals, and continue ongoing work both domestically and internationally to reduce the supply of methamphetamine in the United States, and I would coordinate the efforts of Federal agencies to address use of stimulant drugs like methamphetamine.

6. What are your views on the use of Prescription Drug Monitoring Programs? Under your leadership, how did West Virginia work with the federal government to share information, and what more should be done to improve collaboration between state PDMPs and federal agencies?

**RESPONSE:** Prescription drug monitoring programs (PDMPs) are an important tool that can provide timely state-level information regarding prescribing practices and patient behaviors around controlled substances. Under my leadership in West Virginia, we used PDMP data to better understand behaviors and identify patterns of those who died of a drug overdose. This data was used to empower the state legislature to shape prescribing policies in the state in attempt to reduce overdoses and, ultimately, overdose deaths.

**Senate Judiciary Committee Hearing**  
**“Hearing to Consider the Nomination of Dr. Rahul Gupta to be the Director of the Office**  
**of National Drug Control Policy (ONDCP)”**  
**Questions for the Record**  
**for Dr. Rahul Gupta**  
**Submitted September 21, 2021**

**QUESTIONS FROM SENATOR SHELDON WHITEHOUSE**

1. One of the most important steps to address the drug overdose crisis is recovery. As head of ONDCP, how would you bolster recovery programs nationwide and ensure the development of best practices?

**RESPONSE:** Scaling up the recovery support services workforce and the organizational infrastructure of peer-led organizations will create strong resource networks bridging communities and formal systems. This will help more Americans to achieve and sustain recovery. If confirmed, I will work to develop and implement strategies to build evidence-based practices that ensure quality services, participant safety, and solid recovery outcomes.

2. If you are confirmed, will you commit to including explicit goals and metrics related to mapping, tracking, attacking, and dismantling the financial networks of drug trafficking organizations in the forthcoming national drug control strategy?

**RESPONSE:** A whole-of-government approach is central to disrupting and dismantling the Drug Trafficking Organizations’ (DTOs’) financial structures that are facilitating the illicit narcotics trade. The Administration’s drug control priorities address the sale of illicit narcotics and DTOs’ financial structures. If confirmed, I will prioritize working with interagency partners and Congress to break down DTOs’ financial structures, and I will also work to ensure that we are meeting our Congressional requirements to establish and track performance goals and metrics to measure progress on this critical issue.

3. As head of ONDCP, how will you advance development of programs to prepare responders (whether alternate responders or law enforcement officers) to respond safely and effectively to substance use crises?

**RESPONSE:** First responders are often the first to come into contact with those experiencing acute intoxication. Specific training for first responders can ensure appropriate care for people if they are behaving in a disruptive or agitated manner for any reason, including drug use. Programs for law enforcement specifically include police and behavioral health collaborations, a subset of which includes crisis intervention teams and police de-escalation programs. Crisis intervention teams embed behavioral health professionals within law enforcement units to help address people who may be having an acute behavioral health problem for which police have been contacted. If confirmed, I will encourage the use of these, and other evidence-based mobile crisis response practices by local first responders in their communities.