

# A Comprehensive Response to the Fentanyl Crisis

Strengthening the Response to  
Fentanyl Through Public Health  
Interventions

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*Testimony of Ju Nyeong Park submitted to the Senate Judiciary Committee on a comprehensive response to the fentanyl crisis on February 4, 2025.*

*The opinions expressed herein are my own and do not necessarily reflect the views or positions of Brown University or my funders, the National Institutes of Health and the Robert E. Leet and Clara Guthrie Trust.*

A COMPREHENSIVE RESPONSE TO THE FENTANYL CRISIS: STRENGTHENING  
THE RESPONSE TO FENTANYL THROUGH PUBLIC HEALTH INTERVENTIONS

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Before the Senate Judiciary Committee  
United States Senate

February 4, 2025

**T**hank you Chairman Grassley, Ranking Member Durbin, and members of the Senate

Judiciary Committee for the opportunity to submit written testimony on ways in which we can strengthen the response to the fentanyl epidemic. I am a public health researcher and Assistant Professor of Medicine at Brown University with a deep understanding of fentanyl, epidemiology and health interventions. My career as a social epidemiologist began ten years ago as fentanyl began saturating the drug supply in the US Northeast. Through my work, I regularly speak with public health officials, frontline harm reduction workers, businesses, patients and their families about the fentanyl epidemic and evidence-based health strategies that save lives.

The opioid epidemic costs nearly 1.5 trillion in health and economic costs a year.<sup>1</sup> Drug overdoses involving the opioids fentanyl, heroin, prescription opioid pills, as well as stimulants such as cocaine and methamphetamine, have been exponentially increasing since the 1970s. In public health, our goals are simple. We work to stop overdose deaths and to give Americans struggling with drug addiction hope and access to lifesaving services. I urge congress to be strategic when it comes to dealing with the illicit drug supply so that the actions do not cause even more harm to patients and families who are already suffering the consequences of this disease. I offer an analysis of the *Halt Lethal Trafficking (HALT) Fentanyl Act* and its implications for public health, including its limitations and unintended consequences, and give alternative approaches to addressing fentanyl based on current evidence to protect the health of Americans.

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<sup>1</sup> Joint Economic Committee (JEC) The Economic Toll of the Opioid Crisis Reached Nearly \$1.5 Trillion in 2020.  
<https://www.jec.senate.gov/public/index.cfm/democrats/2022/9/the-economic-toll-of-the-opioid-crisis-reached-nearly-1-5-trillion-in-2020>

Congress has moved quickly to temporarily schedule new fentanyl-related substances in an effort to restrict the fentanyl supply. This means that under Schedule I, a person carrying 10 or 100 grams of drugs containing any fentanyl-related substances would receive a minimum prison sentence of five or ten years respectively. This is illustrated in Figure 1.

**Figure 1:** Illustration of a standard 20 dram pill bottle



This means that even if a trace amount of fentanyl appears in a 10-gram sample, it would trigger a 5-year mandatory minimum sentence. Mandatory minimums take discretion away from judges who can consider the circumstances of each case and instead give their power to prosecutors. Unfortunately, by deploying mandatory minimums for fentanyl-related substances, we will be targeting everyday Americans including those who trade less than 100 grams of drugs with friends or intimate partners,<sup>2</sup> and importantly, these laws do not target drug traffickers who can be charged with larger amounts of drugs (e.g., 100 grams or more triggers a ten-year mandatory minimum and statutory maximum term of life). Research from the scientific community shows that: (a) people who use or sell fentanyl (including teenagers and younger adults) often do not know that their drugs contain fentanyl;<sup>3</sup> and (b) trace amounts of fentanyl are commonly detected in non-opioids such as cocaine and counterfeit pills via community-based drug checking

<sup>2</sup> Peterson M, Rich J, Macmadu A, Truong AQ, Green TC, Beletsky L, Pogon K, Brinkley-Rubinstein L. "One guy goes to jail, two people are ready to take his spot": Perspectives on drug-induced homicide laws among incarcerated individuals. *Int J Drug Policy*. 2019 Aug;70:47-53. <https://pmc.ncbi.nlm.nih.gov/articles/PMC7429714/>

<sup>3</sup> Morales, K. B., Park, J. N., Glick, J. L., Rouhani, S., Green, T. C., & Sherman, S. G. (2019). Preference for drugs containing fentanyl from a cross-sectional survey of people who use illicit opioids in three United States cities. *Drug and alcohol dependence*, 204, 107547. <https://doi.org/10.1016/j.drugalcdep.2019.107547>

programs;<sup>4</sup> and (c) police busts can increase overdoses at the neighborhood level.<sup>5</sup> Drug traffickers can also be charged for the possession of weapons or money laundering thanks to laws that Congress has already passed.

Contrary to popular belief, drug laws that focus solely on supply reduction and incarceration have largely failed to stem the flow of illicit drugs into our country. And paradoxically, crackdowns on a high-demand substance creates a market incentive to design more potent substances; researchers have noted that crackdowns on prescription opioids and heroin inadvertently fueled the emergence of fentanyl in the drug supply.<sup>6</sup> Thanks to massive research efforts on fentanyl over the past decade, we know a lot about fentanyl and fentanyl-related substances. However, if market pressures are created to shift the epidemic from fentanyl to more deadly non-fentanyl related synthetics without coupling these supply shocks with evidence-based overdose prevention and treatment services, we will be back to 2015, scrambling to find solutions in the dark as drug traffickers find new ways to meet the demand for fentanyl-related substances.

Fortunately, fentanyl overdoses nationally declined from 2023 to 2024. However, fentanyl seizures also declined by 5 metric tons from 2023 to 2024 (Figure 2). Prison is also costing taxpayers on average \$64,865 per prisoner per year, which equates to \$648,650 per prisoner for a mandatory minimum sentence of 10 years. Imagine what we could do with those taxpayer dollars if we instead funded treatment and evidence-based overdose prevention services instead of trying to incarcerate our way out of this epidemic.<sup>7</sup>

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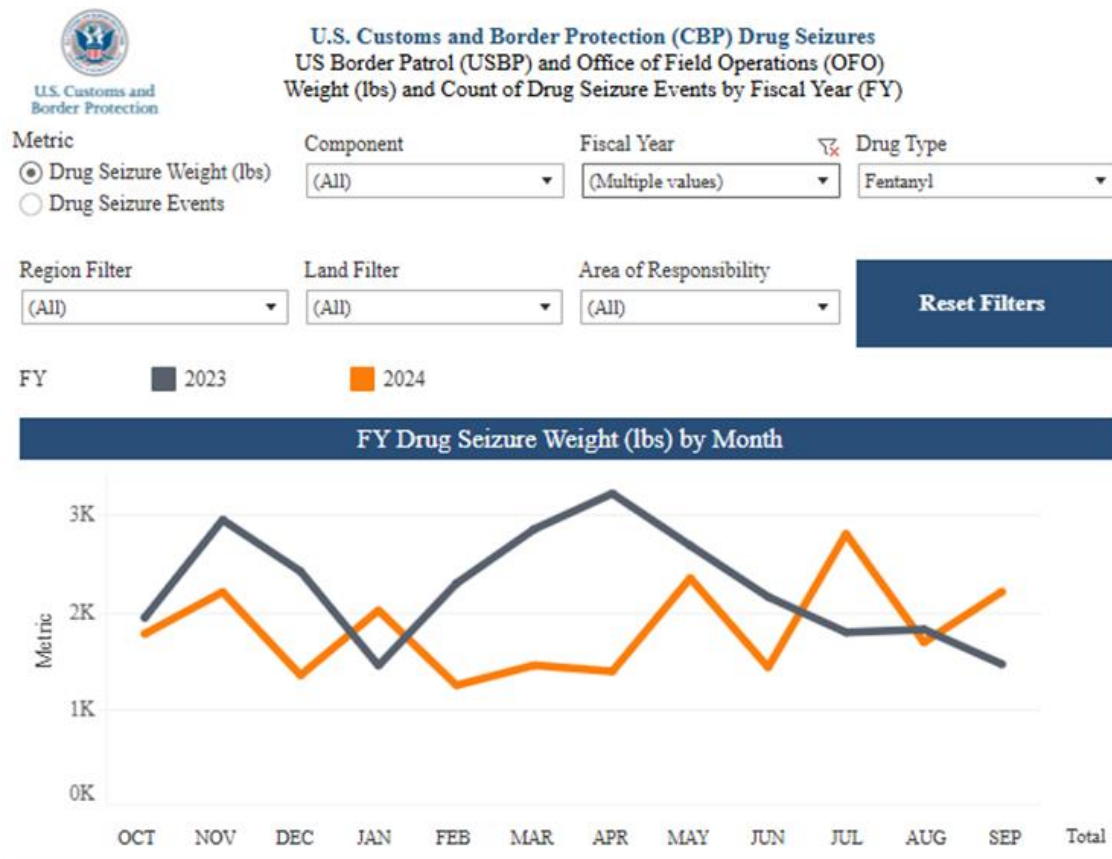
<sup>4</sup> Collins, A. B., Wightman, R. S., Macon, E. C., Guan, Y., Shihpar, A., Krieger, M., Elmaleh, R., Smith, M. C., Morales, A., & Badea, A. (2023). Comprehensive testing and rapid dissemination of local drug supply surveillance data in Rhode Island. *The International journal on drug policy*, 118, 104118. <https://doi.org/10.1016/j.drugpo.2023.104118>

<sup>5</sup> RTI International. Study suggests law enforcement drug seizures could be associated with increase in overdoses. <https://www.rti.org/news/study-suggests-law-enforcement-drug-seizures-could-be-associated-increase-overdoses>

<sup>6</sup> Beletsky, L., & Davis, C. S. (2017). Today's fentanyl crisis: Prohibition's Iron Law, revisited. *The International journal on drug policy*, 46, 156–159. <https://doi.org/10.1016/j.drugpo.2017.05.050>

<sup>7</sup> Park, J.N., Rouhani, S., Beletsky, L.E., Vincent, L., Saloner, B., Sherman, S.G. Situating the continuum of overdose risk in the social determinants of health: a new conceptual framework. *The Milbank Quarterly*. 2020 Sep;98(3):700-46. <https://pmc.ncbi.nlm.nih.gov/articles/pmid/32808709/>

**Figure 2:** Federal drug seizure data in 2023 and 2024



Retrieved on February 1 from <https://www.cbp.gov/newsroom/stats/drug-seizure-statistics>

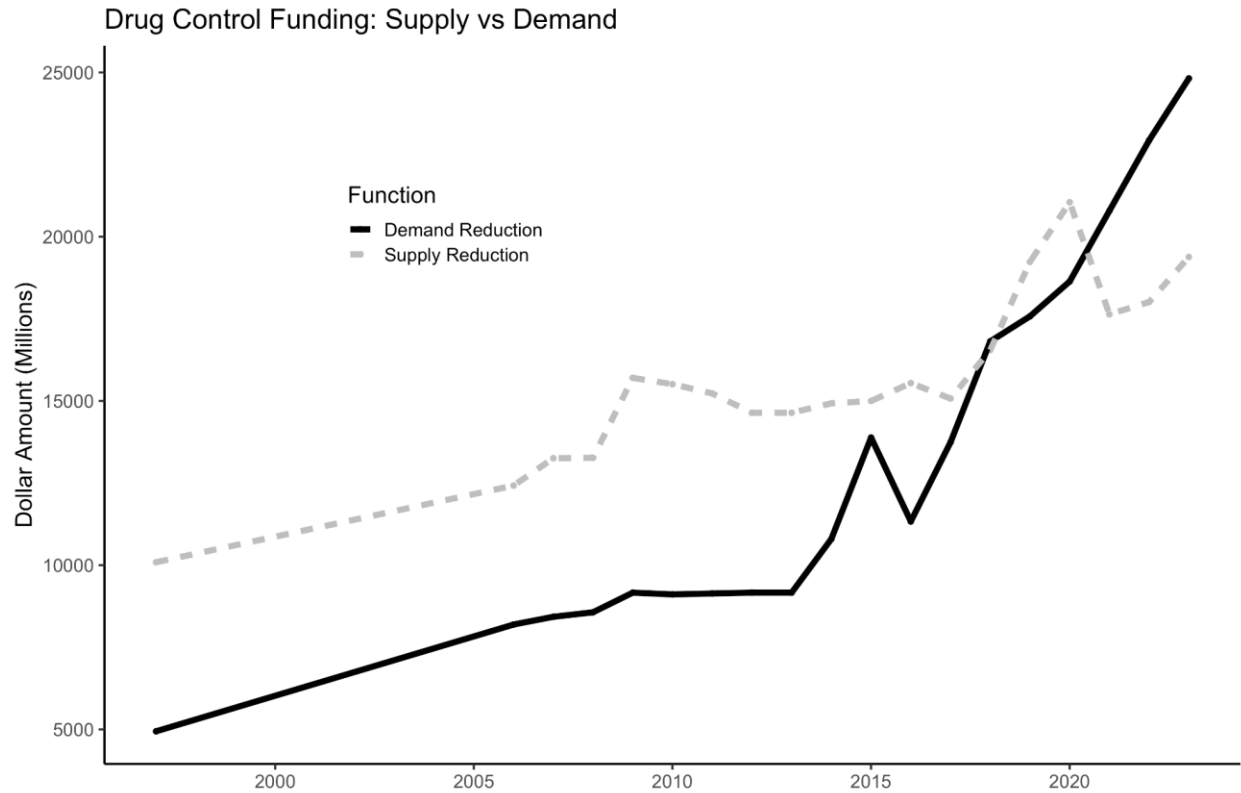
In my expert opinion, drug overdoses are declining because:

- 1) The federal government has equalized funding for demand side interventions (Figure 4) that help patients and their families such as overdose prevention, treatment and recovery programs . We are finally seeing the benefits of innovative overdose prevention programs such as peer specialists, mobile methadone, telehealth, treatment in justice-involved patients, community naloxone and fentanyl test strip programs.
- 2) Fentanyl has finished saturating opioid markets from east to west;<sup>8</sup>
- 3) Fentanyl is less concentrated due to the introduction of contaminants. We see this in our community drug checking data via the emergence of xylazine and reports of additional cutting/diluting of drugs by street-level sellers.<sup>9</sup>

<sup>8</sup> Zoorob MJ, Park JN, Kral AH, Lambdin BH, del Pozo B. Drug Decriminalization, Fentanyl, and Fatal Overdoses in Oregon. *JAMA Netw Open*. 2024;7(9):e2431612. <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2823254>

<sup>9</sup> StreetCheck. Drug Results. <https://www.info.streetcheck.org/drug-results>

**Figure 3:** Trends in the National Drug Control Strategy Budget



Preliminary analysis using data from public National Drug Control Strategy Budget Summary reports 1997-2024.

The Department of Justice and Department of Homeland Security have had immense tools at their disposal for many decades and I would like to see the Department of Health and Human Services, broader public health community and community-based organizations who are on the frontlines have the same tools necessary to do our job.<sup>10</sup> Only then will we see the end of this epidemic.

<sup>10</sup> National Academies of Sciences, Engineering, and Medicine. 2024. Harm Reduction Services for People Who Use Drugs: Exploring Data Collection, Evidence Gaps, and Research: Proceedings of a Workshop—in Brief. Washington, DC: The National Academies Press. <https://doi.org/10.17226/27650>.

# Alternative Evidence-Based Policy Options to Address the Fentanyl Crisis:

**Consider convening a panel of scientific and public health experts and patient/family organizations to review current scheduling of controlled substances and provide recommendations to protect public health and safety.** The fentanyl compound is an FDA-approved medication used safely to treat acute pain but one fentanyl-related substance, the veterinary sedative carfentanil, which is 100 times more potent by weight than fentanyl, has no medical purpose among humans and could be listed as Schedule I.

**Sustain HHS funding for treatment and recovery from fentanyl, and scale up funding for evidence-based overdose prevention programs.** As outlined in ONDCP's proposed National Drug Control Strategy 2025 Budget,<sup>11</sup> of the 44.5 billion total, 19.8 billion was allocated for supply reduction (45%) (including 10.9 billion for DOJ, 1.2 billion for DOD, 6.9 billion DHS); and 21.8 billion for treatment (49%) including medication-assisted treatment, 1.8 billion for recovery (4%) and 0.459 billion for harm reduction<sup>12</sup> (1%).

**Support bipartisan overdose prevention, treatment and recovery efforts to help families struggling with fentanyl:** Consider reauthorizing the acts to support grants, programs, and activities that address substance use and misuse such as overdose prevention, treatment and recovery programs,<sup>13</sup> and pass treatment expansion bills in outpatient settings.<sup>14</sup>

**Enact a federal law to protect service providers and patients accessing syringe services, mobile treatment, and drug checking programs** from legal prosecution for delivering or engaging in public health services. Entire generations of Americans have been burdened with criminal records for things like possessing syringes, pipes and fentanyl test strips hampering their chances of employment, housing and their recovery. What that looks like in practice is that the same sterile syringes, pipes and fentanyl test strips being distributed by our health departments to promote safety and re-engage highly stigmatized communities at risk of overdose are being

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<sup>11</sup> National Drug Control Strategy. FY 2025 Budget Summary. The White House Office of National Drug Control Policy. <https://www.whitehouse.gov/wp-content/uploads/2024/06/National-Drug-Control-Strategy-FY-2025-Budget-Summary.pdf>

<sup>12</sup> Substance Abuse and Mental Health Services Administration: Harm Reduction Framework. Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration, 2023. <https://www.samhsa.gov/substance-use/harm-reduction/framework>

<sup>13</sup> National Association of Counties. 2023. Congress works to reauthorize behavioral and mental health programs in SUPPORT Act. <https://www.naco.org/news/congress-works-reauthorize-behavioral-and-mental-health-programs-support-act>

<sup>14</sup> American Society of Addiction Medicine. ASAM and NAMA Recovery Applaud Introduction of the Modernizing Opioid Treatment Access Act. <https://www.asam.org/publications-resources/the-asam-weekly/detail/2023/03/08/asam-applauds-introduction-of-the-modernizing-opioid-treatment-access-act>

confiscated by law enforcement officers, which is a substantial waste of taxpayer dollars. We have waited for states to adopt public health-oriented laws<sup>15</sup> but a federal law could more quickly increase access for communities that need these services urgently.

**Expand availability of naloxone kits in public spaces and facilities:** Fentanyl can kill within minutes. Congress could mandate visible public access to at least two doses of 0.4mg intramuscular or 4mg of intranasal naloxone in public spaces, housing units, schools, colleges, and businesses where overdoses are likely to occur e.g., through wall-mounted naloxone containers placed next to defibrillators. Research shows that overdoses can happen anywhere. Public awareness, de-stigmatization and timeliness in responding to overdose emergencies is especially important in the fentanyl era.<sup>16</sup>

**Expungement of non-violent drug possession records** to support recovery. Being convicted of drug charges or being labeled as a felon create far more barriers for Americans than most people fully comprehend. These barriers often include an inability to obtain gainful employment, social stigma even in workplaces that employ people in recovery, barriers to educational loans, eviction from housing and much more. This will give people renewed hope.

**Improve drug and overdose data timeliness and transparency:** Researchers know how to analyze data but don't have access to necessary datasets to inform public health efforts on a daily or weekly basis.<sup>17</sup> The public deserves to know basic facts like how many people are being hospitalized and dying of fentanyl overdose in their jurisdiction, and what other substances are implicated. There are lessons from the COVID response that could be applied to improve our current data systems. Scaling up community-based drug checking services could also boost the public's knowledge of real-time drug trends since timely sample-level data from the Department of Justice on the drug supply has been largely unavailable to researchers even after FOIA requests.

**Leading the world in scientific discoveries:** technological solutions for frontline health workers and families impacted by drug addiction; new treatment options to treat opioid and stimulant use disorder; implementation research to expand treatment, prevention, recovery and harm reduction efforts; and drug policy evaluations to build the evidence base on supply and demand responses.

Thank you and I would be pleased to answer any questions you may have.

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<sup>15</sup> Legislative Analysis and Public Policy Association. The Model Fentanyl/Xylazine Test Strip and Other Drug Checking Equipment Act <https://legislativeanalysis.org/model-fentanyl-xylazine-test-strip-and-other-drug-checking-equipment-act/>

<sup>16</sup> Russell, E., Hawk, M., Neale, J., Bennett, A. S., Davis, C., Hill, L. G., Winograd, R., Kestner, L., Lieberman, A., Bell, A., Santamour, T., Murray, S., Schneider, K. E., Walley, A. Y., & Jones, T. S. (2024). A call for compassionate opioid overdose response. *The International journal on drug policy*, 133, 104587. <https://doi.org/10.1016/j.drugpo.2024.104587>

<sup>17</sup> Volkow, N. D., Chandler, R. K., & Villani, J. (2022). Need for comprehensive and timely data to address the opioid overdose epidemic without a blindfold. *Addiction (Abingdon, England)*, 117(8), 2132–2134. <https://doi.org/10.1111/add.15957>