



**EXECUTIVE OFFICE OF
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OFFICE OF NATIONAL
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United States Senate Confirms Dr. Rahul Gupta as Director of National Drug Control Policy

WASHINGTON, D.C. – Today, the United States Senate confirmed Dr. Rahul Gupta as Director of National Drug Control Policy on a bipartisan basis. Gupta is the first medical doctor to ever lead the White House Office of National Drug Control Policy (ONDCP).

“As a practicing physician and former health official who has served in rural communities, I have seen firsthand the heartbreaking toll of addiction and overdose in our communities, but I have also seen how we can save lives if we understand the individuals behind the statistics and meet them where they are,” **said Dr. Gupta.** “President Biden has made clear that addressing addiction and the overdose epidemic is an urgent priority. As Director, I will diligently work to advance high-quality, data-driven strategies to make our communities healthier and safer.”

Biography of Dr. Rahul Gupta

Rahul Gupta, MD, MPH, MBA, FACP, most recently served as the Chief Medical and Health Officer, Interim Chief Science Officer and Senior Vice President at March of Dimes. In his role, Dr. Gupta provided strategic oversight for March of Dimes’ domestic and global medical and public health efforts. He recently served as clinical Professor in the Department of Medicine at Georgetown University School of Medicine as well as adjunct professor in the Department of Health Policy, Management and Leadership in the School of Public Health at West Virginia University and visiting faculty at Harvard T.H. Chan School of Public Health.

A practicing primary care physician of 25 years, Dr. Gupta began his career in private practice in an underserved community of fewer than 2,000 residents. He has since served under two Governors as the Health Commissioner of West Virginia. As the state’s Chief Health Officer, he led the opioid crisis response efforts and launched a number of pioneering public health initiatives, including the Neonatal Abstinence Syndrome Birthscore program to identify high-risk infants. Dr. Gupta also led the development of the state’s Zika action plan and its preparedness efforts during the Ebola Virus Disease Outbreak.

A national and global thought leader and a driver of innovative public policies on health issues, Dr. Gupta serves as an advisor to several organizations and task forces on local, national and international public health policy. The son of an Indian diplomat, Rahul was born in India and grew up in the suburbs of Washington, D.C. At age 21, he completed medical school at the University of Delhi. He earned a master's degree in public health from the University of Alabama-Birmingham and a global master's of business administration degree from the London School of Business and Finance. He is married to Dr. Seema Gupta, a physician in the Veterans Administration for over a decade. They are the proud parents of identical twin sons, Arka and Drew.

BACKGROUND ON THE BIDEN-HARRIS ADMINISTRATION'S ACTIONS ON ADDICTION AND THE OVERDOSE EPIDEMIC

In [its first-year drug policy priorities](#), the Biden-Harris Administration outlined a strategy that includes expanding access to evidence-based prevention, treatment, harm reduction, and recovery support services, as well reducing the supply of illicit drugs. Since January, the Office of National Drug Control Policy has worked with other agencies across the government to advance President Biden's drug policy priorities. Among the actions taken in the first nine months of the Biden-Harris Administration are:

- The American Rescue Plan invested [nearly \\$4 billion](#) to allow the Department of Health and Human Services' (HHS) Substance Abuse and Mental Health Services Administration (SAMHSA) and [Health Resources and Services Administration](#) to expand access to vital mental health and substance use disorder services. The funding also included \$30 million in supports for harm reduction services—a historic amount that will enhance interventions like syringe services programs.
- HHS [released](#) the Practice Guidelines for the Administration of Buprenorphine for Treating Opioid Use Disorder, which exempt eligible health care providers from Federal certification requirements related to training, counseling and other ancillary services that are part of the process for obtaining a waiver to treat up to 30 patients with buprenorphine. This action expands access to evidence-based treatment by removing a critical barrier to buprenorphine prescribing.
- DEA [lifted a decade-long moratorium](#) on opioid treatment programs that want to include a mobile component. This rule change will help provide treatment to rural and other underserved communities, including incarcerated individuals.
- CDC and SAMHSA [announced](#) that Federal funding may now be used to purchase fentanyl test strips in an effort to help curb the dramatic spike in drug overdose deaths.
- ONDCP [designated six new counties](#) as part of its High Intensity Drug Trafficking Areas (HIDTA) program. These counties, located in states like California, Illinois, Kentucky, and Pennsylvania, will receive support for regional law enforcement efforts to disrupt and dismantle drug trafficking organizations.
- ONDCP [provided funding](#) for the nationwide expansion of the HIDTA Overdose Response Strategy to all 50 states, Puerto Rico, the U.S. Virgin Islands, and the District of Columbia. The Strategy brings together drug intelligence officers and

public health analysts at the local and regional level to share information and develop evidence-based intervention and support services that reduce overdoses.

- ONDCP [provided funding](#) to support the establishment of state-level model legislation that advances efforts to expand access to harm reduction services, as well as promote equity in access to treatment and drug enforcement efforts for underserved communities.
- ONDCP [hosted](#) more than 300 State, local, and Tribal leaders from all 50 States, Washington, D.C., American Samoa, Virgin Islands, Puerto Rico, and the Northern Mariana Islands for a virtual convening entitled “Opioid Litigation Settlement: Using Evidence to Lead Action.” At the convening, government officials, researchers, and experts discussed how State, local, and Tribal governments can use evidence and data to guide decisions about how funds from opioid litigation can be spent to address addiction and the overdose epidemic, while advancing equity.
- ONDCP, HHS, and DOJ [presented to Congress](#) the Biden-Harris Administration’s recommendations for a long-term, consensus approach to reduce the supply and availability of illicitly manufactured fentanyl-related substances (FRS), while protecting civil rights and reducing barriers to scientific research for all Schedule I substances.
- ONDCP [announced](#) \$13.2 million in grants for 106 Drug-Free Communities (DFC) Support Programs across the country working to prevent youth substance use, including prescription drugs, marijuana, tobacco, and alcohol. In June, ONDCP announced \$3.2 million for [65 communities nationwide](#) for its Community-Based Coalition Enhancement Grants to Address Local Drug Crisis Program to reduce youth substance use.
- ONDCP [announced](#) the release of a model law for state legislatures that would help ensure opioid litigation settlement funds are directed to addressing addiction and the overdose epidemic in impacted communities and with public accountability.
- ONDCP [released](#) a new, holistic U.S.-Colombia counternarcotics strategy developed by the Counternarcotics Working Group between the United States and Colombian governments that broadens focus to include specific actions on rural security and development, environmental protection, and supply reduction.
- HHS announcement of the new [HHS Overdose Prevention Strategy](#), which focuses on expanding primary prevention, harm reduction, evidence-based treatment, and recovery support services for all Americans. The HHS Overdose Prevention Strategy builds on the Biden-Harris Administration’s year one drug policy priorities and actions taken by the Administration to address addiction and the overdose epidemic since January.

In addition to these actions, the President’s FY22 budget request calls for a \$41.0 billion investment for national drug program agencies, a \$669.9 million increase over the FY 2021 enacted level. The largest increases in funding are for critical public health interventions to expand research, prevention, treatment, harm reduction, and recovery support services, with targeted investments to meet the needs of populations at greatest

risk for overdose and substance use disorder. The FY22 budget request also includes significant investments in reducing the supply of illicit substances.