



# Department of Justice

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**STATEMENT OF**

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DRUG ENFORCEMENT ADMINISTRATION**

**BEFORE THE**

**HOUSE ENERGY AND COMMERCE COMMITTEE  
UNITED STATES HOUSE OF REPRESENTATIVES**

**FOR A HEARING ENTITLED**

**“FEDERAL EFFORTS TO COMBAT THE OPIOID CRISIS: A STATUS  
UPDATE ON CARA AND OTHER INITIATIVES”**

**PRESENTED**

**OCTOBER 25, 2017**

**Statement of  
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**Before the  
Energy and Commerce Committee  
U.S. House of Representatives**

**For a Hearing Entitled  
“Federal Efforts to Combat the Opioid Crisis: A Status Update on CARA and Other  
Initiatives”**

**October 25, 2017**

Chairman Walden, Ranking Member Pallone, and Members of the Committee: on behalf of the approximately 9,000 employees of the Drug Enforcement Administration (DEA), thank you for the opportunity to discuss the threat posed by the opioid epidemic. The abuse of controlled prescription drugs (CPDs) is inextricably linked with the threat the United States faces from the trafficking of heroin, fentanyl and fentanyl analogues.

Drug overdoses, suffered by family, friends, neighbors and colleagues, are now the leading cause of injury-related death in the United States, eclipsing deaths from motor vehicle crashes or firearms.<sup>1</sup> According to initial estimates provided by the Centers for Disease Control and Prevention (CDC), there were more than 64,000 overdose deaths in 2016, or approximately 175 per day. Over 34,500 (54 percent) of these deaths were caused by opioids. The sharpest increase in drug overdose deaths from 2015 to 2016 was fueled by a surge in fentanyl and fentanyl analogue (synthetic opioids) overdoses.<sup>2</sup>

The misuse of CPDs and the growing use of heroin, fentanyl, and fentanyl analogues are being reported in the United States in unprecedented numbers. According to the Substance Abuse and Mental Health Services Administration (SAMHSA) 2016 National Survey on Drug Use and Health (NSDUH), 6.2 million people over the age of 12 misused psychotherapeutic drugs (e.g., pain relievers, tranquilizers, stimulants, and sedatives) during the past month.<sup>3</sup> This represents 22 percent of the 28.6 million current illicit drug users and is second only to marijuana

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<sup>1</sup> Rose A. Rudd, Noah Aleshire, Jon E. Zibbell, & R. Matthew Gladden. Increases in Drug and Opioid Overdose Deaths – United States, 2000-2014 Morbidity and Mortality Weekly Report, 2016;64:1378-1382.

<sup>2</sup> CDC WONDER data, retrieved from the National Institute of Health website; <http://www.drugabuse.gov> as reported on NIDA’s website.

<sup>3</sup> Substance Abuse and Mental Health Services Administration. (2017). Key substance use and mental health indicators in the United States: Results from the 2016 National Survey on Drug Use and Health (HHS Publication No. SMA 17-5044, NSDUH Series H-52). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>.

(24 million users) in terms of usage.<sup>4</sup> There are more current misusers of psychotherapeutic drugs than current users of cocaine, heroin, and hallucinogens combined.<sup>5</sup>

The increase in the number of people using heroin in recent years – from 373,000 past year users in 2007 to 948,000 in 2016 – is troubling.<sup>6</sup> More alarming is the proliferation of illicit fentanyl and its analogues. DEA investigations reveal that fentanyl and its analogues are being added to heroin and other illicit substances and in many instances pressed into counterfeit tablets resembling CPDs. Because of its high potency, the more fentanyl is introduced to the 11.5 million people that misused a pain reliever in the previous year, there is a likelihood that drug overdoses will continue to climb.<sup>7</sup> Since fentanyl and its analogues can be harmful to public safety personnel who encounter these substances during the course of their daily operations, it is critical they know how to protect themselves. DEA is part of an interagency working group to develop a set of scientific, evidence-based recommendations that first responders can take to protect themselves.

## **CONTROLLED PRESCRIPTION DRUGS (CPDs)**

In 2016, almost 3.4 million Americans age 12 or older reported misusing prescription pain relievers within the past month.<sup>8</sup> This makes prescription opioid misuse more common than use of any category of illicit drug in the United States except for marijuana. Whereas the vast majority of individuals misusing opioid CPDs do not go on to use heroin, this information provides valuable insight into the role that CPDs play in the opioid epidemic and underscores the need for a robust regulatory program that seeks to stop diversion of CPDs.

Black-market sales for opioid CPDs are typically five to ten times their retail value. DEA intelligence reveals the “street” cost of prescription opioids steadily increases with the relative strength of the drug. For example, generally, hydrocodone combination products (a Schedule II prescription drug and also the most prescribed CPD in the country)<sup>9</sup> can be purchased for \$5 to \$7 per tablet on the street. Slightly stronger drugs like oxycodone combined with acetaminophen (e.g., Percocet) can be purchased for \$7 to \$10 per tablet on the street. Even stronger prescription drugs are sold for as much as \$1 per milligram (mg). For example, 30 mg

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<sup>4</sup> Substance Abuse and Mental Health Services Administration. (2017). Key substance use and mental health indicators in the United States: Results from the 2016 National Survey on Drug Use and Health (HHS Publication No. SMA 17-5044, NSDUH Series H-52). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>.

<sup>5</sup> Substance Abuse and Mental Health Services Administration. (2017). Key substance use and mental health indicators in the United States: Results from the 2016 National Survey on Drug Use and Health (HHS Publication No. SMA 17-5044, NSDUH Series H-52). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>.

<sup>6</sup> Center for Behavioral Health Statistics and Quality. (2017). 2016 National Survey on Drug Use and Health: Detailed Tables. Substance Abuse and Mental Health Services Administration, Rockville, MD

<sup>7</sup> Center for Behavioral Health Statistics and Quality. (2017). 2016 National Survey on Drug Use and Health: Detailed Tables. Substance Abuse and Mental Health Services Administration, Rockville, MD

<sup>8</sup> Substance Abuse and Mental Health Services Administration. (2017). Key substance use and mental health indicators in the United States: Results from the 2016 National Survey on Drug Use and Health (HHS Publication No. SMA 17-5044, NSDUH Series H-52). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>.

<sup>9</sup> On October 6, 2014, DEA published a final rule in the *Federal Register* to move hydrocodone combination products from Schedule III to Schedule II, as recommended by the Assistant Secretary for Health of the U.S. Department of Health and Human Services.

oxycodone (immediate release) and 30 mg oxymorphone (extended release) cost \$30 to \$40 per tablet on the street. The costs that ensue with greater tolerance make it difficult to purchase these drugs in order to support a developing substance use disorder, particularly when many first obtain these drugs for free from the family medicine cabinet or from friends.

## HEROIN

Heroin is transported to the United States predominantly across the Southwest Border (SWB) and is produced with greater sophistication from powerful transnational criminal organizations (TCOs) like the Sinaloa Cartel and New Generation Jalisco Cartel or CJNG. These Mexico-based TCOs are extremely dangerous, violent and continue to be the principal suppliers of heroin to the United States.

Not surprisingly, a small number of people who misuse prescription opioids turn to heroin. Heroin traffickers produce high purity white powder heroin that costs approximately \$10 per bag, and usually contains approximately 0.30 grams per bag. This makes heroin significantly less expensive than CPDs. Heroin produces a “high” similar to CPDs and can keep some individuals who are dependent on opioids from experiencing painful withdrawal symptoms. This cycle has been repeatedly observed by law enforcement agencies. For some time now, law enforcement agencies across the country have been specifically reporting an increase in heroin use by those who began misusing prescription opioids.<sup>10</sup>

According to reporting by treatment providers, many individuals with serious opioid use disorders will use whichever drug is cheaper and/or available to them at the time.<sup>11</sup> Heroin purity and dosage amounts vary, and heroin is often cut with other substances (e.g., fentanyl and fentanyl analogues). This means that heroin users are at higher risk of unintentional overdose because they cannot predict the dosage of opioid in the product they purchase on the street as heroin.<sup>12</sup> Additionally, varying potencies found in diverted or counterfeit prescription opioids purchased on the street have led to increased unintentional drug overdoses.

A report published by SAMHSA found that four out of five recent new heroin users had previously misused prescription pain relievers.<sup>13</sup> The reasons an individual may shift from one opiate to another vary, but today’s heroin is high in purity, less expensive and often easier to obtain than illegal CPDs. High-purity heroin can be smoked or snorted, thereby circumventing a

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<sup>10</sup> U.S. Department of Justice, Drug Enforcement Administration, 2016 National Heroin Threat Assessment Summary, DEA Intelligence Report, April, 2016, *available at*: [https://www.dea.gov/divisions/hq/2016/hq062716\\_attach.pdf](https://www.dea.gov/divisions/hq/2016/hq062716_attach.pdf).

<sup>11</sup> U.S. Department of Justice, Drug Enforcement Administration, 2014 National Drug Threat Assessment Summary, November, 2014.

<sup>12</sup> Stephen E. Lankenau, Michelle Teti, Karol Silva, Jennifer Jackson Bloom, Alex Harocopos, and Meghan Treese, Initiation into Prescription Opioid Misuse Among Young Injection Drug Users, *Int J Drug Policy*, Author manuscript; available in PMC 2013 Jan 1, Published in final edited form as: *Int J Drug Policy*, 2012 Jan; 23(1): 37-44. Published online 2011 Jun 20. doi: 10.1016/j.drugpo.2011.05.014. and; Mars SG, Bourgois P, Karandinos G, Montero F, Ciccarone D., “Every ‘Never’ I Ever Said Came True”: Transitions From Opioid Pills to Heroin Injecting, *Int J Drug Policy*, 2014 Mar;25(2):257-66. doi: 10.1016/j.drugpo.2013.10.004. Epub 2013 Oct 19.

<sup>13</sup> Substance Abuse and Mental Health Services Administration, *Associations of Nonmedical Pain Reliever Use and Initiation of Heroin Use in the United States*, Department of Health and Human Services, August 2013, *available at*: <https://www.samhsa.gov/data/sites/default/files/DR006/DR006/nonmedical-pain-reliever-use-2013.htm>

barrier to entry (i.e., needle use) and avoiding the stigma associated with injection. However, many who smoke or snort are vulnerable to eventually injecting heroin. Heroin users today tend to be younger and more ethnically and geographically diverse than ever before.<sup>14</sup>

Overdose deaths involving heroin are increasing at an alarming rate, having almost increased more than five-fold since 2010.<sup>15</sup> Today's heroin at the retail level costs less and is more potent than the heroin that DEA encountered two decades ago. It is also not uncommon for heroin users to seek out heroin that dealers claim is "hot," meaning that it is likely cut with fentanyl or its analogues. Users seeking "hot" heroin is an indicator that as higher opioid tolerance levels develop among users, they will continue to seek out more potent forms of opioids.

## **FENTANYL AND FENTANYL ANALOGUES (SYNTHETIC OPIOIDS)**

Fentanyl is a Schedule II controlled substance produced in the United States and used widely in medicine. It is an extremely potent analgesic widely used for anesthesia and also pain control in people with serious pain problems and, in such cases, it is indicated only for use in people who have high opioid tolerance.

Illicit fentanyl, fentanyl analogues, and their immediate precursors are often produced in China. From China, these substances are shipped primarily through mail carriers directly to the United States or alternatively shipped directly to transnational criminal organizations ("TCOs") in Mexico, Canada, and the Caribbean. Once in the Western Hemisphere, fentanyl or its analogues are prepared to be mixed into the U.S. heroin supply domestically, or pressed into a pill form, and then moved to the illicit U.S. market where demand for prescription opioids and heroin remain at epidemic proportions. In some cases, traffickers have industrial pill presses shipped into the United States directly from China and operate fentanyl pill press mills domestically. Mexican TCOs have seized upon this business opportunity because of the profit potential of synthetic opioids, and have invested in growing their share of this market. Because of its low dosage range and potency, one kilogram of fentanyl purchased in China for \$3,000 - \$5,000 can generate upwards of \$1.5 million in revenue on the illicit market.

According to the DEA National Forensic Laboratory Information System ("NFLIS"), from January 2013 through December 2016, over 58,000 fentanyl reports were identified by federal, state and local forensic laboratories.<sup>16</sup> During 2016, there were 36,061 fentanyl reports compared to 1,042 reports in 2013,<sup>17</sup> an exponential increase over the past four years. The consequences of fentanyl misuse are often fatal and occur amongst a diverse user base. According to a December 2016 Centers for Disease Control Morbidity and Mortality Weekly

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<sup>14</sup> Cicero, T., Ellis, M., Surratt, H., Kurtz, S. The Changing Face of Heroin Use in the United States: A Retrospective Analysis of the Past 50 Years, July, 2014.

<sup>15</sup> CDC WONDER data accessed on 10/15/17, as reported at NIDA's website: 3,036 heroin overdoses in 2010; 15,446 overdoses in 2016. <https://www.drugabuse.gov/related-topics/trends-statistics/overdose-death-rates>.

<sup>16</sup> U.S. Department of Justice, Drug Enforcement Administration, National Forensic Laboratory Information System, actual data queried on October 13, 2017.

<sup>17</sup> U.S. Department of Justice, Drug Enforcement Administration, National Forensic Laboratory Information System, actual data queried on October 13, 2017.

Report, from 2014 to 2015, the death rate from synthetic opioids other than methadone, which include fentanyl, increased 72.2%, from 5,544 (age adjusted rate 1.8) to 9,581 (3.1).<sup>18</sup> Over a two-week period in late March and early April 2016, DEA issued a public safety alert for the Sacramento, California region following an outbreak of overdoses related to counterfeit hydrocodone which had been laced with fentanyl. In all, there were 52 individuals who overdosed, 14 of whom ultimately lost their lives. Additionally, between January and March 2016, nine people died in Pinellas County, Florida from counterfeit Xanax® pills that contained fentanyl. The number of overdose fatalities resulting from fentanyl and fentanyl analogues is under-reported and will increase as postmortem drug testing expands.

## **DEA RESPONSE TO THE OPIOID EPIDEMIC, HEROIN EPIDEMIC, AND THE THREAT OF FENTANYL AND OTHER SYNTHETIC DRUGS**

### *Effective Outreach*

Due to the complexity of DEA's regulatory program, the Diversion Control Division has worked aggressively to improve its communication and cooperation with its more than 1.7 million registrants, who represent medical professionals, pharmaceutical drug manufacturers, and those in the drug supply chain. DEA works with its registrant population by (1) hosting Pharmacy Diversion Awareness Conferences ("PDACs") throughout the country; (2) administering the Distributor Initiative Program with a goal of educating distributors on how to detect and guard against diversion activities; and (3) maintaining an open dialogue with various national associations such as the National Association of Boards of Pharmacy ("NABP"), American Medical Association ("AMA"), and other groups to address diversion problems and educate the medical community on improving prescribing practices<sup>19</sup>. By the end of October, 2017, DEA will have hosted 97 PDACs in 48 states (including the District of Columbia and Puerto Rico) and will have trained in excess of 13,100 pharmacists, pharmacy technicians, and others on the important role they play in ensuring that valid prescriptions for controlled substances are filled. In 2018, DEA will initiate a nationwide program to offer similar training to individual practitioners.

### *Prescription Drug Monitoring Programs*

Prescription drug monitoring programs (PDMPs) are state-run electronic database systems used by practitioners, pharmacists, medical and pharmacy boards, and law enforcement but access varies according to state law. These programs are established through state legislation and are tailored to the specific needs of each state. DEA strongly supports robust PDMPs and encourages medical professionals to use this important tool to detect and prevent doctor shopping and other forms of diversion. Currently, 49 states have an operational PDMP. Missouri will become the 50<sup>th</sup>, pursuant to the Governor's Executive Order in July 2017. As of August 2017, 24 of these 49 states with operational PDMPs require controlled substance

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<sup>18</sup> Rose A. Rudd, Noah Aleshire, Jon E. Zibbell, & R. Matthew Gladden. Increases in Drug and Opioid Overdose Deaths – United States, 2000-2014 Morbidity and Mortality Weekly Report, 2016;64:1378-1382.

<sup>19</sup> In FY2017 alone, Diversion has participated in 1,407 outreach efforts.

prescribers to use the state's PDMP prior to prescribing a controlled substance in certain circumstances as mandated by each state's legislation.<sup>20</sup> The DEA encourages all practitioners and pharmacists to use their state PDMPs.

While PDMPs are valuable tools for prescribers, pharmacists, and law enforcement agencies to identify, detect, and prevent nonmedical prescription drug use and diversion, PDMPs do have some limits in their use for detecting diversion at the retail level. For example, drug traffickers and drug seekers willingly travel hundreds of miles to gain easy access to pain clinics and physicians that are operating unscrupulously and outside of the law, making interconnectivity between PDMPs vital. Federal partners are working to address the interoperability problems. The Office of National Drug Control Policy (ONDCP) and the Bureau of Justice Assistance (BJA) also offer assistance for interstate and state-tribal PDMP linkages. CDC supports 29 states to advance interventions for preventing prescription drug overdoses, through its *Prevention for States* program, which could include activities focused on improving interoperability between PDMPs and Electronic Health Record (EHR) technology and provide real-time provider access. The Indian Health Service (IHS) developed a policy that requires federal IHS facilities to report all controlled substance prescriptions to their respective State PDMPs and requires federal prescribers to check State PDMPs prior to prescribing opioids. Finally, the National Association of Boards of Pharmacy (NABP) hosts NABP Prescription Monitoring Program (PMP) InterConnect, which facilitates the transfer of PDMP data across state lines to authorized users. The program allows users of participating PDMPs to securely exchange prescription data between certain states. Currently, PDMPs in over 41 states are participating in the program.

Law enforcement access to request, view, and utilize PDMP data in support of ongoing investigations in a manner that protects personally identifiable information (PII) is vital. Unfortunately, access to information in support of active state and federal investigations varies widely from state to state, with some states requiring a court order in order for law enforcement to obtain data.

### Medication Disposal

On September 9, 2014, DEA issued a final rule, titled "Disposal of Controlled Substances." These regulations implement the Secure and Responsible Drug Disposal Act of 2010 and expand upon the previous methods of disposal by including disposal at drop-boxes in pharmacies and law enforcement agencies, mail back programs and drug deactivation systems if they render the product irretrievable. Through these regulations, DEA continues to focus its national attention on the issue of the misuse use of prescription drugs and related substance use disorders (SUDs), and promotes awareness that one source of these drugs is often the home medicine cabinet, as 53% of persons aged 12 or older who misused pain relievers in the past year bought or took the pain relievers from a friend or relative, or that friend or relative gave it to the

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<sup>20</sup> PDMP Center of Excellence, Brandeis University. [http://www.pdmpassist.org/pdf/Mandatory\\_Query\\_Conditions\\_20170824.pdf](http://www.pdmpassist.org/pdf/Mandatory_Query_Conditions_20170824.pdf) retrieved October 19, 2017.

user for free<sup>21</sup>. These regulations provide a safe and legal method for the public to dispose of unused or expired CPDs. As of October 17, 2017, 2,829 DEA registrants have become “authorized collectors.”

Since 2010, DEA has held its National Drug “Take Back” Initiative (NTBI) to provide a convenient and safe option to dispose of unused, expired and/or unwanted prescription drugs. DEA’s most recent NTBI was held on April 29, 2017. As a result of all thirteen National Take Back Days, DEA, in conjunction with its state, local, and tribal law enforcement partners, has removed a total of 8.1 million pounds (4,052 tons) of medications from circulation. The DEA is conducting a Federal Take-Back Day today, October 25, and the fourteenth National Drug Take Back Day is scheduled for October 28, 2017.

### DEA’S 360 Strategy

To counter the opioid crisis, DEA initiated and continues to expand upon its 360 Strategy. The strategy leverages existing Federal, State, local, and tribal partnerships to address the problem on three different fronts: law enforcement, diversion control, and demand reduction. Our enforcement activities are directed at the violent cartels and drug trafficking gangs responsible for feeding the heroin and prescription drug epidemic in our communities. We are also enhancing our diversion control efforts and working with community partners for them to implement evidence-based programs and efforts designed to reduce demand and to prevent the same problems from resurfacing.

As part of the 360 Strategy, DEA recently partnered with Discovery Education, a division of Discovery Communications, to develop and distribute a prescription opioid and heroin education curriculum to middle and high school students, their teachers, and parents. We are calling it *Operation Prevention* and have started nationwide development of this program. Our goal is to educate children about the science of addiction and the true danger of prescription opioids and heroin, and to “kick start” life-saving conversations in the home and classroom. This award-winning program is available at no cost to schools nationwide and includes resources such as standards-aligned lesson plans, interactive student activities, parent resources and more – all available through an online portal. Operation Prevention launched in October 2016 with a virtual field trip, viewed live by more than 200,000 students, in all 50 States and in seven foreign countries. The program has reached more than 1.1 million students to date and will run for at least three consecutive school years (through spring 2019) and will be free for all law enforcement, prevention, treatment, and community groups to use and distribute.

Since its implementation in 2016, the 360 Strategy has been implemented in eight cities—Louisville, Kentucky; St. Louis, Missouri; Pittsburgh, Pennsylvania; Milwaukee, Wisconsin;

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<sup>21</sup> Substance Abuse and Mental Health Services Administration. (2017). Key substance use and mental health indicators in the United States: Results from the 2016 National Survey on Drug Use and Health (HHS Publication No. SMA 17-5044, NSDUH Series H-52). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>.



Dayton, Ohio; Albuquerque, New Mexico; Charleston, West Virginia; and Manchester, New Hampshire. DEA is expanding this program to additional locations including the announcement of Salt Lake City, Utah in September 2017. Our enforcement efforts will continue across the United States with our law enforcement and community partners.

### Tactical Diversion Squads

DEA Tactical Diversion Squads (TDSs) investigate suspected violations of the Controlled Substances Act (CSA) and other federal and state statutes pertaining to the diversion of controlled substance pharmaceuticals and listed chemicals. These unique groups combine the skill sets of Special Agents, Diversion Investigators, and a variety of state and local law enforcement agencies. They are dedicated solely towards investigating, disrupting, and dismantling those individuals or organizations involved in diversion schemes (e.g., “doctor shoppers,” prescription forgery rings, and DEA registrants who knowingly divert controlled substance pharmaceuticals). Between March 2011 and present, DEA increased the number of operational TDSs from 37 to 77. In addition, we established two mobile TDS that can deploy quickly to “hot spots” in furtherance of the Diversion Control Division’s mission. One mobile TDS was recently deployed to West Virginia and is supporting DEA’s offices in Charleston and Clarksburg.

### Temporary Scheduling of Synthetic Opioids and New Psychoactive Substances (NPS)

Even though many fentanyl and NPS compounds have been controlled in Schedule I or Schedule II of the CSA, drug traffickers produce and procure new synthetic compounds with relative ease. Over the past several years, DEA has identified hundreds of designer drugs from at least eight different drug classes, including synthetic opioids, the vast majority of which are manufactured in China. DEA continues to utilize its regulatory authority to place many synthetic substances into the CSA pursuant to the aforementioned temporary scheduling authority. Once a substance is temporarily placed in Schedule I, DEA moves towards permanent control by requesting a scientific and medical evaluation and scheduling recommendation from HHS and gathering and analyzing additional scientific data and other information collected from all sources, including poison control centers, hospitals, medical examiners, treatment professionals, and law enforcement agencies, in order to consider the additional factors warranting its permanent control. Since January 2011, DEA has utilized this authority on fifteen occasions to place 45 synthetic designer drugs temporarily (emergency control) into Schedule I. This includes the following fentanyl analogues: acetyl fentanyl, butyryl fentanyl, beta-hydroxythiofentanyl, furanyl fentanyl, 4-fluoroisobutyryl fentanyl, and acryl fentanyl. In addition, DEA has published a notice of intent to temporarily control the following three additional fentanyl analogues: methoxyacetyl fentanyl, tetrahydrofuranyl fentanyl, and ortho-fluorofentanyl. In comparison, over the first 25 years (1985-2010) after Congress created this authority, DEA utilized it a total of 13 times to control 25 substances.

However, clandestine chemists continue to develop and synthesize new synthetic drugs. They do this hoping that the new drugs are not covered by any schedule of controlled substances. In fact, when DEA takes an action to temporarily schedule a substance, retailers and traffickers begin selling new versions of their products, which contain new, and they hope unregulated, compounds. In addition, many of these retailers are provided with spurious chemical analyses

that purport to document that the new product line did not contain any controlled substance. Manufacturers and distributors will continue to stay one step ahead of any state or federal drug-specific banning or control action by introducing new synthetic analogue products that are not listed as such in any of the controlled substance schedules.

### Significant Enforcement Efforts

The DEA Special Operations Division (“SOD”) Heroin/Fentanyl Task Force (“HFTF”) Working Group consists of several agencies using a joint “whole of government” approach to counter the fentanyl/opioid epidemic in the United States. The HFTF consists of personnel from DEA, U.S. Immigration and Custom Enforcement Homeland Security Investigations (“HSI”) and Customs and Border Protection (“CBP”); supplemented by the Federal Bureau of Investigation (“FBI”) and the U.S. Postal Inspection Service. HFTF utilizes every resource available, including support from the Department of Justice’s Organized Crime Drug Enforcement Task Forces (“OCDETF”) Fusion Center (“OFC”) and Criminal Division, the Department of Defense (“DOD”), Intelligence Community (“IC”) and other government entities, and provides field offices (all agencies) with valuable support in their respective investigations.

### The HFTF mission aims to:

- Identify, target, and dismantle command and control networks of national and international fentanyl and NPS trafficking organizations.
- Provide case coordination and de-confliction on all domestic and foreign investigations to ensure that multi-jurisdictional, multi-national, and multi-agency investigations and prosecutions have the greatest impact on targeted organizations.
- Provide direct and dynamic operational and investigative support for domestic and foreign field offices for all agencies.
- Identify new foreign and domestic trafficking, manufacturing, importation, production and financial trends utilized by criminal enterprises.
- Analyze raw intelligence and documented evidence from multiple resources to develop actionable leads on viable target(s) involved in possible illicit pill production and/or distribution networks.
- Educate overall awareness, handling, trafficking trends, investigative techniques and safety to domestic and foreign field offices for all law enforcement, DOD, IC and governmental agencies.
- Facilitate, coordinate and educate judicial districts during prosecutions of fentanyl and other NPS related cases.

### AlphaBay “Dark Market” Shutdown

In July 2017, the Justice Department announced the seizure of the largest criminal marketplace on the Internet, AlphaBay, which operated for over two years on the dark web and was used to sell deadly illegal drugs, stolen and fraudulent identification documents and access devices, counterfeit goods, malware and other computer hacking tools, firearms, and toxic chemicals throughout the world. The international operation to seize AlphaBay’s infrastructure was led by the United States and involved cooperation and efforts by law enforcement authorities

in Thailand, the Netherlands, Lithuania, Canada, the United Kingdom, and France, as well as the European law enforcement agency Europol. The interagency investigation into AlphaBay revealed that numerous vendors sold fentanyl and heroin, and there have been multiple overdose deaths across the country attributed to purchases on the site.

#### *Mexico: Partnership to Reduce Supply of Illicit-Narcotics*

DEA, through its partnership with the U.S. Department of State, helps Mexican government officials to improve capacity to interdict and seize illicit-narcotics. DEA routinely engages with Mexico through the bilateral drug policy working group with the Office of the Attorney General (PGR) in Mexico City. These efforts were instrumental in constructive policy changes such as Mexico's decision to schedule the two primary fentanyl precursors, ANPP and NPP in mid-2017.

#### *China: Government Action and Cooperation*

DEA, through its leadership here in the United States and its country office in Beijing, has maintained an ongoing relationship with government officials of the People's Republic of China for years, and has been able to leverage this relationship to combat the rising threat from NPS and their precursors. Engagement has been occurring at the leadership level through interagency working groups that operate under the U.S.-China Joint Liaison Group (JLG) framework co-chaired by the Department of State's Bureau of International Narcotics and Law Enforcement Affairs, DEA, and DHS, including the Counternarcotics Working Group led by the Department of Justice, and the Bilateral Drug Intelligence Working Group led by DEA.

On March 1, 2017, China's National Narcotics Control Commission announced scheduling controls against four fentanyl-class substances: carfentanil; furanyl fentanyl; valeryl fentanyl; and, acryl fentanyl. This announcement was the culmination of ongoing collaboration between DEA and the Government of China, and reaffirms an expanding collaborative commitment to countering illicit fentanyl.

Over the past year, DEA and Chinese officials have met regularly to discuss mutual interests and shared responsibilities in countering the threat from fentanyl class substances. Representatives from the China National Narcotics Laboratory, the Narcotics Control Bureau, and the Ministry of Public Security met with DEA (along with Department of Justice and Department of Homeland Security) officials to exchange information on emerging substances' scientific data, trafficking trends, and sample exchanges. This continued dialogue is anticipated to foster a bilateral information exchange related, but not limited to, the identification of new substances of abuse that may then be considered for national control. The meeting also deepened professional contacts between relevant technical and legal experts.

A key moment in enhanced cooperation on synthetic drugs came in October of 2015, when, following similar discussions, China decided to implement domestic controls on 116 NPS, which included a number of fentanyl analogues, and streamlined its procedures to control

additional substances with no known medicinal use. In total, China has scheduled 138 different NPS, including 128 since October 2015.

Finally, as this threat has increased, law enforcement cooperation at the street level has been very productive, particularly on fentanyl cases. DEA will continue to collaborate with the Government of the People's Republic of China as the threat from fentanyl continues to evolve.

## **CONCLUSION**

The United States continues to be affected by a national opioid epidemic, which has been spurred, in part, by the rise of abuse of prescription opioids. DEA's Diversion Control Division will continue to use all criminal and regulatory tools possible to identify, target, disrupt, and dismantle individuals and organizations responsible for the illicit distribution of pharmaceutical controlled substances in violation of the CSA. Additionally, DEA expects that demand for opioids will continue to be met in part by Mexican-based TCOs who produce high purity heroin, which is being laced with fentanyl, fentanyl analogues, and other synthetic opioids, and then pressed into counterfeit pills. DEA will continue to address this threat by pursuing the Mexican-based TCOs, which have brought tremendous harm to our communities. Working with DOJ and our interagency partners, DEA will continue to engage our international counterparts, especially China, both multilaterally and bilaterally. We look forward to continuing to work with Congress to find solutions necessary to address the threats posed by controlled prescription drugs, heroin, and fentanyl.