Over the last 15 years, our nation has been increasingly devastated by opioid abuse. It is an insidious epidemic, created in large part, by the over-prescribing of potent opioids. This has resulted in a new generation of opioid abusers, presently estimated at 12 million Americans.

More recently, we’ve seen a downturn in the overall number of opioid prescriptions, but there remains more work to be done.

DEA’s Diversion Control Division has a central role in addressing this problem. DEA uses all available means – administrative, civil and criminal – to ensure that its 1.7 million registrants handling prescription drugs comply with the law.

We will continue to use these tools to protect the public from the very small percentage of our registrants who exploit the system, or their customers, for profit.

Over the last decade, DEA has levied fines totaling nearly $390 million against opioid distributors nationwide. We have also entered into memorandums of agreement establishing additional compliance measures to ensure that they are detecting and reporting suspicious orders.

Those same distributors, and some manufacturers, are now the subject of investigations into potential violations of state law.

In November, DEA met with representatives from 44 states, including members of a coalition consisting of 41 States’ Attorneys General. At that meeting, we made a commitment to work collaboratively with all states – by sharing information to support ongoing investigations and providing additional intelligence to generate new cases across the country.

I am confident this cooperative effort will be a productive step in ensuring compliance by the pharmaceutical industry.

Since 2010, DEA has augmented many of its criminal investigative groups with tactical diversion squads. We currently have 77 tactical diversion squads nationwide that are solely dedicated to investigating those involved in the diversion of controlled substances.

In addition, we recently deployed a mobile tactical diversion squad to West Virginia to provide support in a region hard-hit by the opioid epidemic, and are working on deploying additional resources in other similar hotspots around the country.

While DEA’s Diversion Control program seeks to limit the diversion of prescription opioids from the drug supply chain, DEA continues to attack the illicit supply of opioids, specifically heroin and fentanyl-related substances.
In this vein, we recently announced various investigative efforts attacking criminal groups located in China, Mexico, and on the dark web. These cases are examples of our efforts to prioritize resources in attacking the illicit opioid trade.

Through the use of DEA’s emergency scheduling authority, we have aggressively sought to place temporary Schedule I controls on fentanyl-related substances. In addition to the 16 fentanyl analogues that we have already sought to control, we notified our Health and Human Services colleagues of our intent to place emergency Schedule I controls on the entire class of “fentanyl-related substances.”

This scheduling action is critical because our investigations reveal efforts by some drug traffickers to change the molecular structure of Fentanyl in an attempt to thwart law enforcement and evade prosecution in the United States.

Lastly, DEA has made a concerted effort to evaluate our deployment of resources to maximize effectiveness.

Last month, DEA established six new heroin enforcement teams that were strategically placed in communities facing significant challenges with heroin, fentanyl and fentanyl-related substances.

The teams are located in Massachusetts, West Virginia, North Carolina, New York and two groups in Ohio.

In addition, today we are pleased to announce the creation of the Louisville Division. This new division encompasses the states of Tennessee, Kentucky and West Virginia.

Establishing this division in the region helps synchronize our efforts with law enforcement partners and allows for closer coordination with the various prosecutors’ offices in the area.

The dedicated men and women of DEA, in communities across the United States and in countries all over the globe, are fighting hard every day to keep these destructive drugs off our streets and make our communities safer.

We also recognize the issue is larger than law enforcement efforts alone. This is a complex problem, which requires the cooperative efforts of others in the medical community, the pharmaceutical industry, law-makers, educators, and families.

DEA will continue its efforts in addressing the opioid epidemic, working with others and leveraging every available resource to attack this problem.