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"Oversight of Federal Efforts to Combat the Spread of Illicit Fentanyl"

Committee on Energy and Commerce
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Statement of
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Chairwoman DeGette, Ranking Member Guthrie, and Members of the Subcommittee, thank you for inviting me to testify today on the growing threat of fentanyl in the United States.

More than 70,200 Americans died from a drug overdose in 2017,[1] with 41 percent (28,466) of these deaths involving a synthetic opioid other than methadone (SOOTM). This is a statistical category that primarily includes illicitly produced synthetic opioids[2] like fentanyl and its analogues, as well as non-fentanyl synthetic opioids like the U-series drugs. As we have seen for the past several years, these synthetic drugs have been the principal driver of the historically high number of overdose deaths that our Nation has suffered during the opioid crisis.

Fentanyl is a rapid-acting Schedule II opioid analgesic intended for use in treating acute pain in trauma settings, chronic pain, anesthesia, and end-of-life palliative care, and it has helped thousands of Americans manage their pain effectively. Fentanyl was first synthesized in 1959, and the key intermediates in its early preparation were benzylfentanyl and norfentanyl. Several fentanyl-related substances with accepted medical or veterinary uses, like carfentanil, sufentanil, and thiafentanil, are also Schedule II controlled substances.

In the 1980s, a new approach to the synthesis of fentanyl was discovered using N-phenethyl-4-piperidone (NPP) and 4-anilino-N-phenethylpiperidine (4-ANPP) as the key intermediates in fentanyl synthesis. Because of the outsized role that illicitly produced fentanyl was playing in America's opioid crisis, in March 2017, under United States leadership, the international community placed strict controls on these two precursor chemicals to prevent the widespread proliferation of illicitly produced fentanyl, principally trafficked from China.

According to the Drug Enforcement Administration (DEA), national law enforcement reports of illicit fentanyl seized remained steady from 2001 to 2005, followed by a noticeable increase in 2006, which was attributable to a single fentanyl lab in Mexico. Following the seizure of that lab, fentanyl reports continued to remain steady until significant increases occurred from 2014 through 2017. In 2017, more than 83,400 domestic drug seizures submitted for forensic testing involved fentanyl or fentanyl analogues.[3] This represents nearly twice the number of such submissions in 2016 and a nearly five-fold increase since 2015.[4] While fentanyl seizures are most typically in a powder, salt, or rock-like form, seized quantities of fentanyl and fentanyl analogue capsules, tablets, and liquid have also increased dramatically alongside solid kilogram forms in recent years.[5]

In 2018, at least 318,634 tablets and capsules seized within the United States were subjected to DEA laboratory testing, according to DEA's STARLiMS forensic drug chemistry database. Of those, approximately 108,015, or 34 percent, were determined to contain fentanyl or a fentanyl analogue as its primary drug, with or without other illicit drugs and non-narcotic substances.[6] This represents nearly five times the number of fentanyl and fentanyl analogue-containing tablets and capsules analyzed by DEA's laboratories in 2016.

During this same period, Customs and Border Protection (CBP) experienced a similar proliferation of the entire range of fentanyl-related substances and other synthetic opioids. Between 2012 and early 2016, CBP encountered seven new fentanyl analogues, and then encountered 12 new fentanyl analogues during a 261-day span in late 2016 and 2017. The time between CBP encounters with new non-fentanyl opioids averaged six months from 2012 to 2016, but in 2017 CBP encountered five new non-fentanyl opioids in a 150-day span. However, the most drastic increase in CBP laboratory encounters were fentanyl-related substances that had the

fentanyl skeleton but had molecular deletions, rather than the additions or substitutions that were employed to create analogues, and whose illicit use was not yet known. Between 2009 and 2016, CBP had encountered two of these substances 44 months apart, but in 2017 CBP encountered six of these new substances in one 276-day period. In total, from 2016 to 2018, CBP encountered either a new fentanyl analogue, a non-fentanyl opioid, or a fentanyl substance utilizing a molecular deletion nearly every single month (33 total).[7]

Further complicating our understanding of this dynamic environment are inconsistencies in toxicology practices in drug death investigations across the country, which makes a full understanding of the true impact of these new and emerging substances elusive. According to the Centers for Disease Control and Prevention, 28,466 of all drug overdose deaths in 2017 involved synthetic opioids, including pharmaceutical and illicit fentanyl. From 2016 to 2017, synthetic opioids-involved overdose death rates increased 45.2 percent.[8] However, limited available data at the state level, due to varied capability and capacity of coroners and medical examiners in some localities to perform toxicology screenings, suggests that the death toll due to fentanyl analogues is even higher. For example, in Florida in 2017, 1,685 deaths involved a fentanyl analogue, with the most common analogues being carfentanil (637), furanyl fentanyl (365), and cyclopropyl fentanyl (210).[9] In Maine, in the first six months of 2018, fentanyl analogues were involved in 37 deaths, with acetyl fentanyl and methoxyacetyl fentanyl being the most common.[10] In Ohio, between January and February of 2017 alone, 48 percent (135) of all drug deaths involved acryl fentanyl, 31 percent (87) involved furanyl fentanyl, and eight percent (22) involved carfentanil.[11] The demand for, and the quantity of, illicit fentanyl and fentanyl analogues in the United States market are both increasing, and they continue to have a devastating effect on the health and safety of America's communities.[12]

In keeping with its statutory responsibility to advise the President on drug policy issues and advance the President's drug control policies, the Office of National Drug Control Policy (ONDCP), under the leadership of the Director James Carroll, coordinates 16 Federal drug control agencies and other interagency partners in the development of the Administration's *National Drug Control Strategy (*herein referred to as the *Strategy)* and oversees its implementation. The 2019 *Strategy* is focused on, "saving American lives and setting our Nation on a path to being stronger, healthier, and drug-free."[13] It is a comprehensive plan to address the President's top drug priority, the current opioid crisis, while also focusing on the greater availability of synthetic drugs and other emerging crises such as increased methamphetamine use and cocaine availability.

In addition to addressing the President's top drug priority through *Strategy* implementation and oversight, ONDCP has been focusing on opioids and fentanyl for several years. In collaboration with the National Security Council (NSC), ONDCP established the National Heroin Coordination Group (NHCG) within ONDCP in the fall of 2015. This small group serves "as the hub of a network of colleagues and partnerships across the interagency community who can leverage their home agency authorities and resources to disrupt the global heroin supply chain." It was formed to apply new thinking to the heroin/fentanyl problem and develop a novel approach to addressing it, with an initial focus on Mexico and heroin, but also including China as a source of precursor chemicals and fentanyl. The NHCG began work on October 26, 2015 composed of ONDCP staff specializing in research and data, state, local, and tribal affairs, and source country and global drug flows, along with interagency detailees from the military services, a former Federal prosecutor from the Department of Justice (DOJ), an experienced Special Agent from the Federal Bureau of Investigation (FBI), and a research

pharmacologist from the Drug Enforcement Administration (DEA). Over the past several years, a CBP chemist, a U.S. Postal Inspection Service (USPIS) senior investigator, and public health experts have been added to the staff of ONDCP.

In 2015 the NHCG was given 90 days to develop "a Heroin Availability Reduction Plan (HARP) of actions, goals, and measures to provide a roadmap to guide and synchronize the interagency activities against [the heroin supply]." An NSC Interagency Policy Committee (IPC)[14] approved the formation of the NHCG and the development of the HARP on November 24, 2015. After interagency development and coordination was completed, the HARP was elevated to a Deputies Committee and approved on June 22, 2016. The HARP thus became the single document to bring together, contextualize, and synchronize current and planned heroin and fentanyl availability reduction activities at the Federal, state, local, and tribal levels, as well as in the international domain.

As part of its initial planning for the HARP, the NHCG made a critical decision that the HARP would deliberately conflate heroin and fentanyl into a single problem set, for several reasons. In line with the understanding of the threat at the time, traffickers were adding fentanyl as an adulterant to boost the effect of heroin or mixing it with diluents to create and sell the product as synthetic heroin, likely utilizing the same supply chains and distribution mechanisms for both drugs. In addition, heroin and fentanyl belong to the same class of opioids and create a similar effect in the user, often making their user populations one and the same. Finally, addressing both drugs as a single problem set provided the ability to address the heroin crisis without inadvertently compounding the fentanyl one. Addressing both heroin and fentanyl in a singular fashion was intended to minimize the chance of accelerating the growth of exclusive fentanyl use by addressing it as part of the larger heroin problem.

To fully align ONDCP with its most recent reauthorization bill and the 2019 *Strategy*, in February 2019, Director Carroll announced an internal transformation. The NHCG was renamed the National Opioids and Synthetics Coordination Group (NOSCG),[15] and NOSCG assumed added responsibility, in coordination with ONDCP's Public Health, Education and Treatment team, for public health actions required to address the opioid epidemic and for the Nation's response to synthetic drugs, such as methamphetamine. ONDCP, in collaboration with the NSC and the Domestic Policy Council, are conducting meetings to facilitate routine interaction, information sharing, and problem resolution across the Federal interagency with a focus on tangible and demonstrable outcomes to successfully implement the HARP and the 2019 *Strategy*.

Over the past several years, ONDCP and the NOSCG have led or co-chaired countless interagency meetings directly related to the heroin and fentanyl problem. Some have been focused on bilateral and trilateral leadership summits and meetings in which heroin and fentanyl were top agenda items, such as: the North American Leaders Summit (NALS) for the leaders of the United States, Canada, and Mexico; the North American Drug Dialogue (NADD); and the U.S.-Mexico Security Cooperation Group (SCG). Others have focused on U.S. capacity, capabilities, and interagency actions to address the flow of fentanyl, fentanyl analogues, and other synthetic opioids from source and transit countries to include canine detection, trafficking patterns and internet sales, and safe handling.

In addition these interagency meetings, since the start of HARP implementation in the late summer of 2016, the NOSCG has driven daily mechanisms for information sharing, gap identification, and strategy coordination by conducting routine weekly and monthly meetings to focus efforts and facilitate information sharing among Federal, state, local, and tribal agencies.

Every month, the NOSCG leads a secret-level video teleconference with Federal drug enforcement agencies for updates on the progress of Federal law enforcement actions focused on the heroin and fentanyl problem, as well as candid discussions of current and planned activities. Participants use this meeting to discuss major operational efforts, successes, lessons learned, and broader strategic-level trends relevant to HARP implementation.[16]

To focus on disrupting the flow of illicit fentanyl and synthetic opioids originating from China, every month the NOSCG hosts the Synthetics Opioids Working Group (SOWG) with U.S. Embassy Beijing to serve as the principal forum for information sharing and coordination among ONDCP, NSC, the Department of State (DOS), and the Embassy regarding U.S.-China bilateral counternarcotic priorities. The SOWG played a key role in President Trump's meetings with President Xi Jinping at the 2018 G20 in Buenos Aires, Argentina, which led to China's announcement of class scheduling of all fentanyl-related substances,[17] and at the 2019 G20 in Osaka, Japan.

Each month, the NOSCG co-leads an interagency working group with U.S. Embassy Mexico City, which includes DEA headquarters, U.S. Northern Command, and the DOS Bureaus of Western Hemisphere Affairs and International Narcotics and Law Enforcement Affairs (INL). It is the most effective tool for synchronizing policy formulation and implementation between Mission Mexico and the NOSCG where the Federal Government speaks with one voice and maintains critical security relationships with our Mexican partners.

The NOSCG also leads monthly nationwide webinars to address strategic level trends and to link actions and plans at the Federal level with those taking place at the state level and below. During these meetings, which focus on a different census region each month, state, local, and tribal officials provide updates on the trends they are seeing, the actions they are taking in

response, and planned activities pertinent to achieving the HARP's strategic end state of reducing the number of Americans dying from opioid overdose. One of the more tangible benefits of this forum has been allowing states to posture themselves for the illicit opioid crisis as it develops in their state or region.

In addition, the NOSCG and CBP Laboratories and Scientific Services (LSS) co-chair the monthly *Scientific Trends Open Network Exchange (STONE) Call* to share trend data and information among forensic scientists, medical examiners, coroners, intelligence analysts, and members of the law enforcement community on newly identified substances seized by CBP.

Every week, ONDCP's Office of Intelligence leads a weekly Top Secret/Sensitive Compartmentalized Information (TS-SCI) video teleconference, the principal forum for information sharing and coordination within the Intelligence Community (IC) for addressing the opioid epidemic and increasing cocaine consumption in our Nation. It has occurred weekly since November 2015, with more than 20 outstations to synchronize IC and law enforcement intelligence collection, analysis, and production efforts to support implementation of the HARP with the IC.[18]

During the first year of HARP implementation, the NOSCG identified the need for the United States Postal Inspection Service (USPIS) to be a part of the Federal opioid interdiction effort. This need was further amplified in the *President's Commission on Combating Drug Addiction and the Opioid Crisis*, *President Trump's Initiative to Stop Opioid Abuse and Reduce Drug Supply and Demand*, and ultimately in the 2019 *Strategy.* As with all synthetic drugs, fentanyl and its analogues are difficult to detect, as they can be ordered over the internet in small amounts and at low dollar figures by any individual who wants them, and they can be sent directly to the buyer. The detection of high-purity fentanyl shipped directly into the United

States through international mail or express consignment services presents a unique challenge and illustrates the evolution of the drug trade from largely plant-based substances. Moreover, the incredibly high volume of mail combined with the ability to ship fentanyl in very small quantities, along with the relative lack of robust screening technology and detection capabilities, make detecting and seizing these drugs as they move through the mail system monumentally difficult.

The inclusion of the USPIS in HARP implementation efforts has increased interagency understanding of the international and domestic mail flow into the United States and the vulnerabilities it represents in our ability to disrupt the fentanyl, fentanyl analogue, and synthetic opioid supply chain. The USPIS's active participation in HARP implementation actions has ensured prompt collaboration with the Federal Bureau of Investigation's (FBI)-led Joint Criminal Opioid and Darknet Enforcement (J-CODE) team, CBP's National Targeting Center (NTC), and numerous ONDCP led international engagements with Mexico, Canada, China, Australia, and the United Kingdom.

One of the gaps that was quickly identified was the lack of canine fentanyl detection capacity at ports of entry and international mail facilities. Previous generations of drug detection dogs were trained to detect the major plant-based drugs such as heroin, cocaine, and marijuana. Because of the interagency focus on disrupting the fentanyl supply chain, in June of 2017 CBP ran tests to determine if narcotics detection canines were capable of being trained to alert to the presence of fentanyl. The pilot program was very successful, so a train-the-trainer initiative began whereby canine trainers in various field locations began imprinting the odor of fentanyl on all narcotics detection canines within the CBP Office of Field Operations (OFO). By March of 2018, over 450 existing OFO drug dog teams had been trained and all new OFO drug dog

teams are being trained to detect fentanyl and various fentanyl analogues. These dog teams work at most major ports of entry, including international mail facilities and express consignment hubs, and along the Southwest land border.

Better detection capabilities using technical instrumentation at our borders, express carrier consignment facilities, and international mail facilities also is necessary to interdict shipments of fentanyl and other synthetic opioids before they enter the U.S. supply chain. ONDCP has worked with CBP on implementing the International Narcotics Trafficking Emergency Response by Detecting Incoming Contraband with Technology (INTERDICT) Act, augmenting CBP's chemical identification equipment and scientific support for border encounters of fentanyl and fentanyl analogues. In October 2018, CBP's LSS stood up the 24/7 Narcotics Reachback Center (NRC) to assist officers and agents in the field, and the NRC now provides scientific support for analyses of unknown chemical substances using spectral interpretation from CBP presumptive field screening devices. CBP is in the process of upgrading its IT support to transfer data more expeditiously to handle the anticipated increased volume of spectral interpretation submissions.

In February 2019, the Department of Homeland Security's Science and Technology Directorate collaborated with ONDCP, USPIS, and CBP to launch the Opioid Detection Challenge seeking novel plans for rapid, nonintrusive detection tools that will help find illicit opioids trafficked through the mail system.[19] Last month, ONDCP announced the eight finalists in the first stage of the Challenge.[20]

As the fentanyl threats grew in 2016-2017, the challenge of a widespread misperception surrounding fentanyl handling among law enforcement and first responders developed. Fentanyl can be lethal; however, the lack of good scientific information concerning fentanyl exposure had

a chilling effect on U.S. law enforcement interdiction efforts. In collaboration with ONDCP, the NSC led an interagency working group (IWG) to develop the *Fentanyl Safety Recommendations for First Responders*,[21] released on November 1, 2017, as part of *The President's Commission on Combating Drug Addiction and the Opioid Crisis* [22] final report. Shortly after, CBP led an effort to produce a companion video *Fentanyl: The Real Deal*; both are available on the ONDCP webpage and have been circulated to Federal, state, tribal, and local law enforcement. The *Recommendations* and the video contain practical, science-based handling information developed by Federal environmental and workplace safety, emergency response, medical, health, and law enforcement experts and in consultation with and supported by national stakeholder organizations.

To undercut the operations of fentanyl traffickers, we brought together resources from DOJ, Department of Homeland Security, US Attorneys, IC, and Department of the Treasury to bring targeted sanctions against fentanyl traffickers who operate in China, India, the United Arab Emirates, Mexico, and throughout Southeast Asia including Vietnam, Thailand, and Singapore. By targeting these drug trafficker networks with these sanctions, we are ending their access to U.S.-based financial assets that help them flood communities with fentanyl.

Today, permanently controlling fentanyl as a class of drugs in the United States, as we have asked China to do, is imperative to addressing the dynamic and ever-changing threat of synthetic opioids. Fentanyl analogues have additions or substitutions to the core fentanyl molecule, as described under DEA's temporary scheduling of fentanyl-related substances.[23] Those fentanyl analogues not used for human or veterinary purposes have been placed under control as Schedule I substances, on either a permanent or emergency basis, because of the current lack of evidence for their medical utility and their potential ability to lead to abuse and

death. Additions or substitutions to the fentanyl molecule are not technically difficult, and given the possible number of variations to the fentanyl molecule observed to date, there is the potential for 3,024 analogues[24] that may be created from the fentanyl molecule. These resulting analogues have a wide variance in potency. Some fentanyl analogues, like acetylfentanyl, are less potent than fentanyl. Others, like carfentanil, are many times more potent.

On February 6, 2018, DEA placed all fentanyl-related substances under Schedule I on a temporary basis for a two-year period. Initial indications are that the scheduling had some positive effect; however, our experience has shown that when substances are scheduled under the Controlled Substances Act, illicit drug producers expand their inventory to include compounds that fall outside of the scheduling regime to circumvent detection and avoid law enforcement actions. Over the past several years, as regulatory action was taken against a particular fentanyl analogue, we saw traffickers simply switch their production and trafficking efforts to a different fentanyl analogue or non-fentanyl synthetic opioid, such as the U-series drugs that are now causing fatalities in the United States. These non-fentanyl opioids may have the same qualitative effect on the human body as fentanyl or a fentanyl analogue, but they are not fentanyl-related in their chemical structure and are therefore not controlled under DEA's temporary scheduling order.

ONDCP is working with the interagency to broaden the universe of synthetic drugs that can be brought under regulatory control while maintaining our research community's access to these compounds. This is crucial because the global illicit drug industry is able to synthesize thousands of these chemicals in drug libraries each year to determine new substances that they can then market to people with substance use disorders based on each drug's desired effects. It is a consumer-driven enterprise combining basic market demands with 21st century science. At the

same time, legitimate research on any of these compounds could lead to improved treatments for pain and addiction or a potential cure for some other disease, so we need to ensure scientists have the access they need to conduct such research.

It would not be an exaggeration to say that given what we know about the dynamism and rapid pace of illicit drug production we see today, the synthetic opioid that will be killing Americans in 2021 or 2022 has not yet been invented. Therefore, while we must act to make permanent the temporary scheduling of the class of fentanyl analogues, it is important to also provide a framework to more comprehensively address the rapid and emerging changes in the dynamic illicit drug market, seizing the initiative from illicit drug producers and traffickers, while ensuring that scientists have appropriate access to controlled substances in their exploration of beneficial uses of these drugs.

As stated in the Administration's 2019 *National Drug Control Strategy*, "While confronting today's drug crisis to arrest its growth and reduce its effects, we must also further develop the capability, knowledge, and infrastructure to respond to the evolving nature of the drug threat as we move deeper into the twenty-first century."[25] Director Carroll and the men and women of ONDCP are wholly committed to doing just that.

I would like to thank this Subcommittee and your Congressional colleagues for your foresight and leadership in addressing this critical national security, law enforcement, and public health challenge. On behalf of the Administration, ONDCP looks forward to working with you on legislative solutions to address this extremely complex environment.

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[1] H Hedegaard, AM Miniño, and M Warner. Drug Overdose Deaths in the United States, 1999-2017. NCHS Data Brief No. 329. National Center for Health Statistics, Centers for Disease Control and Prevention. November 2018. Available at: https://www.cdc.gov/nchs/data/databriefs/db329-h.pdf .

[2] "Synthetic Opioid" refers to opioids that are not plant-derived (fentanyl, fentanyl analogues, and other novel

opioids). Heroin, which is plant-derived, is not a synthetic opioid.
[3] U.S. Department of Justice, Drug Enforcement Administration. National Forensic Information Laboratory System (NFLIS). Extracted by ONDCP in April 2019.
[4] *Ibid*.
[5] El Paso Intelligence Center (EPIC), National Seizure System (NSS). Extracted by ONDCP on August 28, 2018.
[6] U.S. Department of Justice, Drug Enforcement Administration. STARLiMS forensic drug chemistry database. Analysis by ONDCP on export through April 15, 2019
[7] U.S. Department of Homeland Security, Customs and Borders Protection. Analysis of FTIR data on drugs encountered at points of entry in May 2019.
[8] Scholl L, Seth P, Kariisa M, Wilson N, Baldwin G. Drug and Opioid-Involved Overdose Deaths — United States, 2013–2017. MMWR Morb Mortal Wkly Rep 2019;67:1419–1427.
DOI:http://dx.doi.org/10.15585/mmwr.mm675152e1external icon
[9] University of Florida College of Medicine. Florida Drug-Related Outcomes Surveillance and Tracking System (FROST). Deaths with Fentanyl Analogs in 2017. Queried by ONDCP in May 2019
[10] Sorg, Marcella. University of Maine. Margaret Chase Smith Policy Center. Maine 2nd Quarter Drug Death Report: January – June 2018.
[11] Daniulaityte, R., Juhascik, M., Strayer, K., Sizemore, I., Harshbarger, JD, Antonides, H., Carlson, R. Overdose deaths related to fentanyl and its analogs: Ohio, January-February 2017. Morbidity and Mortality Weekly Report. 2017;66(34):904-908.
[12] U.S. Department of Justice Drug Enforcement Administration: 2017 National Drug Threat Assessment, October .2017, DEA-DCT-DIR-040-17. https://www.dea.gov/docs/DIR-040-17_2017-NDTA.pdf.
[13] 2019 National Drug Control Strategy, https://www.whitehouse.gov/briefings-statements/white-house-releases-national-drug-control-strategy/
[14] During the Obama Administration NSC meetings to coordinate interagency activities and assign tasks were referred to as Interagency Policy Committees (IPCs) or Sub-Interagency Policy Committees (Sub-IPCs). After the Presidential transition, they became known as Policy Coordination Committees (PCCs) or Sub-Policy Coordination Committees (Sub-PCCs).
[15] The NHCG will be referenced as the NOSCG from this point forward in document.
[16] This forum has met more than 28 times and has consistent participation from the NSC, FBI, DEA, DOJ Criminal Division, the Executive Office for United States Attorneys (EOUSA), CBP, DHS Policy, Immigration and Customs Enforcement (ICE), HSI, Department of Treasury Office of Foreign Asset Control (OFAC) and Financial Crimes Enforcement Network (FinCEN), US Marshal Service, USPIS, and the Bureau of Alcohol, Tobacco, Firearms, and Explosives (ATF).
[17] https://www.whitehouse.gov/briefings-statements/statement-chinas-class-scheduling-fentanyl/
[18] The newest outstations include The Interdiction Committee (TIC); Department of Health and Human Services (HHS) Office of Security and Strategic Information; Department of Homeland Security (DHS) Office of Intelligence and Analysis; Department of Defense National Targeting Center (DOD/NTC); and Joint Inter-Agency Task Force-West (JIATF-W).
[19] https://www.whitehouse.gov/briefings-statements/multi-agency-partnership-launches-1-55m-challenge-new-solutions-detect-opioids/
[20] https://www.whitehouse.gov/briefings-statements/8-finalists-announced-1-55m-challenge-new-solutions-detect-opioids-international-mail/
[21] *Fentanyl Handling Guidelines for First Responders*. https://www.whitehouse.gov/ondcp/key-issues/fentanyl/
[22] President's Commission on Combating Drug Addiction and the Opioid Crisis, https://www.whitehouse.gov/sites/whitehouse.gov/files/images/Final_Report_Draft_11-1-2017.pdf
[23] Schedules of Controlled Substances: Temporary Placement of Fentanyl-Related Substances in Schedule I, 83 Fed. Reg. 5188 (Feb. 6, 2018), https://www.federalregister.gov/documents/2018/02/06/2018-02319/schedules-ofcontrolled-substances-temporary-placement-of-fentanyl-related-substances-in-schedule-i.
[24] U.S. Department of Homeland Security, Customs and Borders Protection Analysis
[25] Executive Office of the President, Office of National Drug Control Policy. (January 2019). National Drug Control Strategy. Available at, https://www.whitehouse.gov/wp-content/uploads/2019/01/NDCS-Final.pdf.