

A D D E N D U M
to
**THE POISONING OF AMERICA: FENTANYL,
ITS ANALOGUES, AND THE NEED
FOR PERMANENT CLASS SCHEDULING**

This Addendum is available at:

<https://www.govinfo.gov/content/pkg/CHRG-119shrg61321/pdf/CHRG-119shrg61321-add1.pdf>

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January 29, 2025

To Whom it may Concern,

The loss of our son...

How do you put a value on the cost of a human life? Our only son was killed by the selfish, criminal and inhumane acts of a reckless drug dealer who's only concern is currency-at any cost. By providing a highly addictive and deadly poison (Fentanyl) to immature and naive children, youth and compromised adults, that dealer has dealt a one-way ticket to nowhere that has robbed and is robbing America of it's brightest future and potential. My son's death has cost us more than funeral expenses, counseling, support groups, anguish, personal grief and sleepless nights. It has cost us parents the most valuable asset any person could possibly attain-the potential for achievement and greatness that resides in every child.

You see, our son's death has robbed my wife and I of a future of new families, grand children, memories of a happy life filled with personal triumphs, joy and love. These cannot be assessed a dollar value, they can only be continued or, in our son's case, erased and brutally ripped out of our lives forever by narcotics trafficking fueled by greed and selfishness.

We are no longer a family, but the remnants of one constantly mourning our son's loss and the permanence of that finality. We go about in a fog to work, to perform chores, to repair what cannot be repaired. We only hope to keep what is left of our marriage remains solvent despite the constant gnawing feelings of our son's death. For such a young man, he had, by his 18th birthday, already saved the life of a friend-the daughter of a local physician.

We try as a couple to heal ourselves by any means be it by counseling, prayer, and through support groups. A month does not go by without us seeing and trying to counsel another parent(s) from the grief of their child's demise from the drugs provided by this trafficker and dealer.

We are past the 7-year time frame of our son's death. Though time does heal somewhat, the pain of his loss will never be a realization we will see.

Thank you,

D.C. Alcantara

January 29, 2025

To Whom it may Concern,

How does a parent who has lost their child to a Fentanyl overdose put into words “how this crime has affected you and those close to you?”

Daniel Ryan Alcantara was our only child, the light of our lives and we loved him deeply. He was a beautiful young man in the prime of his life, entering adulthood. He was highly intelligent, articulate, self-assured and loved by all that knew him. He had so much potential. All of his friends were his “best friends” and they too miss him dearly.

The night of 9/1/21 was the most horrific and life changing in our lives. We received the call that no parent ever wants to get; the call informing us that Daniel was dead.

We have not only lost our son, we have lost his future and ours. Instead of college with a graduation celebration, we held a funeral. We will never see Daniel graduate from college and have a successful career. We will never see him get married and have children of his own. There is now no one to carry on the family name. We will never be the “Mother / Father of the groom” or be called “Grandmother / Grandfather.” We are no longer able to celebrate Birthdays, Thanksgiving or Christmas with him. We have no one to pass our heirlooms down to. As healthcare workers, we both lived and worked hard for Daniel’s future. Daniel gave our lives and pursuits purpose. Do you have any idea how it feels to remove your only child from your will?

Many lives were changed forever with **ONE** pill; not only Daniel’s, but also ours and all that knew and loved him.

Thank you,

Sandy Alcantara

February 3, 2025

VIA ELECTRONIC TRANSMISSION

The Honorable Charles E. Grassley
Chair
Committee on the Judiciary
U.S. Senate
Washington, D.C. 20510

The Honorable Dick Durbin
Ranking Member
Committee on the Judiciary
U.S. Senate
Washington, D.C. 20510

Dear Chairman Grassley and Ranking Member Durbin:

On behalf of the undersigned organizations, we commend your bipartisan leadership in addressing the fentanyl epidemic, a crisis that has devastated families across the country, and for holding the hearing entitled, *The Poisoning of America: Fentanyl, its Analogues, and the Need for Permanent Class Scheduling*, scheduled for Tuesday, February 4, 2025.¹ As physicians, we write to provide a clinical perspective on this issue, particularly regarding our compliance with the Controlled Substances Act (CSA) and the critical distinction between fentanyl approved by the U.S. Food and Drug Administration (FDA) and illicit fentanyl analogues.²

We care for patients who experience severe, chronic intractable pain due to conditions such as advanced cancer, complex surgical interventions, and neurological disorders who require carefully prescribed individualized pain management strategies. This often involves the use of regulated medical devices and controlled substances under the CSA. For example, patients with cancer pain caused by tumors that have spread to the skeleton or that are compressing nerves, or individuals suffering from severe spasticity disorders (i.e., cerebral palsy, multiple sclerosis, stroke, brain/spinal cord injury), may require an intrathecal drug delivery system.³ Sometimes colloquially termed “pain pumps,” these implantable devices deliver medication directly into the spinal fluid, providing effective pain relief while minimizing systemic opioid exposure. These therapies allow patients to have significant improvement in symptoms and quality of life as compared to oral medications. Some of the FDA-approved pain medications used in these devices—such as morphine—are classified as Schedule II drugs due to their high potential for abuse. Yet, they are essential for certain chronic disabling medical conditions and safe when prescribed and carefully monitored by a physician.

As you know, the U.S. Drug Enforcement Administration (DEA) oversees a rigorous regulatory framework for controlled substances to prevent misuse and diversion while ensuring appropriate medical access. Physicians and other clinicians must register with the DEA to prescribe, administer, or dispense controlled substances, including FDA-approved fentanyl and other opioids. This registration must be renewed every three years, and registrants must comply with strict record-keeping, safety reporting, prescription monitoring, and storage requirements. The most restrictive classification is Schedule I. The

¹ Senate Judiciary Committee, (2025, February 4), *The poisoning of America: Fentanyl, its analogues, and the need for permanent class scheduling* [Hearing], United States Senate, <https://www.judiciary.senate.gov/committee-activity/hearings/the-poisoning-of-america-fentanyl-its-analogues-and-the-need-for-permanent-class-scheduling>.

² 21 U.S.C. §§ 801-971 (1970).

³ These are prescribed when oral opioids or other pain management strategies are ineffective or cause intolerable side effects.

CSA defines a Schedule I controlled substance as a drug or other substance that has a high potential for abuse, has no currently accepted medical use in treatment in the U.S., and lacks accepted safety for use under medical supervision.⁴

Illicit fentanyl analogues are far more potent and deadly than prescription opioids. Until federal authorities and Congress stepped in seven years ago to temporarily add them to Schedule I, these substances lived outside of this carefully constructed and regulated ecosystem.^{5, 6} As federal agencies continued to report on the status of the fentanyl and opioid crisis annually, Congress extended the temporary scheduling several times, and it is currently set to expire on March 31, 2025.

Given the above, maintaining illicit analogues under a temporary Schedule classification is not a sustainable or rational approach. Continually revisiting its classification creates confusion about the dangers of these substances and hampers efforts to address the crisis comprehensively. Illicit fentanyl analogues have an extraordinarily high potential for abuse, have no accepted medical use, and cannot be used safely under any circumstance—even with medical supervision. In addition, illicit fentanyl analogues have become widely accessible on the streets and through online sources. This accessibility (and affordability) has caused chaos for patients as many pursued illicit fentanyl analogues, looking for pain relief and believing them to be equivalent to fentanyl but not understanding the dangers of these compounds, which do not carry the imprimatur of FDA approval and are not used under the careful monitoring by their physician.^{7, 8} Finally, the uncertainty surrounding the continued temporary scheduling undermines the continuity of the DEA's ability to fulfill its core mission of regulating access to controlled substances to prevent misuse, diversion, and illicit distribution of controlled substances. To this end, we commend recent bipartisan efforts to advance legislation that addresses the fentanyl crisis by categorizing illicit fentanyl and its analogues in the clinically appropriate schedule while preserving access to scientific research into methods of pain management and medication-assisted treatment.⁹

As you consider permanent scheduling and other changes to the CSA, we urge you to protect the role of FDA-approved fentanyl and other opioids in clinical medicine. Specifically, we request that you make a technical correction in the SUPPORT for Patients and Communities Act to maintain the long-standing practice of the DEA registrants obtaining opioid and other compounded intrathecal medications to fill patients' pain pumps. These pumps require periodic refilling of the medication reservoir to maintain therapy. The medications are often prepared by outside pharmacies pursuant to a physician's prescription. For many years, these syringes of sterile medications would be delivered to the physician's office, where the refill would be completed. For those patients who are too disabled to make the journey to the physician's office, some of the compounding pharmacies employ nurses who are trained in these refill techniques and would take the medications to the patient's home and perform the refill there.

Unfortunately, a misinterpretation of Section 3204 of the SUPPORT Act threatens this critical treatment option by preventing pharmacies, including compounding pharmacies, from dispensing controlled substances for use in pain pumps. Federal law restricts pharmacies from dispensing controlled

⁴ 21 U.S.C. § 812(b)(1) (1970).

⁵ Drug Enforcement Administration (2018), Schedules of controlled substances: Temporary placement of fentanyl-related substances in schedule I, Federal Register, 83(25), 5188-5192.

⁶ SUPPORT for Patients and Communities Act, Pub. L. No. 115-271, 132 Stat. 3894 (2018).

⁷ Cicero, T. J., Ellis, M. S., & Kasper, Z. A. (2020). The transition to illicit drug use following prescription opioid exposure: A review of empirical evidence and future directions, *Preventive Medicine*, 128, 105852. <https://doi.org/10.1016/j.ypmed.2019.105852>.

⁸ National Institutes of Health. (2022). The opioid crisis and the black market: How supply and demand shape illicit opioid use. *National Library of Medicine*, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9306091/>.

⁹ Senate Judiciary Committee (2025, January 30), Grassley, Cassidy, and Heinrich propose a permanent scheduling fix for fentanyl-related substances. United States Senate, <https://www.judiciary.senate.gov/press/rep/releases/grassley-cassidy-heinrich-propose-permanent-scheduling-fix-for-fentanyl-related-substances>.

medications to anyone except the end user. An exception to this prohibition was created by the SUPPORT Act to allow direct dispensing to the practitioner, but only for medications used to treat opioid use disorder.¹⁰ This restriction has created significant logistical barriers, forcing patients and providers to navigate burdensome workarounds such as requiring homebound patients to execute a power of attorney agreement or personally receive and store highly concentrated, perishable opioids—both of which pose risks to patient safety and medication security.

The DEA and the U.S. Department of Justice both recognize this issue but have stated in conversations with physicians and compounding pharmacies that the only solution is a legislative fix. Moreover, the DEA has in the past stated that they would at least consider issuing temporary guidance stating that they do not believe the wording prohibits dispensing controlled substances used in intrathecal pain therapy to physicians. However, this document has yet to be released, thereby sowing confusion for practitioners serving this vulnerable population.

Because this issue cannot be resolved administratively, a legislative fix is necessary to restore access to intrathecal pain pumps without unnecessary regulatory burdens. This targeted correction would protect patient access to evidence-based pain management, maintain proper DEA oversight of controlled substances, and prevent undue administrative challenges for both physicians and patients. Ideally, this fix would include changes to the code allowing the dispensing of these medication syringes to the prescribing physician or their designate (such as the refilling agency). Moreover, we recommend amending the referenced statute to add Schedule II medications to the list of approved schedules for these deliveries.¹¹

We appreciate your leadership in addressing this crisis and urge Congress to enact policies that effectively combat the illicit fentanyl epidemic while preserving access to legitimate, physician-directed pain management. We look forward to collaborating with you on statutory measures that balance public health and law enforcement priorities, improve patient care, and promote responsible prescribing practices in the fight against fentanyl-related deaths.

Sincerely,

American Academy of Pain Medicine
American Academy of Physical Medicine & Rehabilitation
American Association of Neurological Surgeons
American Society of Anesthesiologists
American Society of Neuroradiology
American Society of Regional Anesthesia and Pain Medicine
Congress of Neurological Surgeons
North American Neuromodulation Society
North American Spine Society

¹⁰ 21 USC 829a. *See also* Wagner, M. N., & Rosebush, L. H., (October 10, 2024), Make no mistake, pharmacies can still deliver controlled substances to patients, Baker Hostetler, <https://www.bakerlaw.com/insights/make-no-mistake-pharmacies-can-still-deliver-controlled-substances-to-patients/>.

¹¹ 21 USC 829a(2).

Fentanyl: A Parent's Worst Nightmare

The loss of a child is an unimaginable tragedy and losing a child to fentanyl poisoning adds an additional layer of pain and trauma. It only took ONE pill to change our family's life forever. My name is Laurie Arwine and my husband Hans and I lost our son, Bailey, on April 5, 2022. He will forever be 22 years old. Bailey was poisoned by taking one pill he thought was percocet but was really a fake pill that was laced with fentanyl.

I will never forget that day sitting at my desk at school watching my husband walk through the door. I could see the look of intense pain in his eyes, and when I asked what was wrong, he uttered three small words that still haunt me... "*Bailey is gone.*" It's hard to even imagine how your child can be alive one day and then gone the next. This can't be real...we just saw him the night before when we had dinner with him. Little did we know that was the last meal we would ever have with Bailey, the last time we would see his smile, the last time we would hear his voice, the last we would give him a hug, and the last time we said "I Love You."

Bailey was our youngest son, a gift from God, a true blessing baby. We thought our family was complete, but God had other plans. He blessed us with this precious boy, filling our lives with so much love and joy. And yes, Bailey was loved beyond measure. I was also blessed to be able to quit my job after he was born and my heart was filled with so much joy to be a full time Mom. I will forever cherish all those days and nights when I lovingly held that precious baby boy in my arms rocking him to sleep and singing him sweet lullabies.

Bailey was a beloved younger brother to Brandon and Brittany, a fun and loving uncle to Axel, Leif, and Lohwyn, and a cherished grandson, nephew, and cousin. He was also a kind and caring friend to many.

Bailey was an old soul, a warrior for laughter, a safe haven for leaning on and that one person you could always count on to have your back and help you out. Bailey was known for his gentle, carefree spirit, his shy quirky smile and his genuine kindness. He never judged anyone and would be a friend to whoever needed one. He made a definite impact on those who crossed his path. He was a natural athlete who excelled in basketball and track and a role model to so many young athletes. He started all four years in basketball and scored 1,000 points by his junior year. His long legs made him a natural sprinter in track which helped the Lisbon Lions win three state championships.

Bailey's death has made a profound and devastating impact in my life - there is an emptiness and pain in my heart from missing our sweet boy every single day. No one can truly prepare you for the devastating pain of losing a child. The loss of Bailey has left

an irreplaceable void in my heart, a piece of me forever missing. Nothing can ever fill this emptiness. Some days the pain can be unbearable. As a parent, you want to protect your children from all the evil in this world, however, we weren't able to save our son from the person who sold our son fake pills that he knew had deadly fentanyl in them. Bailey knew the person who sold him the fatal dose of fentanyl, someone he believed he could trust. He willingly took a gamble by selling our son a pill he knew was laced with fentanyl; he willingly put our son's life on the line. And it's a gamble he lost, and with it we lost Bailey. Despite the tragic loss of Bailey's life, this person continued to sell these deadly pills.

We will forever be grateful to my friend who works for Senator Grassley's office for sharing Bailey's story, which ultimately opened a door. Senator Grassley invited me to share Bailey's story at the United States Senate Caucus on International Narcotics Control on October 28, 2022. After the caucus, Commissioner Stephen Baynes asked us about the details of Bailey's death, which led to the reopening of the investigation. Thanks to the dedication of a team of law enforcement officers, the individual responsible for Bailey's death was brought to justice. This person was sentenced to eight years in federal prison on Friday, August 2, 2024. While this does not take away the intense pain of losing Bailey, it offers a sense of peace knowing this person is off the streets and can no longer harm others by selling deadly drugs.

Fentanyl stole our son's future and the joy of watching Bailey marry the love of his life, having a mother/son dance, watching him buy his first home, watching him become a loving father and our joy of having more grandchildren. We will never know if any of his children, our grandchildren, would have Bailey's curly hair, his cute smirky smile or his twinkling blue eyes. There will always be an empty chair at our family gatherings – Thanksgiving, Christmas, Easter, birthdays, family dinners. His voice and laughter will forever be silenced. We'll deeply miss his fishing stories, his conspiracy theories, and the sound of his basketball bouncing in the driveway. Bailey's future was suddenly and tragically cut short by fentanyl.

Our faith and the promise knowing we will see Bailey again in heaven is what helps us get through the pain and emptiness in our hearts we go through everyday with missing our sweet boy. One scripture that we stand on is Romans 8:28: *We know that all things work together for good to those that love God and to those who are called according to his purpose.* The loss of our son has been an unbearable tragedy. While nothing can bring him back, we find strength in the belief that sharing his story can make a difference. Our hope is that by raising awareness about the dangers of fentanyl, we can prevent other families from experiencing the devastating consequences of this deadly drug.

Fentanyl stole our son's future, a future filled with promise. His life was tragically cut short, leaving an unbearable void in our lives and the lives of everyone who knew him. Bailey was a beloved son, brother, uncle, grandson, cousin, and friend. Bailey did not deserve to die from this deadly drug.



January 31, 2025

The Honorable J. Michael Johnson
Speaker
U.S. House of Representatives
Washington, DC 20515

The Honorable Morgan Griffith
Member
U.S. House of Representatives
Washington, DC 20515

Dear Speaker Johnson and Congressman Griffith:

We, the undersigned organizations, representing a significant portion of the nation's federal, state, and local law enforcement community, write to express our strong support for the *HALT Fentanyl Act* and urge the House to advance this critical legislation without delay or modification.

Fentanyl and fentanyl-related substances continue to drive a devastating public health crisis. According to the DEA's 2024 National Drug Threat Assessment, fentanyl remains the primary cause of the ongoing epidemic of drug poisoning deaths in the United States, with synthetic opioids accounting for 68 percent (74,225) of all drug poisoning deaths in 2022. It is in recognition of realities of the opioid crisis that Congress has passed numerous extensions of DEA's original 2018 temporary scheduling authority—an authority which is set to once again expire on March 31, 2025. Rather than another last-minute extension, it is time for Congress to confront the crisis head on and provide DEA with permanent scheduling authority for fentanyl-related substances.

The HALT Fentanyl Act is a crucial step forward. By permanently classifying fentanyl-related substances in Schedule I of the Controlled Substances Act, this bill gives law enforcement an important tool to combat the deadly spread of these substances. Additionally, it ensures that research on fentanyl-related substances can continue without unnecessary roadblocks by establishing a new, alternative registration process for Schedule I research.

We commend your early prioritization of this issue and your leadership in pushing this legislation forward. The opioid epidemic continues to claim the lives of hundreds of Americans every day. As this crisis escalates, every delay in addressing it only increases the toll on our communities. For the sake of public safety, it is imperative that the House pass the *HALT Fentanyl Act* as it stands, without changes, and move it forward to law.

Thank you again for your commitment to this urgent issue. We look forward to your continued leadership in advancing this legislation and ensuring that fentanyl-related substances are properly scheduled to protect our communities.

Sincerely,

Association of State Criminal Investigative Agencies (ASCIA)
Federal Law Enforcement Officers Association (FLEOA)
Major Cities Chiefs Association (MCCA)
Major County Sheriffs of America (MCSA)
National Alliance of State Drug Enforcement Agencies (NASDEA)
National Association of Police Organizations (NAPO)
National District Attorneys Association (NDAA)
National HIDTA Directors Association (NHDA)
National Narcotic Officers' Associations' Coalition (NNOAC)
National Sheriffs' Association (NSA)
Sergeants Benevolent Association NYPD (SBA)

cc:

The Honorable Hakeem Jeffries, Minority Leader, U.S. House of Representatives
The Honorable Brett Guthrie, Chair, Energy & Commerce Committee, U.S. House of Representatives
The Honorable Frank Pallone, Ranking Member, Energy & Commerce Committee, U.S. House of Representatives
The Honorable Jim Jordan, Chair, Judiciary Committee, U.S. House of Representatives
The Honorable Jamie Raskin, Ranking Member, Judiciary Committee, U.S. House of Representatives

To whom it may concern,

First and foremost, I would like to thank you for the opportunity to share our son's story. It has been exactly 10 months since we lost our 17-year-old son Noah Giovanni Ayala, to a synthetic opioid. Our son passed on March 17, 2024, by ingesting a pill that was offered and sold to him by a "so-called" friend. Noah was the middle child of our five children. He was the light and laughter in our home. Noah was smart, funny, caring, compassionate, and the type of kid that would give you the shirt off his back. Noah was a senior in high school and had ambitious dreams and goals in life. He took AP Honors classes, participated in the biotech program at his high school, ran track, and played football. Our son had ambitious dreams and hoped to one day become a scientist or professor.

Noah was always active in sports and played football since the age of 7. He played on a team that his dad coached. With Noah's love and passion for football he decided to coach a group of young athletes and took them to an undefeated season and all the way to the championship game. They often say that people look forward to meeting their favorite football player but to me, I was raising mine.

As a parent, you always try to protect your children. You teach them valuable life skills and share with them the dangers of this world. For us, we talked to our kids about the dangers of synthetic opioids amongst other things and yet, the opioid still managed to make its way into our home. One moment of curiosity, experimentation/ peer-pressure and our son was gone forever.

Sadly, we are living in a country where drugs are readily available anywhere and anytime. You no longer need to meet someone in an alley, you can just send a message on social media or a text message and someone can deliver the opioid to your front door. This is exactly what happened to our son Noah, he was offered and sold a pill by a "so-called" friend. Noah was a curious 17-year-old with "kid brain", he thought nothing would happen to him since he was getting the pill from a friend. Kids/Teens should be able to learn from their mistakes, not die from them.

Arizona is the number state that these drugs are coming in through. You can purchase a fentanyl pill for as little as \$1.00. No life is worth losing over \$1.00! We tend to focus so much on Fentanyl, yet we know that there are other opioids that are much more potent than Fentanyl. My question is, why do we continue to emphasize Fentanyl when we really should be focusing on "synthetic opioids" as a whole?

It took our family over 8 months to receive Noah's autopsy back. Can you imagine the pain and anguish that we lived through every day not knowing exactly what caused our

son's death? We were originally told that they believed he ingested a fentanyl pill. A few months later the police department informed us that the pills tested negative for fentanyl yet it tested positive for another synthetic opioid. It wasn't until our son's autopsy was finally released that we found out the actual name of the opioid. After doing extensive research, our son passed away from a synthetic opioid that looks to be the first confirmed death in the US from this opioid.

This epidemic has taken far too many lives and continues to grow in silent destruction. I want to remind you that over 100,000 people die each year to overdoses. These 100,000 people are not just statistics or numbers, they are people with names, faces, and families mourning the loss of their loved ones. We as a country need to stop the stigma and start taking necessary action and making these crucial changes. This is a collaborative effort, it starts with mental health, education and prevention, stopping China from manufacturing the precursors, and stopping the cartel from preying on our citizens because of a weakness that perdue pharma created.

In our last conversation with our son about his future, he expressed his unique potential saying, "I am different mom, you just wait and see. I am different". It is because of our last conversation with him, that our family has been speaking to parents and students about the dangers of opioids at schools, community forums, and spreading awareness online over these last 10 months. We vow to continue to be part of the much-needed change in order to help continue to save lives.

Thank you for listening to our family's story.

Thank you,

Vanessa Ayala

██████████@gmail.com

September 6, 2023

Dear Senators,

The continuous opioid crisis affecting America is changing families' lives each day. My life changed on May 14, 2014 when fentanyl robbed me of my only sibling, Archie, then 19 years old. Only what remains are photographs, memories, and some of his old clothes that I still wear which I feel brings him closer. It has been 9 long years and to think what I've selfishly missed is an everlasting wound that never seems to heal.

My brother Archie was and remains still, my very best friend. His soft chuckle and deep navy blue eyes made him contagious. He could converse with anyone, instantly made them feel important, and carried zero judgment about every human he encountered. We had brotherhood, a pact, a "brotherly" connection similar to what twins share. My heart has never felt whole since that tragic day. I realize his laughter, love, and friendship were true gifts. He was -- and will always be -- my greatest sidekick. Archie was strong and passionate about who and what he loved. His family and friends mattered to him the most. He kept loyalty to the highest standard and made sure others felt appreciated.

I don't want you to read this letter and hear it as just another story of someone who lost their life to addiction. We, as a country, are pleading for federal bipartisan consideration of the HALT Fentanyl Act. Rather than write letters to you about our deceased family members, we want day-to-day interactions with the ones we love. Yet, we write because this crisis, which has caused heartbreak across all demographic groups, has only worsened with time. I would never inflict the pain of losing a sibling on anyone and I will fight to keep my brother's death from being in vain. His life mattered! It is my hope that you recognize the severity of the problem and truly hear our voices and understand our pain.

Senators, I respectfully ask you to think of the ones you deeply love and who are close to your hearts and then, with great compassion, pursue passing this important legislation.

"Please come together as one nation under God, indivisible, with liberty and justice for all."

Kindly, August Badura



February 3, 2025

The Honorable Chuck Grassley
Chair, Senate Judiciary Committee
135 Hart Senate Office Building
Washington, DC 20510

The Honorable Richard Durbin
Ranking, Senate Judiciary Committee
147 Dirksen Senate Office Building
Washington, DC 20510

Dear Senators Grassley and Durbin,

I'm heartbroken to once again have to write you about an issue which the Senate could and should have acted on last Congress: passage of legislation to make permanent temporary scheduling of fentanyl related substances (FRS) into Schedule I of the Controlled Substances Act. A temporary order from the Drug Enforcement Agency (DEA) is in place, but only Congress can make it permanent.

As the mother of a son who died of fentanyl poisoning nearly 11 years ago, I implore you to work with your colleagues to shut off the spigot that not only allowed FRS to enter our country legally, but actually incentivized their creation by Chinese chemists and drug cartels. Because of my son, Archie, and the desperate efforts of my dear friend Dr. Tim Westlake, who tried to keep him alive after an accidental overdose, you have before you a policy solution that mirrors a bill which the Wisconsin legislature passed on a unanimous vote in 2017 and was adopted as national policy by the DEA.

Absent your consideration, families like mine continue to hold our breath as we fill gaps in care and serve as critical resources for others in our community who are grieving the loss of a loved one, all while confronting the stigma associated with substance use and mental health. Ending the stigma, expanding services, and finding ways to support one another has become a personal passion and mission of mine. So too, working to advance legislation to **permanently** stop the flow of FRS into the United States.

I've heard the arguments of those opposed to what is a narrowly crafted fix that importantly solves one aspect of the brutal fight against fentanyl. None carry weight. The suggestion that passage will lead to increased incarceration is simply false. FRS class scheduling is a prevention tool: it disincentivizes foreign chemical companies from creating FRS in the first place. As my friend Dr. Westlake often says, no one can be incarcerated for trafficking a substance that does not exist or die from ingesting a substance that was not created.

Opponents also claim permanent scheduling will limit opportunities to research new treatments. In fact, it's just the opposite. Few have chosen to conduct Schedule 1 research because of existing onerous requirements. The legislation passed by the House last year, the HALT Fentanyl Act, actually loosens research restrictions on all Schedule I drugs – drugs that hold promise of expanding critical psychiatric pharmaceutical treatment options. While permanent scheduling will not reduce demand for intoxicants, stopping the creation of new FRS has proven to save lives.

I am not alone in pushing for legislation. Last Congress, I invited a few others to share their stories and put a face to the names of those whose lives have been cut short due to fentanyl poisoning in hopes their stories would move the Senate to act on the House-passed legislation. For those of us who have lost a child, the pain of never seeing them graduate, walk down an aisle, hear them unlock the front door and yell, "Hey mom, what's for dinner?", or hold a child of their own is a constant and piercing presence. I'm resending their letters with a request that they be entered into the record so others can view them as well.

On behalf of my son, Archie, the families who shared their stories in the pages that follow and countless others grieving from loss, please accept our collective plea to, once and for all, stop the flow of fentanyl crossing our borders. We know you are seeing the same devastation in communities across your states and we know you have the power to make the statutory change required. Please, no excuses any longer.

Sincerely,

A square image containing a handwritten signature in dark ink. The signature is stylized and appears to read 'L. Badura'.

Lauri Badura
Co-founder, Saving Others For Archie (SOFA)

cc: Senate Majority Leader John Thune
Senate Minority Leader Chuck Schumer
Senator Ron Johnson
Senator Tammy Baldwin

Dear New Members of Congress,

I want to share a piece of my beloved son Matthew's story with the hope that you'll have the heart to change new laws and policies to help save our future generations.

My precious son was born on February 18th, 1999 in Abilene, TX. I was a teen mom when I decided to take on the challenge of raising him with the loving support of our family. Growing up he was such a loving, charismatic and smart little boy. He could identify and pronounce every dinosaur in books he often had me read to him. He was often quiet and kept to himself but also loved the company of being around family during celebrations. Often times I would skip my college classes to attend field trip outings with him during school. Those are some of our best memories together. We were inseparable. He was my focus besides being determined to finish nursing school so I could provide us with a better future. I worked tirelessly to be the best mother and nursing student.

Beginning his kindergarten year, I was approached by his teacher for concerns about his inability to focus in class and was encouraged to get an ADHD evaluation. Throughout his childhood, he was prescribed ADHD, antianxiety, bipolar, and antidepressants under the supervision of his pediatrician, psychiatrist, and counselor for ADHD, opposition defiant disorder, anxiety, depression, questionable bipolar disorder and suicidal ideation. Our little family had a difficult time adjusting to our new life with the addition of his little sister Isabella. We felt the need for individual and family counseling, so we did our best to provide the help we needed as a family unit. I later regretted the decision to put him on meds and had to work many years to forgive myself for allowing my son to take these toxic drugs. I feel they only inhibited him and led to permanent brain chemical damage that contributed to his addiction as a teenager.

Fast forward to his teenage years when I first started to suspect he was smoking cannabis and possibly taking pills that were given to him by friends right before we moved to Weatherford, TX. He started skipping school due to him feeling like he was being targeted and bullied by other classmates. That also was the case while in elementary school. He often said, "I'm different mom. I'm weird." He was a creative kid and liked to be his own trendsetter for how he dressed and conducted himself. He later embraced his authenticity into young adulthood and was his unapologetic self as he would say. Skipping school led to fights between me and my husband so we felt the need to change his environment with hopes that he would improve. So, we decided for him to move back to Abilene to live with his biological father.

Things continued to spiral as he kept hanging around other kids who were using street drugs. He often would use while performing rock concerts with his fellow bandmates which led to his addiction to opioids. Being in this kind of fast “rock and roll” lifestyle led to him being in trouble with the law. Because of his inability to stay clean, he failed several drug tests that prompted court orders for him to seek drug treatment. His first attempt was with a church-affiliated men's home that worked with individuals with addiction. He graduated and was on the right track until life situations became unbearable and he would spiral again. It became a vicious cycle for him to control. The lack of suitable options for him was limited due to the lack of funding and resources in our community for sobriety treatment. So, he was court-ordered to be sent to SAFFP (substance abuse facility prison). I feel this was a joke of a treatment facility that he went to twice, once at the Bradshaw Henderson Unit in Henderson, TX during the peak of COVID and the second time at the Stringfellow Unit in Rosharon, TX. He was sent to the Clover House in Odessa, TX for transition after being released from the Stringfellow Unit March of 2024. There was also a lack of treatment and resources that could have been better managed. I feel it was a joke of a rehab centers given the lack of staff members to even conduct necessary group and individual counseling sessions.

Our healthcare and judicial systems have failed so many young individuals who should have been given a better opportunity to help themselves. My son's latest release was from the Clover House in May 2024. He was optimistic and worked hard to rehab himself with the psychology and self-help books he requested I send him. His work showed in the precious words of healing he left in his journals. He was getting better and had goals and aspirations. When he was discharged from Stringfellow Unit, they abruptly discontinued his antidepressants which I feel was also a contributing factor for him going back into active addiction. He was found dead in his bed by his grandmother who attempted CPR but was too late on July 14th, 2024. The autopsy report showed fentanyl toxicity. Our precious son's life was cut short due to the chemical warfare at hand. The person who sold it to him took advantage of his weak moment and sold it to him 5 times more than what fentanyl pills are normally sold for on the street. His case is still being investigated and I pray that person is held accountable. He was getting ready to start electrician school and travel the world after starting his own electrician business. We were looking forward to him joining us here in Colorado. I promised him I would get us out of Abilene because I felt it would be good for him to get away from the crowd that kept pulling him into active addiction. He never made it and we will never be the same. We are all so heartbroken including his younger sisters and brother who he had plans to rekindle their relationship. There is no pain greater than losing a child and I beg you all to make the necessary changes to stop this chemical warfare that's been targeted on a young, beautiful generation who can bring

about a true awakening in our communities. How many is too many? Every life is precious and together with fellow angel parents, we ask you to make the necessary changes before it's too late.

With Love,

Matt's mom, April Barron

1-29-25

To: Facing Fentanyl

In the early morning hours of June 21, 2020, I received a phone call that changed my family forever. The call was from my youngest daughter who told me her sister was found deceased on her bedroom floor shortly before midnight the night before by her son, Isaiah. Hearing my daughter, Shawna, was gone was the worst thing I have ever endured in my 60 years of life. I remember crying out no, no, no and dropping to my knees on the floor. The shock and devastation of such a loss are indescribable.

We were told by the investigator in her case that she likely died from fentanyl poisoning and that was later proven to be true per toxicology and autopsy reports. The person who sold her a pill that my daughter thought was percocet is currently in prison after pleading guilty to 3rd degree murder.

Shawna had a history of substance use disorder but had gone through treatment and was a productive member of society for 2 ½ years after treatment. We believe the Covid-19 lock downs in MN causing her to be without work as well as unable to easily access medical care for her chronic spinal stenosis and migraines were a contributing factor to her seeking a percocet from an acquaintance.

My daughter was a graduate of two different vocational school programs and had worked at medical and insurance businesses. She raised her son, Isaiah, by herself. She was vibrant, outgoing, spontaneous, enjoyed meeting new people and loved travel.

An additional devastating fact of our family's loss is that the day she died was Isaiah's 20th birthday and he is the one who found her. Not only is he learning to be a young adult without any parents to give him advice and support, he suffers with anger and grief from the trauma of his loss which is undoubtedly exacerbated by his mother dying on his birthday.

Shawna was a loving sister and aunt. Her siblings miss her terribly and have slowly been working to accept that she will not be here to grow old with them. Her nieces and nephews are heartbroken without her in their lives to do fun things with them and encourage them as they grow up. As her mom, I am not the same person and grief is now my constant companion. One day my daughter was here and the next day she was gone. I miss not only the past we had with her, but feel great sorrow over what might have been and what she is missing.

Losses like these should not be happening. They are senseless and this illicit fentanyl crisis needs to be stopped. Thank you for taking time to here my daughter's story.

Julie Baumgard, mom to Shawna Vojak forever 37



A Mother's Plea: Addressing the Illicit Fentanyl Crisis

In Memory of Luke Benson

On August 23, 2021, I lost my beloved son, Luke Benson, to illicit fentanyl pressed into Xanax. Luke battled Substance Use Disorder (SUD) for three long years. As a family, we did everything in our power to get him the right treatment and provide unwavering support. Despite our efforts, Luke faced his struggles mostly alone, and his battle ended tragically at the age of twenty-five.

Luke was an extraordinary individual with three college degrees. He ran a business and worked diligently every day, showing a level of perseverance that was truly admirable. He loved to travel and cherished his family, including his brothers, grandparents, friends, and other loved ones. His life was taken far too soon, and most days, I find it impossible to process this overwhelming loss.

Since Luke's passing, I have dedicated myself to advocating against illicit drugs. I am determined to prevent other parents from experiencing the same unbearable pain. Over the past four years, the influx of these dangerous substances into our country has continued unabated, claiming countless lives. It is the responsibility of the United States Government to protect its citizens, and it is imperative that they act.

Illicit fentanyl should be classified as a weapon of mass destruction due to its devastating impact. I urgently plead with the US government to establish comprehensive treatment programs tailored to address the specific challenges posed by illicit fentanyl. Additionally, there must be stringent accountability for dealers and the countries supplying these lethal drugs. Local authorities should impose harsher penalties, and cases like Luke's should be treated with the gravity they deserve, ensuring that appropriate action is taken.

I was told to "SAVE MYSELF THE HEARTACHE" of pursuing justice with the Chicago Police Department, which felt like a cruel slap in the face. My son deserved better and so did all the other victims of this crisis. We must demand change and work tirelessly to prevent further tragedies. Only through concerted efforts can we hope to put an end to this epidemic and save countless lives.

In memory of my son, Luke Benson, and all those lost to this crisis, I implore the authorities to act now. The time for change is long overdue.

Thank you, Lukes Mom,

Jeanine Bothell

Dear Congress Members,

My name is Shelley Chandler, I lost my son Cody February 19th, 2024. Cody struggled with substance abuse disorder for over a decade. Cody was so much more than a recovering drug addict, he was a child of God, a family oriented man, extremely kind, and generous beyond measure. No matter his circumstances he always tried to light up every room he walked into. They say the hardest loss is that of a child. I wouldn't wish this daily heartbreak on my worst enemy. The loss of Cody has impacted my family in immense ways. Far too many families are having their loved ones stolen from them and many lives are being thrown away. The fentanyl epidemic is a pressing issue that should be more of a concern. The lack of resources and support is causing mass casualties in our communities and yours.

The devastation caused by illicit fentanyl and other fatal narcotics is unimaginable. More specifically the effects of fentanyl go beyond the drug user themselves, it tears families apart while traumatizing paramedics and first responders who are called to help.

I watched Cody go through many different drug withdrawals trying to get and stay clean, but fentanyl is a whole other war. It takes over the mind and the body and they become a shell of who they were created to be.

Fentanyl is easily accessible and inexpensive which makes it all the more dangerous. Narcotics nowadays have evolved, the dependency and withdrawals have become a lot more severe. A fentanyl overdose doesn't commonly happen when the drug user is using it daily, most happen during a relapse and sadly a lot of times there is no second chance. The accessibility of fentanyl has a huge impact on the size of this crisis, for less than a dollar anyone can make a choice that can change the trajectory of their life and their loved ones.

You can't be a functional fentanyl addict, therefore most end up on the streets homeless.

Choosing to let Cody stay with me during his recovery was especially difficult being a self employed home childcare provider. It was draining to watch my son turn into a skeleton and suffer through withdrawal numerous times. I suffer from PTSD due to caring for my son during this time and finding him in his room, unconscious and not breathing. That day and those memories are what I fought so hard for not to happen. Part of me died that day with him.

Fentanyl and other narcotics change your brain chemistry and can take up to 18 months for it to return back to normal and too many addicts don't make it that long.

The lasting impact drug abuse has on a family is insurmountable and a big change needs to be made. Changing the schedule of fentanyl could save many lives and I believe that we have more work to do than just that. Our community needs support and more education on addiction and the effects it has. Cody was fortunate enough to save four lives through organ donation.

Since the loss of my son Cody, advocating for change when it comes to addiction has become a passion of mine and I hope to save those who, like Cody, wanted to be free from the slavery that fentanyl and addiction overall is. Thank you for your time.

Shelley Chandler.



Andrea Thomas [redacted]@voicesforawareness.com>

Requested Information Regarding Fentanyl Deaths

Susan Carol [redacted]@gmail.com>
To: [redacted]@voicesforawareness.com" [redacted]@voicesforawareness.com>

Thu, Jan 23, 2025 at 11:11 AM

Joseph Mills Handley
10/21/1969 – 11/4/2020

Susan Chvala – [redacted]@gmail.com

Dear Sir or Madam:

On October 21 I gave birth to my son, Joseph Mills Handley. He was born at Research hospital in Kansas City, Missouri weighing in at 7 pounds 14 ounces.

Like other mothers who have a son will say, "He was the perfect child." Joe was a joy. He was kind, honest and never caused any problems as a child or as an adult.

Twenty-six months later I gave birth to a daughter who demanded a lot of attention leaving little time for Joe. I am sure that took its toll on a 3-year-old.

His father and I divorced when Joe was 7.

Meanwhile, my job offered me opportunities to move around the country. Joe and his sister attended many different schools growing up and I believe this may have contributed to the fact when Joe was grown, he lived in one state for most of his adult life as well as worked for the same company for 19 years.

Joe attended and graduated from Texas Tech in Lubbock, Texas. He was President of the UC Program and was very active in community projects such as serving the homeless meals during the holidays and helping fellow students achieve their goals.

Straight out of college, Joe worked for EDS. One of his fellow co-workers was fired from his job right before Christmas. Joe bought gifts for the man's family so his children could have a Merry Christmas. This was the

man my son was.

In his late 40s, being single and with most of his friends married with children, Joe started socializing with a younger crowd. People who I would consider not like the friends he usually surrounded himself with. He started going to bars and eventually met and fell in love with a woman who was hooked on drugs. Being the kind of person Joe was he thought he could help her kick the habit but in reality, she helped him to an addiction. After Joe was addicted, she left him and broke his heart.

Joe never married. He had no children. He had lots of friends and co-workers who respected and thought highly of him . However, Joe was a very private person and only let a few into his personal life. He lived alone and spent time alone but when Covid happened, he reached out to his friends letting them know he was not pleased with not being able for him to be with them. Today, I realize that was because he had no access to drugs. To find drugs during Covid, Joe, who was tech savvy, resorted to the dark web. On what I believe was Friday May 8 he inhaled cocaine poisoned with fentanyl.

From May 9 through May 11 Joe's friends tried to reach him by phone and at his home. They contacted the police several times with no response to their concern. On May 11 they contacted the police and told them they were going to break Joe's door down and with that, the police responded. They had to break down his door. Upon entering they found Joe in the bathroom dead where he had been for at least 3 days.

That Monday morning, I received a phone call from the police department in Austin, Texas advising me that Joe had been found in his condo. I will never forget that awful day. Mothers' Day had been that weekend. Joe always called on special occasions so I wondered why he had not.

An autopsy and toxically report showed Joe had been poisoned with Fentanyl and Meth.

Even though Joe passed on Trump's watch, I do not blame Trump as he was building a wall to stop this type of action from happening in America. Today, thousands of people have died due to Fentanyl and yet Biden allowed the border to be open stating over and over it was secured. I thank Trump for acknowledging the Cartel as Terrorists. He should also declare Fentanyl a weapon of mass destruction as thousands of Americans have died because of it. And, because it comes in many forms, China can easily send a balloon over our Country and have it burst making a simple act as Biden saw it as a deadly weapon.

I will never get over the untimely death of my son. My first born. My only son. Each day I carry the guilt and regret not knowing that my son was in mental pain. He was an extraordinary person and I was honored to be his mother.

As a mother and an American citizen, I beg you, the government of the United States, to stand firm against fentanyl. The number of deaths since 2013 is staggering. It has to stop.

Thank you for listening to those of us who have lost a loved one because of Fentanyl.

Sincerely

Susan Chvala

To Whom It May Concern,

I am writing to share a deeply personal and heartbreaking experience that has profoundly affected my life. On September 23, 2022, I lost my beloved son Zachary to fentanyl/heroin toxicity. Unfortunately, he made a bad decision that cost him his life and he would never have wanted to leave this world so soon. The pain of losing him is indescribable, and I am still grappling with the reality of his absence.

My son was a bright, loving, and compassionate individual who knew no strangers. His smile could light up a room, and his kindness knew no bounds. Zachary went to college and was in the National Society of Honor and Leadership, Golden Key International Honor Society, and Phi Kappa Phi Honor Society and graduated with a Business Degree in Marketing. He had dreams and aspirations that were tragically cut short by this devastating incident.

Little did we know the day he moved to North Carolina for a job, that we would never get to see him in person or hug him again. It was a total shock to get the call that he had passed away and we didn't get to tell him goodbye.

Fentanyl is a powerful and dangerous substance that has claimed the lives of far too many. I never imagined that it would touch my family in such a devastating way. My hope in sharing this story is to raise awareness about the dangers of fentanyl and to encourage others to take action to prevent similar tragedies.

Thank you for taking the time to read my letter.

Sincerely,

Sharon DeShazo and Family

A Father's Pain...

January 31st, 2025

I am a retired military veteran with over 22 years of active-duty service in the US Air Force as a commissioned officer and combat pilot. Although I've had a rewarding career, I've also struggled with hardships since living as a kid in a tough neighborhood with a single mom and a handicapped sister. Throughout my career, I've had to overcome several challenges, mostly facing opposition forces over the hostile skies of the Balkans (in the '90s), Iraq and Afghanistan (following 9/11). However, these challenges were eclipsed witnessing the loss of brothers and sisters who served faithfully on my deployments but not make it home. Every one of those losses cut close to the core. But my most recent tragedy is my greatest loss and brings a new level of debilitating torment.

Just over 4 years ago, on December 27th, 2020, my son, Zachary, died unexpectedly in the comfort of his bedroom. I found Zach appearing to be asleep only to find him not breathing. I've experienced a full-blown trauma event having witnessed my precious son no longer with us while desperately attempting CPR to save his life. I never really imagined giving CPR to a soldier in a battlefield, yet alone, to my son in his bedroom. I am forever broken and my family and I suffer a life-sentence of grief and debilitating anguish.

Zach was 17 years old and a Senior at Whitney HS in Rocklin, CA. Zach was a self-taught musician of 4 instruments, a bona fide straight-A student, an accomplished multi-sport athlete, the lead role in his HS musical and was active with community service while completing the requirements for the rank of Eagle Scout. Since his passing, Zach was accepted into five UCs, including UCLA. His sights were set on attending Stanford University. Like so many, Zach has more than demonstrated the potential to bring new innovation and progress to our world in a beautiful way.

The day Zach died, the coroner ruled out suicide and there was no evidence or history of drug use of any kind (no products or paraphernalia were found). Zach was never diagnosed with depression or anxiety and we were confounded on how a healthy and successful young man would be found dead. Zach was simply a happy, successful and respected all-American kid in the normal range of being a high-school student. Losing a child for any reason is at the top of a parent's grief hierarchy. But losing a child unexpectedly from a danger you've never heard of back then, brings a new level of distress and intense disorientation. After receiving his autopsy report, we learned Zach died from fentanyl poisoning in the form of a fake pill.¹ Which brings my call for change.

Since our loss, I've learned an incredible amount. Zach was with his friends at our local mall which was one of the first places to allow public gatherings after Covid restrictions started lifting. What none of us expected was that there were dealers present whose purpose was to peddle poisonous products for profit at a mall full of middle and high school students. This dealer exploited the use of Snapchat features to connect as a stranger to my son and his friends.

There has been an evolving crisis in our country that involves illicit fentanyl disguised as pharmaceutical-grade prescription pills and is mostly impacting young adults (middle school through college demographic). Never before have drug makers created a product with the purpose to deceive a consumer. What makes this crisis pervasive is that social media is the #1 platform for dealers to advertise and set up a convenient exchange for their profit.² Our nation's young adults are suffering the greatest growth rate in fentanyl involved deaths, more than all other age demographics. So many of our youth are unwittingly consuming illicit fentanyl (in various forms) and dying.

Sadly, this crisis impacts thousands of families every single day. Since 2021, CDC's National Vital Statistics System has reported over 71K Americans have suffered death every year from only 1 drug—Fentanyl.³ This more than fills up NFL's newest football stadium in Inglewood, CA; SoFi Stadium. This fatality rate averages to ~200 lives lost every day, or a fentanyl death every 7 minutes. Imagine an airline crash in our country every day since 2021.

The DEA estimates well over 98% of prescription pills sold on social media (or on the streets) are counterfeit and 5 out of 10 of these fake pills have the potential to be lethal.⁴ Currently, CDC & DEA reports the leading cause of death for Americans 18-45 is from fentanyl.⁵ This is the age group of our servicemembers who currently serve to defend our nation. Sadly, emerging threats on the horizon involve even more powerful synthetics and I fear the worst is yet to come.

Since 2022, the DEA has reported seizing an average of 390M lethal doses of illicit fentanyl annually.⁶ This is more than enough to kill every man, woman and child in our country every year since. Yet, US CBP estimates that only 5-10% of illicit fentanyl is actually seized.⁷ So, where is the other 90-95% of illicit fentanyl today? That sums up to be over 15B lethal doses of illicit fentanyl still on our streets from the last 3 years of trafficking. We must do more.

December 27th will forever mark the most painful and traumatic day of my life. And there is nothing anyone can do to bring Zach back. But I wish to support an important cause to help protect your children, your grandchildren, your nephews and nieces. Our youth are all unrepeatable miracles. We must try our very best to protect them and our communities.

Never before have our elected officials arrived at such an important opportunity. To also take responsibility to pass meaningful and measurable legislation to help protect our country's way of life and our nation's posterity. Please support the measure to permanently schedule illicit fentanyl as a schedule 1 drug to help ensure that law enforcement has the tools needed to keep these extremely lethal and dangerous drugs off our streets.

Very respectfully,



-Chris (Zach's Dad). ❤️

Chris Didier
V.O.I.D. Executive board member
Mobile: [REDACTED]
Email: [REDACTED] StopTheVoid.org



"What happens to one of us should be the business of all of us."
-Mamie Till Mobley, 1955

Endnotes:

1. <https://www.foxnews.com/video/6308207958112>
2. https://www.unodc.org/res/WDR-2023/WDR23_B3_CH7_darkweb.pdf
3. <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>
4. <https://www.dea.gov/press-releases/2024/11/15/deas-third-annual-national-family-summit-fentanyl-highlights-progress>
5. <https://www.getsmartaboutdrugs.gov/media/dea-administrator-record-fentanyl-overdose-deaths>
6. <https://www.dea.gov/onepill>
7. <https://www.cbp.gov/newsroom/stats/drug-seizure-statistics>



Andrea Thomas [REDACTED]@voicesforawareness.com>

Fw: Fwd: Jayden Dillenbeck Story

Laurie Dillenbeck [REDACTED]@aol.com>
To: Andrea Thomas [REDACTED]@voicesforawareness.com>

Fri, Jan 24, 2025 at 6:19 AM

From: Laurie Dillenbeck <[REDACTED]@icloud.com>
Date: January 22, 2025 at 1:15:19 PM EST
To: [REDACTED]@voicesforawarness.com
Subject: Jayden Dillenbeck Story

Sent from my iPad Hello ,

I'm writing to share my family's heartbreaking story about fentanyl poisoning and urge you to take action to address this devastating crisis.

Our daughter Jayden Noelle Dillenbeck was a beautiful soul with a big heart & infectious smile. Jayden had a promising future in the cosmetology business & and aspiring model , having walked 2 NYC fashion week shows in 2018 & 2019 .

On April 7th 2022 , we received the most devastating call of our lives, Jayden was unresponsive with a weak pulse. On April 8th 2022 Jayden was pronounced brain dead , cause fentanyl poisoning, She was just 22 years old. The pain and trauma of that day will stay with us forever. We felt helpless as we tried to grasp the reality of our family's tragedy unfolding right before our eyes. The loss of Jayden not only left us in deep mourning but also lead some family members to make poor decisions out of grieving someone they loved so deeply. This is so unfair to a family that's already grieving !

Jayden was suffering from mental health and in out patient rehabilitation for a cocaine addiction. She had experienced several traumatic events in her young life , which lead to self medicating. Jayden has definitely left her mark in this world and had an impact on so many who loved her .

The loss of Jayden has left our family so heartbroken and we will never be the same again! Fentanyl didn't just take our daughter, it took our family ... we will forever miss the pure existence of Jayden !

We have chosen to turn our grief into purpose by advocating for Fentanyl Awareness. We do not wish this devastating loss on any family & hope our family's story can help even one family.

Sincerely,
Laurie, Jared Dillenbeck & Family
Rochester, NY



Andrea Thomas [REDACTED]@voicesforawareness.com>

Senate Judiciary Committee

kme [REDACTED]@aol.com>
To: [REDACTED]@voicesforawareness.com

Fri, Jan 31, 2025 at 12:33 PM

Respectfully,

I am writing this letter as I continue to grieve the devastating loss of my only child, John Michael Middlebrooks, to fentanyl poisoning. He was 34 years old and loved his job as a merchant mariner, serving as an able-bodied seaman unlimited. No words can fully express the pain and emptiness I feel every day. My son was a kind, loving, and bright soul with so much life ahead of him, but that future was tragically cut short by the deadly presence of fentanyl. His death has changed me forever; he was my source of joy.

Fentanyl is not just another drug; it is a lethal poison that is taking countless innocent lives. My son did not choose to die. He was deceived and misled into consuming something he never intended to, unaware that a single mistake could have devastating consequences. His passing is not just a personal tragedy but a part of a larger crisis that is destroying families and communities.

I am not just a grieving mother; I am also an advocate for justice and awareness. Those who manufacture, distribute, and enable the spread of fentanyl must be held accountable for their actions. Too many lives have been lost, and too many families have been shattered. I urge this court to take a strong stance against those responsible, ensuring that the law recognizes the true gravity of their actions.

While nothing can bring my son back, I am determined to use my voice to prevent other families from suffering the same unbearable loss. I implore you to consider the lasting impact of fentanyl poisoning and to deliver justice in a way that honors the lives taken far too soon.

Thank you for your time and consideration.

Sincerely,
Karen Eastwood



Andrea Thomas [REDACTED]@voicesforawareness.com>

Letter for Facing Fentanyl

Cheryl Ellington [REDACTED]@gmail.com>
To: [REDACTED]@voicesforawareness.com

Wed, Jan 22, 2025 at 4:22 PM

From Dave and Cheryl Ellington
January 22, 2025

Our son, Jonathan, was a vibrant, energetic young man who never met a stranger. A soccer knee injury his junior year of high school resulted in three knee surgeries within 6 months and an addiction to OxyContin. He fought the addiction through the help of family, many friends and Teen Challenge. Upon high school graduation, he attended 2 years at University of Louisville and became an EMT during that time. He decided to move to Colorado for a fresh start in the beautiful mountains. He shared a house in Carbondale with a high school friend. He enjoyed working at Hotel Jerome in Aspen. He stayed "clean" for about a decade. Close to the time of his death, he injured his hand playing softball. A doctor gave him multiple scripts for Oxy which renewed his addiction. When that supply ran out, Jon purchased oxy from an acquaintance. Only it wasn't oxy. It was the poison Fentanyl disguised to look exactly like oxy.

It took his life on December 26, 2017. He was 30. Christmas, the day before he died, he called his mom while on a ski lift at Snowmass. His last statement was, "I'm almost at the top of the mountain. I have to go. Love you." Then he texted a photo from the top of the mountain to his mom and aunt with the comment, "Merry Christmas from above the clouds." The next day, he was gone.

We are thankful for the guilty verdict given April 19, 2021, to the source of that Fentanyl, but it does not bring Jon back.

Cheryl Ellington
[REDACTED]

Sent from my iPhone

VICTIM IMPACT STATEMENT FOR MY FAMILY OVER THE LOSS OF OUR BEAUTIFUL BOY

Our Son, Brother, Uncle was poisoned by Fentanyl on December 9, 2022. We don't expect you to understand the trauma & pain this has caused, only those that have lost a child would.

My son Daulton Ian Finlayson born 11/13/1992 is our first of three children. He was & still is perfect in every way.

His death has left his loved ones devastated! The grief, pain, guilt, sorrow, isolation are feelings that can never be fixed. Everything will start a cycle of pain, crying, screaming asking why, these triggers can be seeing other people happy, children happy and having fun to a carton of gelato in the grocery store. So, this is my new life.

Before that day we would look forward to driving to Newport Beach to see him. The last time we saw him except in the hospitable was to celebrate his 30th Birthday. Twenty-two days later I received a call from a coworker at the construction site they were working at. It was 12/5/2022 at 16:15 on a Monday, he had been taken to the local ER. Heading home to El Dorado Hill from Folsom as I crested the hill there was a rainbow 15 miles off over the town of Placerville, CA. where he was born, I knew when I saw that something was terribly wrong and that was beginning of the end. The following day his entire family drove to the hospital in Oceanside, CA. His two friends stayed with him the entire day waiting for us to arrive. When we arrived there he was connected to life support. What I knew from the Fire Service I kept to myself, I know what happens when a brain goes without oxygen to long. As I walked up the right side of his bed I held him, then I opened each eye and that is all I need to see, he had severe brain damage, this too I kept to myself. Everyday we'd be at the hospital all day until they made us leave, after we left on 12/9/22 I was called from the hospital, they said all brain activity has stopped. So how does a man, a father tell his family that their son & brother has died? The next day 12/10/22 we went to the hospital again, even in death our sweet boy would save yet another's life as he was an organ doner. We were there in the room when they turned his machine off, the beeping stopped and he was rushed to the OR for the transplant surgery, that was the last time I kissed my son and see him ever again. He just didn't die that day, the pain of that day, the memories of that day replay fucking day!!!

So now, his mother Natalie cries in the shower every day. For me, every time I think of him from the day he was born until that horrible day I cry. People say, "try and remember the good times together", guess what, I cry then too.

So, finding a way to not take my life every day is a struggle, if it were not for knowing that passing the pain I feel to his brother and sister I know I'd be with Daulton right now. That's what I have to remember so I don't give myself a double shot of insulin or down a bottle of sleeping pills. So now, I just wait to die. And let me say this, I feel like I'm one of the luckier parents, you see, I got to hold my son for 5 days while he was alive, most weren't given that opportunity. I'm also close to 70 so I don't have to wait for as long as they do to die. This is the life I live now, just waiting to die for that is the day my heart will be made whole again. I'd like you to look at some

pictures of my beautiful son.













HEATH
OUR ANGEL BOY

THIS IS HIS STORY

HEATH WAS A VIRGINIA BOY WHO GRACED US WITH HIS PRESENCE AND WAS GIVEN TO US A GIFT OF A BEAUTIFUL BABY ON MARCH 18TH, 1996... HE WAS A LOVING CHILD AND THAT LOVE GREW IN HIS TEEN AND YOUNG ADULT YEARS. HE HAD A PASSION FOR LIFE AND ALWAYS GAVE TO OTHERS IN NEED NO MATTER WHAT. HEATH IS AN ARMY VETERAN SPENDING 4 YEARS OVERSEAS GOING ON MISSIONS AND DEPLOYMENTS AND TRAINING WITH SPECIAL FORCES FOR A WHILE. STILL SERVING OTHERS WITH HIS COURAGE, DETERMINATION, AND PROTECTION. GOD GAVE HIM A GENUINE KINDNESS THAT GLOWED WITH EVERYONE WHO WAS BLESSED TO CROSS PATHS WITH HIM. HE MADE A LASTING IMPRESSION ON EVERYONE AROUND HIM. THAT GLOW WENT DARK ON THE MORNING OF JANUARY 16TH, 2023. WHAT WAS ONLY SUPPOSED TO BE A DATE TURNED INTO TRAGEDY AND HEARTBREAK. HE NEVER CAME HOME. OUR RAY OF SUNSHINE. GONE. WITHIN 5 MINUTES GONE. HE WAS POISONED AT THE HAND OF THAT PERSON GIVING HIM A VERY LETHAL DOSE OF A FULL PUFF PRESSED FENTANYL PILL CONTAINING 7 MGS. THE WORLD TURNED DARK COLD AND NUMB STOPPING FOR A FEW BRIEF MOMENTS SHATTERING OUR HEARTS INTO A MILLION TINY PIECES AND CHANGED OUR LIVES FOREVER. I NOW TALK ABOUT JUST HOW MANY LIVES HE TOUCHED IN OUR COMMUNITY AS WELL AS OUR MILITARY FAMILY AND BEYOND. HIS LIGHT AND LOVE STILL SHINE DOWN ON ALL OF US GIVING US FAITH THAT ONE DAY WE WILL ALL BE TOGETHER AGAIN. I PROMISE YOU SON TO HONOR YOU EVERY SINGLE DAY IN EVERYTHING I DO AND TO KEEP YOUR MEMORY ALIVE. I WILL LEAVE YOU WITH THESE WORDS 'SOME PEOPLE ARE TOO BRIGHT FOR THIS WORLD THAT EVEN AFTER THEY ARE GONE, THEIR LIGHT REMAINS. HE IS MY LIGHT I AM HIS VOICE. FOREVER 27]

Jessica Anne May

It has been very difficult to write anything about my daughter as I break down uncontrollably, however, I want to tell her story in hopes no other young adult will have their life senselessly taken from them. A life which impacts countless people and our lives are never the same.

Jessica Anne May was an extremely sensitive and outgoing child, full of life and always wanting to participate in everything. She excelled in school, but had some physical setbacks that were not diagnosed until later in life. She became overweight in her later school years and her weight would fluctuate, however, in high school she lost control of her weight. She discovered some weight control meds and also went on a liquid diet. Jessica had many friends and her weight never stopped anyone from loving her as a person except, you guessed it, dating. She also became very anxious in social settings about, will that chair fit me, will I fit on the roller coaster and what will I do if I don't. Her younger sister was the opposite, she was trim and no weight issues, however, much shyer. They both had a bond that was as strong as any two people can have. They were 3 years apart but shared so much of their secrets and lives together.

Jessica's weight became unmanageable and she decided to have the gastric by-pass and pursued it with a vengeance. She had the surgery, had a leak and was rushed back in to have the surgery re-done. The set-back was devastating, but she lost the weight. This was 1987 and she later had skin 3 reduction surgeries. I believe no one could have walked through what Jessica did. She was set-backs along the way and had a tonsillectomy in 2016, which is grueling. Somewhere along the way, in Jessica's counseling to deal with these physical and psychological issues, Jessica had a variety of prescriptions which included Xanax and Percocet. She also used antidepressants, but seemed to have everything under control.

Jessica went to Golden West Cosmetology School and became a talented Cosmetologist working in a top-notch salon, Carlton Hair. She was absolutely the most beautiful woman and had an absolute heart of gold. Jessica gave of herself, had many friends had a great social life and had it all. But the surgeries....

They were a set-back and introduced these pain pills. Jessica left Carlton Hair as it closed the salon and was doing hair on her own, working as a nanny and going to college at Orange Coast Community College (OCC). She was very busy and the hair salon proved to be physically taxing. She continued school and work and started hanging around with this woman who was a client of hers. This woman had a boyfriend. I did not like either of them. This boyfriend evidently was a drug dealer. Jessica's sister had her second baby on February 10th and on February 15th, 2020, this drug dealer left one pill in the mailbox at 2:00 in the morning 2/15/2020. I went into Jessica's room and now have PTSD. My beloved Jessica. My strong, beautiful, loving daughter. Age 32 and she was gone. I will never forget her on the floor and her back was motionless. It is absolutely horrific and there are no words. Jessica was loved by so many for her selfless and warm personality, always willing to listen and counsel a friend. She was a courageous and incredible woman.... murdered. Toxicology, Fentanyl. 100% fentanyl. Enough to kill 10 people.

She would always say, Mom, you are never going to have to worry about growing old. I am going to be there for you as you have always been for me Mom. I'll love you for always I'll like you forever, as long as forever, my baby/mommy you'll be. Her Sister, Jessica and I had a bond that was indescribable. We are so devastated, but her loving younger sister, who married in 2018, had 2 beautiful nieces, who were the sunshine of Jessica's life. We were going to visit the new baby on the day Jessica was killed. Gone.

Lauren Renee Cole

This is the story of [Lauren Renee Cole](#). From a very young age, she had a unique ability to make everyone around her feel special. She listened to what people were saying instead of listening to respond. Her personality was pure and genuine; she was never uncomfortable being herself and making everyone else feel safe to be themselves. Lauren was the definition of the girl next door. A person who was approachable and dependable, and everyone saw her as their best friend.

She was also a fierce competitor, ambitious with a strong will to be the best. There were no boundaries; she would push herself to the limit to achieve her goals. The little girl behind a competitive athlete was swimming at age two, tumbling at three, and skiing by four. She played basketball, softball, soccer, travel soccer, little league cheerleading, and dance. By middle school, she was selected as MVP at cheerleading competitions and captain of her squad. She was on two competition cheer squads in high school, captain of her school's cheerleading squad and lacrosse team. She was one of only three people in school history to score over 100 goals in lacrosse. In college, she represented West Virginia University at the National Cheerleaders Association Collegiate Cheer Nationals in Daytona, FL, two years in a row. Everything Lauren did looked effortless.

After completing her bachelor's degree in social work, she worked with foster care and recovering addicts while pursuing her master's degree in Social Work. She had a true helper's heart. Her sole purpose in life was to assist others in need and make life easier for anyone struggling. Actively helped the homeless and took shoes to them. One time she gave away her clothes to a college girl who had been bullied. Lauren would give the shirt off her back. She was very generous to total strangers. After the 2019 Christmas break at WVU, Lauren's classmate commented on how nice she looked in a new coat. Lauren told the classmate to try it on, then proceeded to say to the classmate she looked better in it and gave the coat to her.

Most people would describe her as someone who never met a stranger, caring, thoughtful and empathetic. She always tried to give people what they needed as a friend. The perfect combination of light-heartedness and sincerity. If someone was hurting and in pain, she knew how to be funny yet serious enough to listen sincerely and comfort them. Countless students at her high school had come forward to tell stories about her speaking to them on a day they were considering suicide or standing up for them when they were treated poorly by other students. Not only was she her sister's best friend but a friend to people who had no one.

This life story sounds like a girl who had it all. A girl that was happy and content. She was beautiful, intelligent, funny, athletic, well-liked by her friends, and loved deeply by her family. Lauren loved family gatherings and yearly family vacations. She had the support of her father, mother, brother, sister, Pap & Gram, and extended family. She grew up next door to her grandparents, spending many nights with them. She loved to hunt and fish with her dad and pap. Every deer season, she stayed at her grandfather's farm the week of Thanksgiving, surrounded by family. She appeared not to have a care in the world.

However, Lauren had been facing an epic battle since she was 16 and experimented with opiates one evening with her boyfriend and a few friends. She had a bright future and did not plan to be an

addict. She once said she thought it was recreational, like marijuana. There was no education on this topic. She was embarrassed and fought this disease alone for two years while maintaining good grades, excelling in sports, and taking college courses while in high school. She kept this secret from her family, teachers, coaches, and friends. Towards the end of her first semester of college, she had to swallow her pride and ask her parents for help. They immediately sent her to a prestigious rehab facility and committed to helping her recover. They were willing to try every option available.

Unfortunately, the world moves very fast, and recovery is slow. It was exhausting for Lauren to fight for her life every second of every day. Opioid Use Disorder (OUD) is a chronic disease that changes the brain. It causes the brain to release such high levels of dopamine it is extremely difficult to quit. The brain begins to require these higher-than-normal levels of dopamine. Most successful recovering opioid users need a combination of prescription medication, counseling, and a strong support system. Lauren had all of these available and worked very hard to stay clean.

Nevertheless, she remained hopeful when she relapsed after a recovery attempt. Recovery is an ongoing process of change. Relapse is expected to happen. It's a long-term process that can take years.

Lauren was in it for the long haul. She had a lot to live for. She was constantly making good choices about what she wanted her life to be. After all, she was working on her master's degree in Social Work and knew she could make a difference in the world. She was seizing opportunities to make a great career in a field of work she was very passionate about. Approximately three weeks before Lauren relapsed, she came home to talk to me. She said, "dad, there are so many people suffering from addiction that need and want help, but they don't have the resources or family to get it." "Do you think that when you retire, we can do something to help them?"

After a ten-year battle with opiate addiction, On July 5, 2020, Lauren learned that her gym workout partner had tested positive for COVID -19. This meant that Lauren had to self-quarantine until she could be tested. She could not work, could not go to the gym, could not volunteer, and could not visit family or friends. She contacted me (dad), asking me to find a COVID test ASAP. Unfortunately, there was none to be found until Thursday, July 9. I texted and called Lauren all morning and mid-afternoon and could not reach her. Finally, I left work to go to her apartment to tell her I had located COVID tests. I saw her slumped over in her car when I pulled into her parking lot.

I immediately called 911 and rushed over and pulled her out. I tried to resuscitate her, but I was too late. After the paramedics took her, I went home to tell my wife, son, and daughter that Lauren had passed. I then had to walk across the street and tell her grandparents, who were celebrating their 60th anniversary that day. Lauren's slip-up took away her chance to live up to her full potential. It was a sunny afternoon on July 9, 2020; she died of fentanyl poisoning at the age of 26. She was alone in her car, hiding from the stigma of addiction. Her ability to recover was stolen by a drug she didn't knowingly purchase. She was deceived by someone that didn't care. Parents should have the opportunity to hold and kiss their children when they enter this world; they should not have to hold

and kiss them when they leave this world. I did. Over 800 people paid their respects to her family at the funeral home and told her parents that she was their best friend.

Lauren did not overdose on July 9, 2020; she was poisoned.

Lauren's Wish was created to carry out issues that were important to Lauren.

"God, grant me the serenity to accept the things I cannot change, courage to change the things I can, and wisdom to know the difference." – Reinhold Niebuhr

Larger Than Life...

Romello was born on 23 October 1997 in Nashville, TN. He loved his family more than anything. He also loved animals, especially dogs. Romello and I fostered dogs for eight years for a dog rescue in Franklin, TN. He loved helping with the puppies and other dogs as they passed through on their way to adoption. Like many his age, in his off time, he loved playing video games with his friends.

He received his High School Diploma from The Academy at Hickory Hollow in December 2015. For the next few years, he was trying to find a career he had passion for and decided to start an apprenticeship as an electrician.

While working full time at an Electrical Contractor company, he also attended the ABC Electrician Apprentice Program. He had just completed and passed his first-year exam in early May 2020. His Auntie in Nashville had promised him she would do something BIG for him when he was done with his apprenticeship because she was so proud of him. He couldn't wait to find out what that surprise was.

He understood how important it was to find a career that he liked and that would help him be able to have a better life and live in a nice area. After he was done with his Apprentice Program, he had plans to move into a nice apartment.

Family was a big part of his life. He wanted to visit his grandparents in Germany as soon as he was allowed to fly there again because of Covid-19. He hadn't seen them in eight years! He missed them, and they missed him. He was their only grandson. They were both in their 80's, and he wanted to make sure he got to see them again before they leave us. He also has an Auntie in Germany that misses him like crazy and is heartbroken like all of us because we will never see him again.

His younger sister and brother were looking up to him and are still trying to make sense of their life without Romello. He has two young nieces and a nephew in Nashville that he loved dearly, and they loved their Uncle Romello. They don't understand why they can't see him again.

Sadly, he also made decisions that cost him his life. It goes without saying that a parent will never get over the loss of a child. One can only pray that God gives us the strength to find a way to live our lives to the best of our ability, which is what our Romello would want us to do. And knowing that he is always with us in our hearts gives us some peace.

I Can't Wait Until Tomorrow

I wake up from a semi good night's sleep,
how many times I prayed for the Lord your soul to keep.

Trying to make it through the day & complete a simple daily task,
while tired of the sideways looks & the senseless questions people ask.

Taken much too soon, feeling like my heart was ripped out of my chest,
I sometimes can't help but wonder, is there anything left?

Yes, I have my memories that much is true,
do you think that would be good enough for you?

I understand that there are others still here even after you have departed,
it's just not that simple or easy to have your whole life restarted.

So, we take it any way we can, one day a time,
with the small consolation that once you were mine.

I look forward for today to end, I can't wait until tomorrow you see,
for today, I must realize that you are no longer with me!

Father of Nicholas Jordan Di Marco



The Poisoning of America: Fentanyl, its Analogues, and the Need for Permanent Class Scheduling

Senate Committee on the Judiciary

February 4, 2025

The Federation for American Immigration Reform (FAIR) appreciates the opportunity to submit testimony to support the work of the Committee on the impact of fentanyl. With over 45 years of experience and expertise, FAIR is a national nonprofit that seeks to educate Americans on the impact of mass immigration and advocate for policies that serve our national interests. We have seen the fentanyl epidemic play out due to open-borders policies, and we strongly encourage Congress to enact meaningful immigration reform that will protect our communities and save the lives of Americans.

One of the most immediate and pressing dangers of an unsecured border is the flooding of our communities with illicit and dangerous drugs. There has been a clear shift – on the part of the cartels that control this trade – from plant-based drugs to drugs made from synthetic chemicals. In 2024, the Drug Enforcement Administration (DEA) starkly stated that this development “has resulted in the most dangerous and deadly drug crisis the United States has ever faced.”¹

The deadliest synthetic drug currently being smuggled into the U.S. is fentanyl. Synthetic drugs like fentanyl are made by mixing precursor chemicals, which are essential ingredients that make the lethal drug. Fentanyl is an extremely potent synthetic opioid that is 50 times stronger than heroin and 100 times stronger than morphine.² A dose as small as two milligrams – the equivalent of 10-15 grains of table salt – is sufficient to kill a person.³ In 2023, an estimated 74,702 Americans died from synthetic opioid (fentanyl) overdoses.⁴

According to provisional data released in May 2024 by the Centers for Disease Control and Prevention (CDC), over 107,500 people in the United States died from drug overdoses in 2023.⁵ While a three percent decrease in the overdose death rate from 2022, this marked the third

¹ U.S. Drug Enforcement Administration, “DEA Releases 2024 National Drug Threat Assessment,” *U.S. Drug Enforcement Administration*, May 9, 2024, <https://www.dea.gov/press-releases/2024/05/09/dea-releases-2024-national-drug-threat-assessment>.

² Centers for Disease Control and Prevention, “The Facts About Fentanyl,” *Centers for Disease Control and Prevention*, n.d., https://www.cdc.gov/overdose-resources/pdf/CDC_Fentanyl-Fact-Sheet_General_508.pdf.

³ U.S. Drug Enforcement Administration, “DEA Warns of Brightly-Colored Fentanyl Used to Target Young Americans,” *U.S. Drug Enforcement Administration*, Aug. 30, 2022, <https://www.dea.gov/press-releases/2022/08/30/dea-warns-brightly-colored-fentanyl-used-target-young-americans>.

⁴ National Center for Health Statistics, “U.S. Overdose Deaths Decrease in 2023, First Time Since 2018,” *Centers for Disease Control and Prevention*, May 15, 2024, https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2024/20240515.htm.

⁵ *Ibid.*

consecutive year in which overdose deaths exceeded six figures.⁶ Nearly 70% of those deaths – 74,702 deaths — were directly attributed to fentanyl ingestion.

The U.S. isn't producing the vast majority of fentanyl; it's being manufactured abroad and brought across the border, either smuggled or brought in through ports of entry. China is the primary source of the chemicals and precursors, with these substances then exported to Mexico, where cartel labs produce the fentanyl.⁷ Once inside, these drugs are distributed across the United States, poisoning our communities and effectively turning every state into a border state due to the impact of the alliance between the Chinese Communist Party (CCP) and cartels.

Fentanyl is particularly appealing to smugglers for two key reasons. First, it is more portable and concealable than other drugs. Second, the profit margin per kilogram is higher than other drugs. For just \$1 spent producing fentanyl, cartels can make \$400 in income, an extraordinary and lucrative profit margin.⁸ While these factors make fentanyl both easy and rewarding to smuggle, American communities and families pay the price.

Data from U.S. Customs and Border Protection (CBP) show that fentanyl has displaced other drugs, including heroin, as a steady source of income for the cartels. Between fiscal years (FY) 2021 and 2023, the amount of heroin seized dropped by 72 percent, from 5,400 pounds to 1,500 pounds. By contrast, seizures of fentanyl increased from 11,200 pounds to over 27,000 pounds, an increase of 141 percent in just two fiscal years. In the last full fiscal year for which data were available (FY 2024), 21,889 pounds of fentanyl were seized at America's borders.⁹ This does not account for the drugs that CBP was not able to seize, making the figure a conservative one.

A porous border and weakly enforced immigration laws provide fertile conditions for foreign criminal actors to operate. Overworked Border Patrol agents – pulled off the front lines to process large numbers of migrants – are less able to interdict drug smuggling, especially between ports of entry. In July 2023, the House Homeland Security Committee heard testimony that, “Cartels purposefully overwhelm Border Patrol agents with illegal crossers in one area as a distraction, so they can smuggle other aliens or drugs across in the areas just vacated by those agents.”¹⁰

⁶ National Center for Health Statistics, “Provisional Drug Overdose Death Counts,” *Centers for Disease Control and Prevention*, last reviewed Jan. 15, 2025, <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>.

⁷ House Select Committee on the Chinese Communist Party, “Select Committee Unveils Findings into CCP's Role in American Fentanyl Epidemic - REPORT & HEARING,” *House Select Committee on the CCP*, Apr. 16, 2024, <https://selectcommitteeontheccp.house.gov/media/press-releases/select-committee-unveils-findings-ccps-role-american-fentanyl-epidemic-report>.

⁸ House Homeland Security Committee, “Chairman Green: “Every Dollar the Cartels Rake in Comes at the Cost of an American Life or Livelihood,” *House Homeland Security Committee*, July 19, 2023, <https://homeland.house.gov/2023/07/19/chairman-green-every-dollar-the-cartels-rake-in-comes-at-the-cost-of-an-american-life-or-livelihood/>.

⁹ U.S. Customs and Border Protection, “Drug Seizure Statistics,” *U.S. Customs and Border Protection*, last updated Jan. 14, 2025, <https://www.cbp.gov/newsroom/stats/drug-seizure-statistics>.

¹⁰ House Homeland Security Committee, “Chairman Green: “Every Dollar the Cartels Rake in Comes at the Cost of an American Life or Livelihood,” *House Homeland Security Committee*, July 19, 2023,

The cartels who control the fentanyl trade have developed a strong relationship with Chinese criminal actors. In addition to importing synthetic chemicals from China and pill presses to make the drugs in countries like Mexico, Chinese criminal actors assist the cartels in money laundering to disguise the profits. This was acknowledged in the U.S. Department of the Treasury's 2024 National Money Laundering Risk Assessment.¹¹

The link between unsecured borders, mass immigration, and fentanyl smuggling is undeniable. The lives lost to fentanyl are also undeniably devastating. That is why we need strong, meaningful, and long-lasting changes to our immigration laws. While we appreciate the actions taken to end the border crisis in recent weeks, Congress must act to restore integrity in the system and keep Americans safe from cartels, foreign terrorist organizations, and human and drug traffickers.

Thank you for the opportunity to provide our views as you consider legislation related to fentanyl and work to prevent the deaths of fellow Americans.

<https://homeland.house.gov/2023/07/19/chairman-green-every-dollar-the-cartels-rake-in-comes-at-the-cost-of-an-american-life-or-livelihood/>.

¹¹ U.S. Department of the Treasury, "2024 National Money Laundering Risk Assessment," *U.S. Department of the Treasury*, Feb. 2024, <https://home.treasury.gov/system/files/136/2024-National-Money-Laundering-Risk-Assessment.pdf>.



Andrea Thomas [REDACTED]@voicesforawareness.com>

Alexander Figueredo f27

Kristie Figueredo [REDACTED]@gmail.com>
To: [REDACTED]@voicesforawareness.com

Wed, Jan 22, 2025 at 5:37 PM

Hi

My son Alex was bullied in Grammer school by both students and teachers. He was then physically abused by 2 older individuals when he was 12. He never let me know about the bullying till he was in his 20's. When I found out about the physical abuse I contacted the police and they interviewed Alex.

I took him to counseling but was so ashamed at his past he would lie

When he was 15 he started smoking pot, which led into harder drugs. At 18 he put himself into treatment, he was there 40 days and the insurance wouldn't let him stay even though the doctors wanted him to.

He then tried staying at Salvation Army and lasted 3 days they were stealing his acne medication and everything else. I then sent him to Phoenix to with with his cousin. He went to Univ of technology to be a mechanic. He was doing well and moved out of my niece's and started doing Meth. He came back to Tucson without finishing school.

Alex then got a job at a cat shelter where he did really well after 9 months he didn't get a raise and quit. He then had various jobs and started doing drugs again with this girl he met. She left him and he stayed sober for about 14 months on methadone.

He relapsed on methamphetamine and then heroin. He kept telling me he was so ashamed of stealing money and things we had almost nothing left when he passed.

He called me into his room screaming Mom Mom i cant breath. I entered his room he was blue before I had time he fell forward onto the floor face down. He was too heavy for me to turn him over to give him CPR

Fire dept or police could not revive him.

I cannot work. I have ACute PTSD abd afterc4 years have just started sleeping. I miss him everyday. Alex 08/27/93-10/20/20

Thanks for listening

January 30, 2025

Honorable Senator Chuck Grassley,
Chairman, Senate Committee on the Judiciary
224 Dirksen Senate Office Building
Washington D.C., 20510

Dear Senator Grassley and Members of the Committee on the Judiciary,

My name is Steve Filson. I retired after a 31-year career as a Police officer and remain a resident of the City of San Bernardino, California. Most importantly, I am Jessica's Dad. Jessica was my 29-year-old daughter, who, on January 22, 2020, was killed after she ingested cocaine that, unknown to her, illicit fentanyl had been added to. Her ingesting cocaine was a bad decision, but regardless, it should not have been a death sentence. Cocaine, in and of itself, did not kill her; illicit fentanyl did. Fentanyl changes everything! But for fentanyl, Jessica and thousands of others throughout our country would still be alive.

Since that time, I and other bereaved families have involved themselves in educational advocacy as it relates to the deadly potential of illicit fentanyl. We provide information through our non-profit organization, VOID, "Victims of Illicit Drugs." We provide services free of charge, and feeling awareness is the most effective method of harm reduction. It further provides a legacy to Jessica's life. How she died is a story that needs to be told to save lives.

We also direct our efforts in certain legislative efforts. As we meet today to witness testimony as part of the Committee on the Judiciary, we urge the passage of the HALT Fentanyl Act out of committee to the floor of the Senate, House of Representatives, and President Trump's desk for his signature. Since Jessica's death, we have witnessed the matter of rescheduling being considered by the legislature during each Congressional session, only to be retained by the passage of a continuing resolution. The time has come to acknowledge that illicit fentanyl has no medical benefit and is highly addictive, providing its earned place as a Schedule 1 Control Substance under the Uniform Controlled Substances Act. Any concern surrounding issues relating to continuing research of pharmaceutical fentanyl is mitigated by the language contained in the current bill language. Placing fentanyl into the appropriate schedule and providing needed sentences involving enhanced quantity thresholds is long overdue. Let us finally employ the required level of common sense by providing additional tools to address this continuing scourge affecting every community in our nation.

My wife and I sincerely thank you and the Committee for your efforts. Please solidify a meaningful method in combatting illicit fentanyl through the passage of this important legislative proposal.

With Sincerest Regards,

Steve and Cheri Filson, Highland, California



NATIONAL FRATERNAL ORDER OF POLICE®

328 MASSACHUSETTS AVE., N.E.
WASHINGTON, DC 20002

PATRICK YOES
NATIONAL PRESIDENT

JIM PASCO
EXECUTIVE DIRECTOR

30 January 2025

The Honorable Charles E. Grassley
Chairman
Committee on the Judiciary
United States Senate
Washington, D.C. 20510

The Honorable Richard J. Durbin
Ranking Member
Committee on the Judiciary
United States Senate
Washington, D.C. 20510

Dear Mr. Chairman and Senator Durbin,

I am writing on behalf of the members of the Fraternal Order of Police to advise you of our support for legislation that would make permanent the authority of the Drug Enforcement Administration to schedule fentanyl and fentanyl analogues as Schedule I substances under the Controlled Substances Act (CSA).

Fentanyl and fentanyl analogues are killing Americans. Data from the Centers for Disease Control and Prevention (CDC) has determined that approximately 108,000 Americans have died from a drug overdose in 2022, with 76% of those deaths—approximately 82,000—involving opioids such as fentanyl or other fentanyl-related substances. The Drug Enforcement Administration's 2024 National Drug Threat Assessment concludes that fentanyl remains the primary cause of the ongoing epidemic of drug poisoning deaths in the United States.

In 2018, Congress gave the DEA the authority to execute class-wide scheduling of illicit fentanyl-related substances, or analogues, as Schedule I substances under the CSA. This authority is used to combat the work of clandestine chemists employed by drug traffickers to create new synthetic variations of fentanyl by introducing minor structural modifications, resulting in new, non-controlled fentanyl analogues specifically engineered to skirt U.S. law. The DEA uses its authority under Section 201 of the CSA to place all non-scheduled fentanyl-like substances into Schedule I temporarily, on an emergency basis, meaning that anyone who possesses, imports, distributes, or manufactures any illicit fentanyl analogue is in violation of the CSA. This makes it easier for law enforcement to investigate and prosecute traffickers and criminal organizations.

Congress has repeatedly and overwhelmingly voted to extend this temporary authority, but this is not a temporary problem. If we are serious about solving our nation's fentanyl problem and reducing the number of Americans who perish from taking these drugs, then it is time to make this authority permanent.

The Fraternal Order of Police strongly recommends legislation that would provide an immediate and permanent extension to ensure that illicit fentanyl and any analogues remain on Schedule I. Without granting the DEA the authority to permanently classify fentanyl analogues as they become available, our communities and American lives remain in jeopardy.

-- BUILDING ON A PROUD TRADITION --



On behalf of the more than 377,000 members of the Fraternal Order of Police, we strongly urge this Committee and the United States Senate to support and pass legislation to address the ongoing illicit fentanyl overdose epidemic that has gripped this country. If I can provide any additional information in support of this resolution, please do not hesitate to contact me or Executive Director Jim Pasco in our Washington, D.C. office.

Sincerely,



Patrick Yoes
National President

cc: Oleta Davis, President, Iowa State Lodge
Don Strong, National Trustee, Iowa State Lodge
Chris Southwood, President, Illinois State Lodge
Rocky Nowaczyk, National Trustee, Illinois State Lodge



Andrea Thomas [REDACTED]@voicesforawareness.com>

Letter for Congress

Arnie Fritz [REDACTED]@gmail.com>

Fri, Jan 24, 2025 at 9:46 AM

To: Andrea Thomas [REDACTED]@voicesforawareness.com>

My name is Arnie Fritz and I currently live in Vermont.

On 3/5/23, my son Joseph Lewis died of an acute fentanyl poisoning in Pennsylvania. His death was ruled a homicide.

There was enough fentanyl in his system to kill 3 people according to the coroner.

Joseph was 20 years old and had a bright future ahead of him. He was a kind, caring, compassionate and funny young man.

He started using marijuana as a young teenager and progressed to opiates. Joey had been in rehabilitation three times prior to his death.

Two weeks prior to his death we had a very honest conversation about addiction and he agreed to try another rehab by the name of Teen Challenge which we had heard has a great success rate. Previous facilities had no effect on him at all. He may have gained some knowledge regarding addiction, but there were no behavioral changes. In fact, he was taught that once an addict, always an addict and I strongly disagree.

Once these people have ingested a product that contains fentanyl, their chances of "kicking" the habit are slim. Fentanyl is so addictive and destructive.

My son turned into a person that was so far from the young man I had raised it was absolutely heartwrenching. The lying and stealing was such a constant struggle between us. You want to see the good in your child; you want to believe them; but you can no longer trust them. Hiding your purse and valuables in so many places and so many times that your own mental health begins to suffer.

Joey wanted to get clean so badly. He once said to me "Mom, this is so hard mentally and physically, I don't want this for me and I don't want this for you", To watch him go through this agony was horrifying.

He did not have the courage to go to Teen Challenge and in 2 weeks, the drug use escalated to the point that I think he thought he was invincible. Just needed to feel numb again.

Our country desperately needs better rehabilitation facilities that are qualified and affordable for ALL age groups. And, of course we need to stop these drugs from entering our country and create laws that are easier to prosecute drug dealers.

I think the families who have lost members of their family to this drug epidemic could go on and on with suggestions, but we are relying on our voted officials to carry the torch forward in this fight.

Thank you for your time in reading this.

My name is Susan Globe. My husband Alden and I are long-time residents of Steamboat Springs, Colorado. Madeline Marie Globe was our 21-year-old beloved daughter. Maddy was preparing to start her senior year at CU Boulder in 2017 after completing her study semester abroad in Aix-en-Provence, and an internship in Barcelona.

Maddy was an intelligent, beautiful, glorious, and joyful gift. She was a light to the world and the song in our hearts. The vibrancy of her living and her ability to speak her truth still takes my breath away every time I think of it. She had so much to offer. To see her integrity, curiosity, and love of the world, and her many gifts, dreams, and goals erased by a single, five-dollar fake Xanax laced with illicit fentanyl defies reason.

Like many young people, Maddy complained of feeling anxiety. She did not seek a pill containing fentanyl. She thought – naively - she was taking an authentic Xanax when a fellow CU student provided her with one. In 2017 most people hadn't yet heard of fake pharmaceuticals containing illicit fentanyl. Several other CU students with Maddy that fatal evening of August 10th also ingested these fake Xanax pills provided by the same student drug dealer. All the students present with my daughter that evening were completely clueless that this reckless behavior could result in fatal consequences.

Maddy was the only one to die that evening, asleep in her bed. She had no history of drug abuse and no interest in prescription drugs. Had the single CU student who was with Maddy in her final hours been aware of the signs of fentanyl poisoning, and had he known of and had access to Narcan, he could easily have saved her life. Instead, he slunk away in the early hours of the morning. He suspected there might be a problem, and left in a panic, leaving behind his wallet and cell phone. Fearing serious consequences, he told no one. Being ignorant of the Colorado Good Samaritan law, he hoped everything would somehow turn out fine. It did not turn out fine.

The Boulder Police Department criminal investigation, the Boulder County Grand Jury process, and ensuing court hearings took over 28 months to conclude. The dealer pled guilty in court and received a sentence of a mere 60 days in Boulder County jail for the fatal poisoning of our daughter. Had Maddy's death happened today, after the passage of Colorado HB1326, the *Colorado Fentanyl Accountability and Prevention Act* signed into law in 2022 with our testimony and support, that penalty would have been stiffer.

In August of 2017, we were proud and excited to see our wonderful daughter head off to her senior year at CU Boulder. She came home in an urn.

Alden & Susan Globe, Steamboat Springs, CO



Andrea Thomas [REDACTED]@voicesforawareness.com>

Tyreek Lewis voice

Tyshon Hornsby [REDACTED]@yahoo.com>
To: [REDACTED]@voicesforawareness.com

Thu, Jan 30, 2025 at 9:58 AM

Sent from my iPhone to whom it may concern man,

Hello my name is Antoinette Hornsby and I am writing this letter in reference to my son Tyreek Lewis. On 5/17/21 Tyreek made a bad decision. Tyreek purchased a pill to help with his back pain not knowing the pill was laced with fentanyl in which it caused his death. The person he purchased the pill from was out on a \$1 million bail, and on 7/2/24 he was found not guilty. Tyreek was not, is not, and shall not be a statistic. Tyreek was a hard working man that loved his family. Due to Tyreek's job title, It caused him severe back pain in which he made a decision to purchase a pill to help with this pain. Tyreek was looking for relief and not death. The passing of Tyreek feels like a lifetime sentence of pain and grief. We all deal with it differently. Unfortunately Tyreeks brother could not deal with the grief, and 9 months later on 2/14/2022 he decided to take his life. My family is broken, Tyreek's children are broken. Tyreek never got the chance to see his son graduate from Temple college and Drexel college, Tyreek never got a chance to see his second son off to college , Tyreek never got a chance to see his third son graduate from the fire fighters program, Tyreek never got a chance to go to any of his daughter's recitals. This crisis has taken and destroyed every bit of joy inside of me. If you never lost a child or children, then consider yourself lucky. I may not have my children, but I will definitely be their voices. Thank you for taking the time to listen to my Child story.

Dear Congress,

Ava Michelle Howland was born my only child 5/21/93. Ava had an amazing sense of humor. She was so free-spirited growing up. Ava loved being a competition cheerleader for many years. She also loved attending community college. Ava loved to go to the beach and enjoyed the sunshine. Our last vacation together was spent at the beach, I went to visit her while she was under treatment and living in a "sober home" in Ft. Lauderdale, Florida for Christmas.

My daughter Ava was a victim in what is referred to as the "Florida Shuffle", where she endured terrible things as a young, vulnerable adult. My Ava died May 11, 2018, in a "sober home" in Florida at the age of 24 in West Palm Beach, Florida. Ava was poisoned to death by Illicit Fentanyl, she died alone, found too late to revive with Narcan. After Ava died, her case was closed as soon as the toxicology report was received, I was never able to get justice for Ava's Drug-Induced Homicide, no one would help me or listen to me to investigate her death. I will always be so proud of my Ava! Ava smiled no matter how bad things were, her smile brings me joy, only now I can only see her smile in the pictures of our memories together, it is heartbreaking. Ava never stopped fighting for her life under impossible circumstances! She was victim of so many criminals who have since gone to jail and/or prison for their many crimes including patient brokering, health care and wire fraud. I am eternally grateful to the Department of Justice in Florida for putting some of these criminals in prison including the doctor that was treating my Ava Michelle. I was able to provide impact statements for the two cases below and speak for all those that died the way my child died or were harmed due to the criminal actions of the people below. I did not get one penny, but being Ava's voice was worth all the money in the world to me because she didn't deserve to die being poisoned to death and was cheated of real chance of recovery. The Department of Justice also recognized the great loss of our children in their press release which gave me some comfort my Ava Michelle had not died in vain, she had a voice, mine!

[Office of Public Affairs | Addiction Treatment Facility Operators Sentenced in \\$112 Million Addiction Treatment Fraud Scheme | United States Department of Justice](#)

[Criminal Division | United States v. Michael J. Ligotti](#)

Sadly, my Ava Michelle is one of the faces in the DEA Faces of Fentanyl Wall exhibit at the DEA headquarters in Arlington, Virginia bringing awareness to the countless lives lost to Illicit Fentanyl. **My Ava is not just a face on wall, she is my child who was poisoned to death by Illicit Fentanyl.** The DEA has been kind to our families, and I have attended the Philadelphia DEA Family Summits in the last couple of years which has been informative, healing and very helpful.

I have spent the last almost seven years (in May) putting my child on billboards & posters because no one was warning the public at large about the deadly dangers of Illicit Fentanyl. I spent almost 5 years doing outreaches for the homeless and those suffering Substance Use Disorder and Opioid Use Disorder spending much of my own money all while grieving the loss of my Ava to help others. I have rallied with the Lost Voices of Fentanyl in hurricane winds to bring awareness with so many families fighting for justice and to be heard. I give Narcan out to anyone that will accept it. I attend many awareness events. I hand out Fentanyl awareness cards to anyone that will take them. Ava's death to Illicit Fentanyl brought out a warrior in me to try to save lives and make sure other parents don't suffer the loss of their loved ones to this deadly poison, which is a weapon of mass

destruction in my opinion and should be labeled as such. I am a member and was a moderator for Pennsylvania Team Sharing helping grieving families heal as they navigated their own grief for their children lost to addiction.

I have been an advocate & member of Drug Induced Homicide, Inc., Founder Terry Almanza helping families to navigate our justice system regarding Drug Induced Homicide deaths & supporting them any way I can. I am the State Chapter Director for Drug Induced Homicide, Inc. & I also moderate the Pennsylvania State Drug Induced Homicide group on Facebook to help others.

Ava was my best friend, my protector, my life and now Ava is my reason for all I do to save lives and make people aware of the deadly dangers of Illicit Fentanyl. **Ava's life and future was stolen by Illicit Fentanyl.** Now my life is filled with tears, sorrow and sadness because I miss my Ava Michelle so very much and Mommy can't fix DEAD. Please help us stop the Illicit Fentanyl poisonings, we are trying to save Americans lives and need your support and help!

I hope that hearing these stories helps you to understand our children didn't want to die, they were poisoned to death!! OUR CHILDREN & LOVED ONES WERE VICTIMS OF THIS ILLICIT FENTANYL POISON!! Anything you can do to stop bad actors peddling, trafficking or making this poison killing over 100,000 Americans a year is vital to America's future.

Sincerely,

Deborah Howland

Deborah Howland, Mother of Ava Michelle Howland (Deceased)



ILLINOIS DRUG ENFORCEMENT OFFICERS ASSOCIATION

P.O. Box 709, Sugar Grove, IL 60554
(773) 669-7105 • info@ideoa.org

National Narcotics Officers Association

February 2, 2025

The Honorable Charles Grassley
Chairman
Senate Judiciary Committee
135 Hart Senate Office Building
Washington, DC 20510

The Honorable Dick Durbin
Ranking Member
Senate Judiciary Committee
711 Hart Senate Office Building
Washington, DC 20510

Dear Chairman Grassley and Ranking Member Durbin,

As the Executive Director of the National Narcotic Officers' Associations' Coalition (NNOAC) and the President of the Illinois Drug Enforcement Officers Association (IDEOA), I am writing to express strong support for the Halt Lethal Trafficking (HALT) Fentanyl Act. This legislation would permanently classify fentanyl and fentanyl-related substances (FRS) as Schedule 1 drugs, providing law enforcement with the necessary tools to combat the ongoing crisis caused by fentanyl flooding our communities.

Nationally, fentanyl and FRS are now responsible for an alarming 66% of all overdose deaths in the United States. This staggering statistic reflects the scope of the crisis, and it is only growing worse.

In Illinois, the crisis is equally severe. According to the Illinois Department of Public Health, synthetic opioid overdose deaths have increased by an astounding 3,341% since 2013. In 2022, fatalities caused by synthetic opioids exceeded vehicle-related deaths, and opioid overdoses surpassed reported homicides, underscoring the destructive toll this epidemic is taking on our communities.

In just one year, Illinois law enforcement agencies seized 311.6 kilograms of fentanyl in 2024, and, in FY 2025, over 32 kilograms have already been seized.

Local law enforcement agencies are increasingly encountering fentanyl at alarming rates. For example, during a recent undercover operation in Davenport, Iowa, the Quad City Metropolitan Enforcement Group (QC MEG), which serves both Rock Island County, Illinois, and Scott County, Iowa, purchased 50 grams of fentanyl for \$2,500 from a supplier based in Chicago. Locally, fentanyl is being sold for \$50 per gram on the street – making it accessible, and deadly, for a growing number of individuals.

This ongoing crisis demands swift action. The *HALT Fentanyl Act* will provide law enforcement with the legal framework to hold accountable the traffickers and manufacturers who are poisoning our communities with this lethal substance.

We strongly urge the Senate Judiciary Committee to prioritize this legislation and take immediate action to pass the HALT Fentanyl Act. It is vital to the safety and security of our citizens, and it will ensure that law enforcement has the tools necessary to protect our communities from the overwhelming threat posed by fentanyl.

Sincerely,

Kevin Winslow

Kevin Winslow
President, IDEOA
Executive Director, NNOAC

📍 215 E. 7th Street, Des Moines, IA 50319
🌐 contact@iowanarcs.com
✉️ www.iowanarcs.com/



Dear Senator Grassley and Members of the Judiciary Committee,

I want to commend the Senate Judiciary Committee for prioritizing the fentanyl crisis and drug trafficking so early in this new Congress. With legislation like the HALT Fentanyl Act that was recently introduced, this would permanently place fentanyl-related substances in the Schedule I Controlled Substances Act, which would greatly help law enforcement investigations and prosecutions. Bipartisan bills like this from Sen. Grassley and his colleagues, Sen. Cassidy and Sen. Heinrich, need to be commended and do not go unrecognized—our gratitude for leading the way with this critical effort. Your leadership and commitment to addressing this growing flurry demonstrates a true dedication to the safety and well-being of American communities.

I write to you today on behalf of the Iowa Narcotics Officers' Association and law enforcement agencies across the state to emphasize the continued and growing threat of fentanyl in Iowa, particularly in northeast Iowa. As you are aware, fentanyl does not recognize state or jurisdictional borders, making it a nationwide crisis that demands sustained federal attention and resources. I know this first hand working in northeast Iowa that borders Minnesota and Wisconsin.

Our task forces and federal agency partnerships play a crucial role in identifying, intercepting, and dismantling fentanyl trafficking networks. However, without adequate funding and support, our ability to combat this crisis is severely hindered. The devastating impact of fentanyl on our communities—rising overdoses, increased criminal activity, and overwhelming pressure on emergency responders—underscores the necessity of continued federal assistance.

Local Sheriff's Offices serve as the first line of defense in this battle, maintaining direct ties with the communities they protect. As elected officials, Sheriffs are chosen by the people and for the people, making them directly accountable to the citizens they serve. They are also the chief law enforcement authority in each respective county, ensuring public safety and leading efforts to combat crime at the local level. The task forces attached to these Sheriff's Offices are among the most effective in the state of Iowa, incorporating a strong collaboration between local, state, and federal resources. Without sustained funding for these partnerships, our ability to dismantle drug trafficking operations and prevent fentanyl from devastating our communities will be significantly compromised.

Recently, I had the opportunity to speak with a recovering addict who once used fentanyl. They shared a powerful perspective on addiction and recovery: "Addiction is giving up everything—family, life, hobbies, friends, interests—for one thing: drugs. Recovery is giving up one thing—drugs—for everything: family, life, hobbies, friends, and interests." This quote encapsulates the devastating toll fentanyl takes on individuals and their loved ones. It also highlights the hope and transformation that recovery can bring when we have the right resources in place. Without strong task forces and continued federal support, many struggling with addiction may never get the chance to choose recovery over addiction.

We urge the Judiciary Committee to advocate for and allocate the necessary funding to sustain and enhance local and regional drug task forces, as well as strengthen collaboration with federal agencies. The lives of Iowans and the well-being of our communities depend on a strong, unified response.

Sincerely,

Christopher W Wuebker, President
Iowa Narcotics Officers' Association
215 E. 7th Street
Des Moines, IA 50319
contact@iowanarcs.com

September 2023

Dear Senators,

I am writing to you in hopes of convincing you to act on the legislation that passed the House of Representatives and is now before you for consideration. Please act to make permanent the temporary scheduling of Fentanyl Related Substances (FRS) INTO Schedule I of the Controlled Substances Act.

I am yet another grieving parent who lost an adult child to drug addiction, specifically opioids. Our beautiful 25-year-old son Danny was a talented artist, a funny and sensitive friend, a brother to his two siblings and a source of joy for his dad and me. What he will never be is a father, an uncle, a husband... the list goes on. When you lose a child, you not only lose what they were to you, but you also lose what they would have become. Danny died in 2012 and not a day goes by without the constant coping with that loss. It's a physical pain that I would not wish on my worst enemy.

The opioid crisis has hit so many families. Sadly, there are not a lot of success stories as so many of them end in death. There is a wave of destruction that affects the entire family. Everyone whose lives Danny touched will forever be affected by his death.

In addition to our personal tragedy, we have attended at least 3 funerals of young people who spoke at our son's funeral. They all thought they had managed their addictions, but eventually it pulled them back in. One died 8 years after Danny, and one died just last summer. The ripple effect on families and friends is horrifying.

PLEASE move this forward. It is time to change the direction of this wave.

Sincerely, Karen Jones





Andrea Thomas [redacted]@voicesforawareness.com>

HALT illct Fentanyl Act

Sharon K [redacted]@gmail.com>

Thu, Jan 30, 2025 at 5:34 PM

To: [redacted]@voicesforawareness.com

To whom it may concern, I'm the mother of Dustin, taken by Fentanyl poisoning at age 44 February 3 2022..108,000 lives were lost in 2022 to Fentanyl and/or Fentanyl poisoning along!!!! WAY TOO MANY! I fear more families will suffer like mine, and more lives will be lost. Passing the HALT Fentanyl Act is crucial to preventing others from fentanyl laced substance, I'm paralyzed with fear, afraid to leave my home, worried that Fentanyl-laced substances lurk everywhere, threatening to take another life. Please pass the HALT Fentanyl Act to make our communities safer.

"Losing Dustin my only child my whole Heart "to fentanyl poisoning has shattered our family. Unbearable grief, fear, and anxiety grip us. We're left with a void that can never be filled. Passing the HALT Fentanyl Act is crucial to preventing more tragedies like our!

I write with a shattered heart, still reeling from the loss of my Son Dustin Monroe

Thank you,
Mother of
Dustin Monroe
Sharon Kitts
TENNESSEE



Andrea Thomas [REDACTED]@voicesforawareness.com>

Letter to Congress

Julie Knight [REDACTED]@gmail.com>

Thu, Jan 30, 2025 at 4:22 PM

To: [REDACTED]@voicesforawareness.com" [REDACTED]@voicesforawareness.com>

Hi Andrea,

Submitting my letter for Congress. Including the text below because I have had problems in the past with people not being able to open an Apple document.

Dear Members of Congress,

I appreciate you taking the time to read my daughter Jessica's story. Jessica was raised in an upper middle class family in Elbert County, Colorado, just outside the metro Denver area. By all accounts, Jessica was raised in a home that most people would consider ideal. We chose to move to Elbert County when Jessica was 3 years old with the hope of bringing our kids up in a more rural area with a better quality of life than living in an urban area. Jessica, like her brother, was involved in sports, 4-H, and scouting programs. When Jessica hit middle school, things began to change. By 8th grade, she had started getting into trouble at school, and her grades began to slide. We were assured by school staff and counselors that this was normal behavior for some kids, and that she would likely not outgrow this phase until she was well in to high school. After a failed freshman year, we moved her to the local alternative high school. There were only about 50 students, and they had a focus on credit recovery and working with kids that did not fit the traditional setting. During her sophomore year, she began calling from school almost daily, saying she could not feel her arms, legs, head, etc. and needed to be picked up. I immediately took her to see her family doctor. From there, she was screened for many possible issues and no one could find anything medically wrong. She finally texted me one night saying she needed to talk to someone because she was feeling very depressed and suicidal. I was able to secure an appointment with behavioral health within a week, and she was diagnosed with major depressive disorder, anxiety, and panic disorder. At this time she began treatment with a psychiatrist and counselor. Within about 4 months, she again said she was suicidal and was placed on a 72 hour mental health hold at a youth facility. During this stay, we were informed she had tested positive for opiates. She was 16 years old. This kicked off a very long six year battle with addiction. We attended an endless number of education and counseling sessions. She was referred to intensive outpatient treatment. She continued to get worse. By the time she was 18, she was referred for methadone treatment. This involved an 80 mile round trip drive daily to dose at the nearest clinic. They increased her dose to the point we didn't trust her to be able to make the drive safely on her own. By this time, she was also in the criminal justice system, as we made it clear we would call the police any time we found drugs. Despite having been detained in the juvenile facility and being on probation, she continued to get into trouble because of her addiction and overwhelming need for opiates. After walking out of 2 court ordered treatment programs, she was sentenced to 6 months in jail. The judge said he had never seen anyone so young with such a severe addiction problem. A day after being released from jail I found her overdosed on heroin, administered Narcan, and call 911. She was returned to jail. She spent 3 more months in jail, while they tried to figure out what to do. She was finally accepted to Recovery Court (required pleading guilty to felony possession) and released to sober living. With 2 weeks, she failed a drug screen and was supposed to go to a detox center. She was turned away because they were full, and the backup would not allow methadone dosing. She was sent to our house until things could be sorted out. I went to wake her the next morning, and found her dead on her bed. She had been gone for several hours. The autopsy showed she had over 10x the lethal amount of fentanyl in her system, and said she died within minutes of ingesting it. Unless you have witnessed a loved one battle addiction and then lost them, you can not imagine the heartbreak and devastation. I felt we were fighting the impossible trying to find treatment for her that would not bankrupt us, despite having good health care coverage. We were told we could pay outside of insurance, which would likely be about \$30,000. We were paying for our son to attend college at this time, and did it have the money to fund something like that. We are now left to live the rest of our lives without our daughter, and our sons without their sister. Fentanyl had flooded the market during her time in jail, and it's what the dealers pushed out to her - pure fentanyl powder. I now work to support local foundations working in the recovery field, and have joined forces with several groups advocating for change. Action needs to be taken against the cartels and the Chinese who supply the precursors to make fentanyl. We cannot sit idly as a generation is poisoned. I miss my daughter every single day. Her smile, her laugh, her quick wit and sense of humor.

Sincerely, Julie Knight

Senate Judiciary Committee

United States Senate

Washington, D.C.

Subject: Statement for the Record – Senate Hearing on Fentanyl Scheduling

Dear Members of the Senate Judiciary Committee,

My name is Megan LaDue, and I am writing to you as a grieving mother who lost my beloved son, Wade, to fentanyl poisoning. Wade was just 19 years old—young, full of dreams, and fighting hard to overcome his struggles. On August 11, 2023, his life was stolen by a pill he thought was xanax, but instead, it contained a deadly mix of fentanyl and xanax.

Wade wanted help. He asked for help the night he died. But the system failed him—both in stopping the flow of illicit fentanyl into our country and in providing the medical care he desperately needed. No family should have to endure this pain.

I am urging this committee to keep fentanyl as a Schedule I controlled substance. Drug dealers and manufacturers are knowingly distributing lethal poison, and without the proper classification, prosecutors will face even more barriers to holding them accountable. We need stronger tools to fight this crisis, not weaker ones.

Fentanyl has become the leading cause of death for young Americans. It does not discriminate. It is being mixed into fake pills, killing first-time users, those in recovery, and people like Wade—who had their whole lives ahead of them. This is a national emergency.

Wade's life mattered. His voice should still be here, but since it isn't, I will speak for him. I ask this committee to stand with families like mine and ensure that fentanyl remains a Schedule I drug. Our children's lives depend on it.

Thank you for your time and commitment to this fight.

Sincerely,

Megan LaDue

Mother of Wade

February 1, 2025

The Honorable Chuck Grassley

Chairman, Senate Judiciary Committee
United States Senate
224 Dirksen Senate Office Building
Washington, D.C. 20510

RE: HALT Fentanyl Act

Dear Chairman Grassley and Members of the Senate Judiciary Committee,

I am writing to you as a bereaved parent whose life was forever changed by the fentanyl crisis. My son, Michael, was just 20 years old when he tragically passed away due to fentanyl poisoning. What should have been a bright and promising future was cut short by a single, deceptive fake prescription pill that contained fentanyl.

Our nightmare began when my son ingested what he believed to be a legitimate prescription pill. Like so many young people, he trusted that what he was getting was safe. However, that pill was made with a lethal dose of fentanyl—a powerful synthetic opioid that is 50 times more potent than heroin. There were no warnings, no second chances, and no opportunity to say goodbye.

The shock and devastation of losing Michael have been indescribable. Our family has been torn apart by the grief that follows such an unimaginable loss. Every day, we struggle to navigate life without his infectious smile, his laughter, and the dreams he had yet to fulfill. Birthdays, holidays, and everyday moments have become painful reminders of his absence.

Beyond our personal loss, this tragedy has opened our eyes to the rampant and deadly spread of counterfeit pills containing fentanyl. These pills are being sold on social media platforms by dealers, targeting vulnerable young people who often have no idea they are consuming a potentially fatal substance. This is not just a crisis—it is a public health emergency that demands immediate and decisive action.

In the wake of my son's death, our family has committed to raising awareness and educating others about the dangers of fentanyl. We have spoken at schools, organized community events, and partnered with other bereaved families who share our mission. While these efforts are meaningful, they are not enough. We need strong federal legislation to address this epidemic and hold those responsible for distributing this deadly substance accountable.

The HALT Fentanyl Act is a critical step in this fight. Strengthening law enforcement's ability to combat the trafficking of fentanyl and its analogs is essential to saving lives. Equally important is increasing public awareness, enhancing prevention efforts, and ensuring that young people and families have access to accurate information and life-saving resources.

I urge you to consider the stories of families like mine as you deliberate on this legislation. Our voices represent the countless lives already lost and the many more that can be saved if we act swiftly and decisively. Fentanyl poisoning does not discriminate—it affects families from every background and community.

Thank you for your attention to this urgent matter and for your dedication to protecting the lives of our nation's young people. Please honor the memory of my son and the thousands of others lost to fentanyl poisoning by supporting the HALT Fentanyl Act.

Sincerely,
Mona Leonardi
Yountville, CA
[REDACTED]@michaelleenardifoundation.org
[REDACTED]

Dear Members of Congress:

I am writing today to talk to you about the fentanyl poisoning of our son Nicholas Hunter Loberg on October 12, 2020. He was 20 years young. Picture this: It was a Monday . . . a normal day. That evening my last interaction with him was at 8:30 pm when we had a conversation just outside of his bedroom about plans for the next morning for him starting a new job which he was very excited about. Everything was very normal. No red flags. I then walked into Nicks bedroom at 9:15 pm to say goodnight and he was unconscious on the floor. The horror and shock are indescribable. I called 911 while screaming for my husband Jeff to come downstairs. He immediately started CPR and administered Narcan while I stayed on the phone on my front porch screaming until help arrived. We had to wait in our living room while they tried to revive our son. Despite their best efforts Nick did not make it and our hearts were shattered. Now, we are left to try to heal from the loss of our son and our two daughters are shattered over the loss of their little brother and our family is broken. Autopsy showed 4.7 nl of fentanyl plus the three prescriptions he was on. It was called "multiple drug toxicity" . . . but we found out later that it takes only 2 grains of fentanyl to cause death.

Nick had just been home from treatment only a month. The experience of a child that is having problems with substance use disorder is not for the faint of heart. It is a journey of ups and downs, trials and triumphs for them and for the family. Yet, never in a million years did I think we would lose our son...let alone lose him to fentanyl.

Nick was a fun and sweet kid who grew into a handsome young man who loved to be outside, to cook and draw. Nick's two older sisters loved having a baby brother. We had a happy and wonderful family of five. We loved our children, gave them a good and happy home, and it was important to spend time together camping, traveling all over the country and spending time at our cabin. As Nick got to middle and high school he did struggle with anxiety, which many young teens do - and we took many measures to get him the right help. He had a therapist, and psychiatrist in his late teens. He had several prescriptions to help him with his anxiety and sleep but he felt it wasn't doing enough and he would supplement with weed which eventually progressed into other drugs. He had been in in-patient treatment three times and out-patient treatment following each of those. Despite his struggles with substance use disorder we never stopped loving or supporting our son. He had a steady girlfriend for 3 years who deeply loved and supported him. They had hopes and dreams and were planning their young lives - looking forward to a home and family together. We were looking forward to that too. In an instant those hopes and dreams were abruptly cut short by illicit fentanyl. Imagine how traumatic it is to have a loved one alive and with you one second, and dead the next second.

There are thousands of families like ours in Minnesota and across the country. We are grieving, replaying the day our loved ones died over and over. It hits you every single day. What is happening to the dealers that sold them the fentanyl? In most cases they are living their lives, untouched by the devastation they have caused . . . maybe a court appearance and slap on the wrist. A message needs to be sent to the dealers and cartels that they are not invincible and that they will be charged for their crimes and will go to prison. It is right to charge people who knowingly or unknowingly cause death. In my opinion, there is no penalty too harsh for fentanyl crimes. This is not a moral issue, a race issue or a social issue . . . its a red, white and blue issue . . . a Minnesota issue...our nations issue, and time is of the essence.

When you go home today try to really think how it would feel to be us . . . to be our family. Whole one minute, ripped apart the next. Having to have a funeral for your child. Having to bury your child. Having your child's ashes on your mantle. Having the last picture you ever took of them now be their "forever age" photo. You never get to see them ever again. You will not see them get married, have a family or grow old. The grief walks with you every moment of every day. Now think of the person that sold them the drugs - they are walking amongst you and your family in the world and you have no recourse. You just HOPE and PRAY that the laws in place will give you some justice. The dealer gets to be alive with choices . . . but you have no choice but to live with the aftermath of your child's death. Justice will not be served until those who are unaffected are as outraged as those who are.

"United we stand, divided we fall" is a famous quote. I would like to add that it's our children that are falling victim to the deceit of drug dealers and the fatal result of illicit fentanyl. United we can make a difference. Thank you for taking time to read this. I miss my son more than any words can describe. Any time I get to speak my sons name is a blessing.

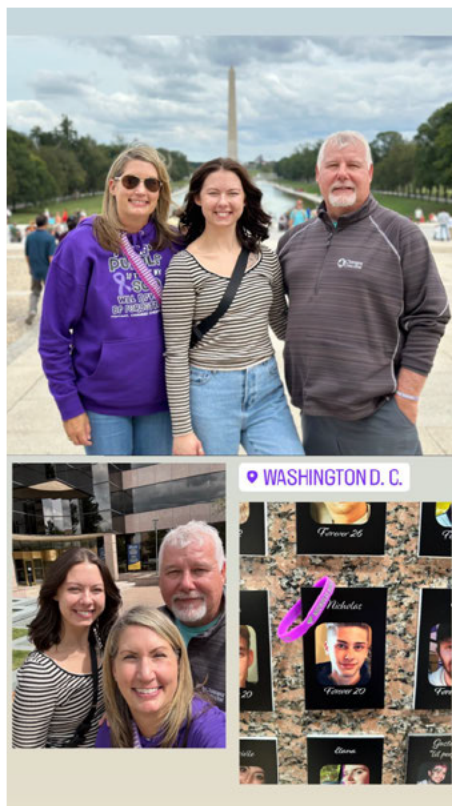
Nicholas Hunter Loberg 12/29/1999 ~ 10/12/2020 . . . Forever 20 . . . Victim of illicit fentanyl

Very Sincerely,

~ Michelle Loberg (Nick's mom)

Elk River MN

[charter.net](https://www.charter.net)



September 2023

Dear Senators, my name is Eileen McLeod-Fritz. I am the mother of 3 amazing young men, 2 still living in Wisconsin raising their children and one now residing in Heaven. I am thankful he had no children to leave behind.

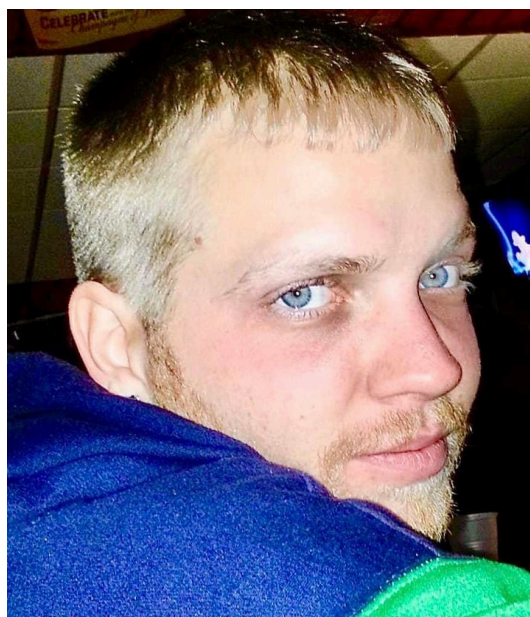
Terry Alexander Fritz was a wonderful person: smart, loving, loyal and sick. He had 8 surgeries in the first 14 years of his life which resulted in him suffering from Substance Use Disorder. Terry started using other people's pills, but when that became too expensive, he switched to Heroin.

I lost Terry to Heroin Toxicity Homicide at the age of 26 on October 1, 2014. He was found alone in his car, engine running, windows open, 27 miles from home. He was pronounced dead at the scene; we never spoke or hugged again. I miss my son every second of every day. I know his story is not unique or even seldom heard, but it is special, he was special, and his legacy will not die.

I am begging you all to think about the thousands of people that pass from this Epidemic. Are you aware we lose an average of 3,000 people every month in this country? Do you realize that one rare plane crash, involving 100-140 deaths every few years gets more screen time and sends many federal employees into action for months... almost always resulting in new laws, large monetary settlements and even loss of jobs. Yet, we are losing that many American citizens every day to an illness that has been all but ignored by our Federal Government.

We need stricter laws, better education, stronger oversight of the Pharmaceutical Industry and, of course, more attention paid to the real drug dealers, not the afflicted. You have legislation in front of you now that needs your immediate attention and action. In 2017, the Wisconsin legislature unanimously enacted Fentanyl Related Substances (FRS) class scheduling. Soon after, the DEA adopted it as National Policy. And, earlier this summer, the House of Representatives passed a bill to make permanent temporary scheduling of FRS into Schedule I of the Controlled Substances Act. I encourage you to follow the previously mentioned entities and make the temporary policy permanent. I look forward to watching this happen.

Thank You, Eileen McLeod-Fritz, Delafield, Wisconsin





N. DAWN MERTZ
EXECUTIVE DIRECTOR

ARIZONA HIDTA
SOUTHWEST BORDER REGION

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CHANDLER, AZ 85226
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February 3, 2025

The Honorable Chuck Grassley
Chairman
Senate Judiciary Committee
135 Hart Senate Office Building
Washington, DC 20510

The Honorable Dick Durbin
Ranking Member
Senate Judiciary Committee
711 Hart Senate Office Building
Washington, DC 20510

Dear Chairman Grassley and Ranking Member Durbin,

As Executive Director of the Arizona High Intensity Trafficking Area (HIDTA) Program, I want to express my sincere gratitude for your continued support of efforts to combat the drug epidemic.

We look forward to collaborating with the members of this Committee to pass key pieces of legislation, including measures to reauthorize the Office of National Drug Control Policy (ONDCP) and the HIDTA Program. In addition, we are prioritizing efforts to pass the *HALT Fentanyl Act*, which is vital to addressing the devastation caused by fentanyl across our communities.

The National HIDTA Directors Association (NHDA) has offered their support for the *HALT Fentanyl Act*. As our nation continues to grapple with a devastating drug overdose crisis, ONDCP's leadership is more critical than ever. The HIDTA Program, which has long been a key component of our national drug control strategy, plays an essential role in coordinating efforts at all levels of law enforcement—federal, state, local, and tribal—to combat the growing threats posed by drug trafficking and its consequences.

As you are aware, ONDCP manages the HIDTA Program, which works to disrupt the market for illegal drugs by dismantling or disrupting drug trafficking organizations through coordinated law enforcement efforts. The success of the HIDTA Program is evident: in 2023 alone, HIDTA task forces seized \$17.3 billion in drugs and over 40,000 crime firearms, provided analytical support for more than 31,700 investigations, and delivered a return on investment of \$63.47 for every dollar spent.

Arizona shares 373 miles of international border with Sonora, Mexico. The international border consists of inhospitable desert valleys and rugged mountainous terrain ideal for drug smuggling. The Arizona/Sonora corridor is comprised of six international land ports of entry. Mexican DTOs, especially the Sinaloa Cartel, have historically used the metropolitan areas of Phoenix and Tucson as transportation and distribution hubs.

For the past three years, Arizona law enforcement has seized at least 50% of the fentanyl pills seized across the United States. Although fentanyl pill seizures decreased in 2024, the price has remained low. In 2024 in Arizona, fentanyl powder, methamphetamine, and cocaine seizures increased from 2023 while prices remained stable. As a source state of illicit drugs for the rest of the United States, it is imperative HIDTA task forces continue to identify and disrupt drug

trafficking organizations and share information across agencies. The labs consistently identify different forms of fentanyl and other substances in the pills – some more lethal than others.

In Arizona, the positive impact of ONDCP and HIDTA is undeniable. HIDTA funds coordinate and support the efforts of 704 full-time and 33 part-time participants from 88 federal, state, local, and tribal law enforcement agencies. Twenty-seven initiatives are located in the ten HIDTA designated counties.

Fentanyl and fentanyl-related substances continue to drive a devastating public health crisis. According to the DEA’s 2024 National Drug Threat Assessment, fentanyl remains the primary cause of the ongoing epidemic of drug poisoning deaths in the United States, with synthetic opioids accounting for 68 percent (74,225) of all drug poisoning deaths in 2022. It is in recognition of the realities of the opioid crisis that Congress has passed numerous extensions of DEA’s original 2018 temporary scheduling authority—an authority which is set to expire on March 31, 2025, once again. Rather than another passing another extension, it is time to confront this ongoing crisis head on and provide DEA with permanent scheduling authority for fentanyl-related substances.

The *HALT Fentanyl Act* is a crucial step forward. By permanently classifying fentanyl-related substances in Schedule I of the Controlled Substances Act, this bill gives law enforcement an important tool to combat the deadly spread of these substances. Additionally, it ensures that research on fentanyl-related substances can continue without unnecessary roadblocks by establishing a new, alternative registration process for Schedule I research.

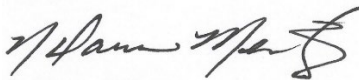
We commend your prioritization of this issue and your leadership in pushing this legislation forward. The opioid epidemic continues to claim the lives of hundreds of Americans every day. As this crisis escalates, every delay in addressing it only increases the toll on our communities. For the sake of public safety, it is imperative the Senate pass the *HALT Fentanyl Act* after the House forwards it for action.

The HIDTA Program's unique structure fosters collaboration and a balanced approach by providing equal representation from federal, state, and local criminal justice leaders. This balanced oversight, with neutral administration from ONDCP, ensures that HIDTA task forces are responsive to regional threats and can adapt quickly to emerging challenges. The program also facilitates vital intelligence sharing and cooperation among over 20,000 law enforcement personnel nationwide, significantly enhancing efforts to combat drug trafficking and associated violence.

I respectfully ask that you support the passage of the *HALT Fentanyl Act*, along with the reauthorization and robust funding of ONDCP and the HIDTA Program. Any efforts to remove the HIDTA Program from ONDCP would severely hinder its ability to effectively facilitate the strong collaboration for which it is known.

Thank you for your attention to this critical issue. We appreciate your support in ensuring that the HIDTA Program and ONDCP remain equipped to address the ongoing drug crisis and to protect the health and safety of our communities.

Sincerely,



N. Dawn Mertz
Executive Director
Arizona HIDTA Program

Courage Adibo Minten was born in Ghana, West Africa in 1999. My husband and I adopted Courage and he came to live in the United States of America in 2014. He was the youngest with two older sisters, and adjusted to school and our family very well. Courage was a 2020 graduate from a private Catholic high school in Oregon. His lifelong dream was to become a commercial airline pilot. He was accepted into the American Airlines flight academy in 2020 and began a few months after high school graduation. He went to flight schools in San Diego, California and Pompano Beach, Florida, and had just moved home after finishing flight school in Florida. He was looking for flight jobs to gain flying hours to become a commercial airline pilot. His life and dream was cut short when he was poisoned by one fake fentanyl pill in July 2022 at the age of 23. He had an interview for a flight job in Texas just days before he passed away.

On Friday, July 1, 2022, Courage went out with friends in Salem, Oregon, and had come home late and was sleeping on the couch. My husband and I walked by him all morning noticing that he was snoring and commenting that we didn't realize that he snored. We did not realize that anything was seriously wrong, until he let out a loud moan and stopped breathing. We called the paramedics and my husband started CPR until they arrived. He spent 4 days in cardiac ICU until the doctors declared him brain dead and we knew we had lost him. Our world was shattered. Our son, who had such a promising future, was gone. Our laid-back, always-smiling, happy, friendly, and smart son was gone. We were and still are, heartbroken.

We found search history on his laptop that was next to him on the couch for "what are the side effects of oxycodone". He was checking the drug, Oxy, because of drug testing for a new flight job. He was deceived by someone who had given him a counterfeit oxy M30 pill. The pill had two times the lethal dose of fentanyl and no oxycodone. We don't know why he took the "oxy" pill, but we do know he was poisoned. He made one mistake taking that pill and that mistake cost him his life. One pill, one time.

Courage was a son, uncle, Godfather, brother, grandson, and friend. He lit up a room with his smile and made everyone feel special. He met friends easily and from all over the world. We received condolences after his passing from people in 5 continents, 16 countries and 17 U.S. states. The messages were from people whose lives were touched by Courage throughout his short life. Ironically, he survived poverty, malnourishment, and hard times being born in the third world country of Ghana but his life was cut short here in the U.S. by this deadly drug, illicit fentanyl, that is causing mass destruction to all walks of life in the United States.

We can do better as a country. We can stop the flow of fentanyl into our country, we can educate on the signs of opioid poisoning, and we can encourage everyone to carry naloxone. We can do better for the next generation.

Sincerely,

Kim Minten



Instagram: courage_forever23

Sublimity, Oregon

For 29 and a half years I had the privilege of being Calvin's mom.

May 2, 2023 was the worst night of my life. It was the night I was informed my son was forever gone. It was the night I learned that I would never get to hug my son, to hold his hand, to hear his voice, to breathe the same air, to hear his heartbeat, to run my hands through his hair, to laugh with him, to cry with him, to whisper to him that it will be ok. That I could no longer be his mother on this earth.

There really are not enough words to describe the impact the death of my son has on me. Each day is a struggle to find meaning without him, and the pain of his absence is unbearable. If I had to describe it though, it would be something like this: a huge bomb went off in the middle of my life, the dust and debris touched or covered every single corner of my home, my heart, my life. The effects permeated and changed every single relationship, every interaction, every hobby, my career, my personality, my beliefs, my body, my health, and how my brain processed big things all the way down to the small things, like how I felt walking down the street. There are days when I barely recognize myself in the mirror anymore.

There is not a particle of my life that has not been negatively affected by the traumatic death of my child. Every cell in my body aches and longs to be with my beloved child. I can't smile as often as my old self. Smiling hurts now. Most everything hurts some days, even breathing.

There are days when I still feel paralyzed. My chest feels the sinking weight of my child's absence and, sometimes, I feel as if I will explode from the grief.

If you ever meet someone else who has lost a child, remember that most days it is a miracle they are standing.

In addition to losing Calvin, I have lost my daughter. To see how much she has lost of herself after Calvin died has only made losing Calvin more tragic. Mari was outgoing, on her way to making her mark, an incredibly talented artist, a college graduate, a tattoo artist. I have watched her wither into a sad, reclusive girl. She struggles daily. She avoids her friends. And worst of all, Mari blames herself. How? How could she be at fault? I watch my living children suffer. And I can't fix this for me or for them. As a mother this makes me feel so helpless. It is devastating to watch how grief defines itself so differently in us all.

The person who provided my son with fentanyl not only robbed Calvin of his life, but me of my future. I will never see my son become the father he so often talked of wanting to be. I believed that I would one day hold his children, and that he would outlive me. I have had to find new purpose, new hope, and new reasons to keep putting one foot in front of the other in a world where I no longer feel I have to live a long life, but for my other children. You robbed his brother and sister, you robbed their future children of an uncle. You robbed his aunts and uncles of a nephew. You robbed the world of a beautiful soul.

There is a special bond between a mother and son. Calvin is and was the light of my life. Calvin was kind, thoughtful, sincere, genuine, affectionate, hardworking, If Calvin could help another, he would. He made everyone he met feel special and important. Calvin as a person was the embodiment of all that is good and right in this world.

Dearest Representatives,

Thank you for your service. Expressing the destruction that fentanyl has brought into my life is no easy task.

I lost one of my greatest heroes on a Wednesday.

My 13-year-old son, Luca Manuel, died from fentanyl poisoning after taking a counterfeit Percocet tablet obtained through Snapchat in August of 2020. "Luca Manuel" means "Lighthearted gift from God," and that is exactly what he was. Luca had a humanitarian heart and a true gift for service. He was well-known in our community for his outreach, which began when he held a toy and clothing drive instead of receiving gifts for his fifth birthday. Luca was convinced that everyone has the power to change the world, as long as they could persuade others that it was a good idea. At the age of ten, he convinced an entire homeless encampment to clean trash from a stream before it drained into the river in exchange for sandwiches!

Luca was a fun-loving and adventurous kid who enjoyed spending time with friends and family and making people smile. He was incredibly intelligent and analytical he was also very progressive and motivated. Luca participated in teen leadership and was a member of the debate team. While I thought he would go into politics, he wanted to be a petroleum engineer. He also enjoyed playing team sports like basketball and football, always excelling towards the end of the season. Luca played the clarinet, and his favorite composition was "Clair de Lune." He often said it was tragic that this piece only became famous after the composer's death. Luca loved going camping and fishing with friends and family or exploring new places with me. All animals adored him! While Luca's jokes weren't always funny, his laughter was contagious. He gave the best hugs and had the coolest handshakes, but above all, he was genuine and kind.

Part of me died with my son. The pain of that loss is unbearable and indescribable. At the time of Luca's death, I was a behavioral therapist, motivational speaker, and end-of-life coach, but my most important job was and still is being Luca's mom. As Luca's mom, I have become an advocate for fentanyl poisoning awareness and youth prevention advisor for Shasta County, CA. I have worked with parents and parent organizations across the country and I believe that parents have made the most significant strides in fentanyl awareness and prevention nationally. It is tireless work because our purpose and pain are intertwined; we can't clock out. Government officials constantly praise us and encourage us to keep doing what we're doing, but we need your support. We need you to internalize our stories and relate them to your own children and grandchildren. We urge you to think outside the box for any and all solutions to save America's children.



Andrea Thomas [REDACTED]@voicesforawareness.com>

Nathaniel F-34. My sweet boy

SHEILA MULLINS [REDACTED]@comcast.net>
 To: Andrea Thomas [REDACTED]@voicesforawareness.com>

Sun, Jan 26, 2025 at 11:50 AM

To whom ever would take the time to read and advocate for our precious loved ones who were lost by this God forsaken poison, Fentanyl!!!

My son Nathaniel was on this Earth 34 years. God loaned him to me to bring joy into my life. He was my first born of two children. He was a happy go lucky little boy. Always had a smile on his face. Everyone who came in contact with him, his Sunday school teachers, teachers, coaches, his friends parents etc. would always tell me what a sweet helpful boy he was. He was such a wonderful brother to his younger brother by 22 1/2 months. He was always there to protect him. Don't get me wrong, there were times when he didn't want his brother around when he was hanging out with his friends but you would always find them together.

I left there abusive alcoholic father when my boys were very young, 2 years old and 5 months old. I had to live in a womans shelter for several years until their father left the area because their father was threatening to kill me. I didn't want them living in that abuse. I wanted a better life for my boys. While I put myself through nursing school while in the woman shelter Nathaniel at a young age learned to be a loving protective brother.

Growing up Nathaniel was very smart and athletic. He did well academically. My boys played baseball, football and wrestling. They both played on the same teams lettering in all sports all 4 years of high school. But in the back of my mind I always worried that they would inherit there fathers addictive trait. Don't get me wrong, being jocks, they dabbled in drinking alcohol in high school with there friends after their games. Which was a concern to me because their father was a alcoholic. But once Nathaniel went to college after a couple of years, alcohol really didn't interest him. Even one of his friends spoke at his celebration of life of how Nathaniel rescued him on multiple occasions from a drunken debacle.

Being a single mom I couldn't afford college for Nathaniel. He did the smart thing and went to a community college for the first 2 years and got his associates degree. He then went to The State Ohio University because they offered the degree he wanted as a computer engineer. Cisco in San Jose, California offered him a job in January before he even graduated with his degree. He and another applicant out of hundreds of applicants were offered jobs. I was so proud of him!!! He moved out to California in June after he graduated. He was so happy and proud of himself. While he was out there medical Marijuana was legal and he got a Medical Marijuana card. They put him on it for social anxiety. He got very anxious in large crowds. After a few years in California, after my mom, Nathaniel's grandmother was diagnosed with cancer he decided to transfer to the Cisco Cleveland office to be close to my mom and family.

At the age of 27 is when the nightmare started. He was playing baseball on an adult team and injured his shoulder pitching. He was placed on Percocet. It wasn't bad at first but when he could no longer get them from the doctor he bought Percocet off the streets. When that got to be to expensive to support his use he turned to heroine. My mom had passed away from her cancer which sent him into a tail spin. He was very close to my mom. At this point Nathaniel lost his job. He lost everything. He lost his girlfriend, his house and the right to see his 3 year old daughter. He was living with my dad after my mom died. My dad had Fentanyl patches for chronic pain from chronic back issues and Fibromyalgia. Of course he was using them. 2 months after my mom died, my dad was diagnosed with the same rare cancer as my mom. My dad died 4 months later. My parents died 6 months apart.

Hospice was there the last month before my dad died and he was given some kind of pain drops which of course my son was taking.

Nathaniel was so far into his addiction he didn't care who he hurt. He would water down the pain drops. He stole jewelry to feed his addiction. I'm sure he felt guilt and remorse but couldn't stop using. Nathaniel was very smart. He never got into trouble with the law during his time of using. He kept to himself. He hid it very well. I could never really tell when he was using.

It hurt to see my son struggling but I was was grieving the loss of my mom and dad as well and didn't know how to help him. His brother also got addicted to Percocet after he sustained a leg fracture playing college football. Both of my boys were in active addiction when both of my parents passed away. I was reeling. I was grieving and I know my boys were covering up there pain with drugs. I was able to get Nathaniel into treatment but unfortunately he was not ready or serious about getting help and left the program early. He was in and out of treatment. It was breaking my heart to see my son like this!! I was enabling my son. I was spending a lot of money in what I thought was supporting him with money for food, gas or housing but I was in denial, believing every word he told me. He was very convincing but they were all lies. He did actually get a good job with the Cleveland Clinic working in there computer department. That job was short lived. I finally stopped enabling him. It was the hardest thing I had to do. It was a living hell. I can't put into words what it was like to see my son struggling and in pain. Remembering how happy he was. He had everything going for him before he got addicted to these pain pills.

At the age of 33 Nathaniel finally had had enough and was serious about treatment when he found himself living on the streets of Cleveland in his Mercedes. Nathaniel was in treatment for 4 months. He turned 34 while in treatment. He finished treatment which he had never done before. He then went into a sober living facility from the treatment center. I drove out for a visit. We spent a couple days together. I was so proud of him. He had a plan. He had a second interview coming up that week working in his field with a good company. He said once he got back on his feet he was going to fight to get his daughter back. We talked about what his plan would be if he should relapse. He said he would just go right back into treatment. He really wanted to succeed. Little did I know when I dropped him off at the sober living facility, it would be the last time I saw my son alive. Giving him a hug and a kiss goodbye, telling him I was so very proud of him watching him in my rear view mirror waving goodbye. Oh, the pain of that memory. Two weeks later he succumbed to the temptation to use not knowing he was taking pure Fentanyl. His toxicology showed no other drugs in his system. I will never see my son again. His daughter will never see her daddy again. His brother will never see his brother again and it is ripping him apart. Nathaniel saved him from an overdose as he was always there for his brother. Joshua blames himself for not being there for him. This poison has destroyed so may lives. This Fentanyl coming into our country from China and Mexico via the borders, shipping yards and airways needs to be stopped before it destroys more families!!!



NATIONAL ASSOCIATION OF POLICE ORGANIZATIONS, INC.

Representing America's Finest

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EXECUTIVE OFFICERS

January 29, 2025

MICHAEL McHALE

President
Florida Police Benevolent Association

The Honorable Bill Cassidy
United States Senate
455 Dirksen Senate Office Building
Washington, D.C. 20510

The Honorable Morgan Griffith
United States House of Representatives
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Washington, D.C. 20515

JOHN A. FLYNN

Vice President
Police Benevolent Association of New York City

Dear Senator Cassidy and Congressman Griffith:

CRAIG LALLY

Recording Secretary
Los Angeles Police Protective League

On behalf of the National Association of Police Organizations (NAPO), representing over 241,000 sworn law enforcement officers across the United States, I am writing to you to express our strong support for the Halt All Lethal Trafficking of (HALT) Fentanyl Act.

SCOTT HOVSEPIAN

Treasurer
Massachusetts Coalition of Police

The spread of fentanyl in our communities is devastating. It is being mixed with already deadly illicit drugs, hidden in counterfeit drugs, and being peddled at alarmingly high rates. According to the National Institute on Drug Abuse, more than 107,941 Americans died from drug overdoses in 2022 and synthetic opioids like fentanyl were involved in over 73,8381 of those deaths. The trend of deaths due to synthetic opioids and fentanyl continues to climb, with no abatement in sight.

KEITH CURRY

Sergeant-at-Arms
New Jersey State Policemen's Benevolent Association

The HALT Fentanyl Act would make permanent the current classwide scheduling of all fentanyl-related substances as Schedule 1 drugs under the Controlled Substances Act, giving law enforcement the tools and resources necessary to combat and deter fentanyl in our nation's communities.

SCOTT LEETON

Executive Secretary
Combined Law Enforcement Associations of Texas

NAPO has long fought for resources to support law enforcement's efforts to combat fentanyl, its analogues, and similar opioids. We thank you for your efforts to help the fight against the spread of this deadly poison in our communities and look forward to working with you to pass this important legislation. If we can provide any additional assistance, please feel free to contact me at (703) 549-0775.

MARK YOUNG

Vice President,
Associate Members
Detroit Police Lieutenants & Sergeants Association

Sincerely,

JAMES PALMER

Parliamentarian
Wisconsin Professional Police Association


William J. Johnson, Esq.
Executive Director

REV. WESLEY McDUFFIE

Chaplain
Tarrant County, Texas Sheriff's Office

WILLIAM J. JOHNSON, CAE

Executive Director and
General Counsel



Staff Contact: Daniel Spino
dspino@ndaajustice.org
(703)519-1655
www.ndaa.org

The Honorable Chuck Grassley
135 Hart Senate Office Building
United States Senate
Washington, D.C. 20510

The Honorable Dick Durbin
711 Hart Senate Office Building
United States Senate
Washington, D.C. 20510

February 2, 2025

Dear Chairman Grassley and Ranking Member Durbin:

I am reaching out on behalf of the National District Attorneys Association (NDAA), the oldest and largest national organization representing state and local prosecutors across the country. With over 6,000 members nationwide, NDAA is recognized as the leading source of national expertise on the prosecution function and is a valuable resource for media, academia, government and community leaders. Today I write in strong support of S.331 the Halt All Lethal Trafficking of (HALT) Fentanyl Act.

Fentanyl and fentanyl-related substances continue to decimate communities across the country and is one of the most pressing health crises we currently face. Our members, as leaders of their communities, have witnessed firsthand the devastating impact that fentanyl and its analogues have on communities. The HALT Fentanyl Act is a critical step towards addressing the fentanyl crisis by permanently classifying fentanyl and fentanyl-related substances in Schedule I of the Controlled Substances Act. This change would provide law enforcement and prosecutors with the necessary tools to curb the spread of fentanyl abuse. Additionally, the bill ensures that research on fentanyl-related substances may continue, a common opposition argument to permanently having fentanyl as a Schedule I drug.

As we start a new Congress, combating the widespread abuse of illicit drugs, and specifically fentanyl is one of NDAA's top legislative priorities. Having fentanyl and fentanyl-related substances permanently as a Schedule I drug has been a long-time priority and something we have Congressionally testified in support of. Fentanyl has taken too many lives and caused too much devastation across our country. The HALT Fentanyl Act will save lives by directly targeting the fentanyl supply chain by imposing stricter penalties on those involved in the production and sale.

The fentanyl crisis is a public health emergency that requires a comprehensive and coordinated response. Permanently scheduling fentanyl and its analogues sends a strong message to families who have lost loved ones to the drug and may provide a long-deserved sense of justice by knowing the fentanyl epidemic is being properly addressed. The HALT Fentanyl Act represents a significant advancement in our collective efforts to combat the abuse of Fentanyl. We urge the Senate Judiciary Committee to support this important legislation and to quickly schedule its swift passage through Committee and the Senate floor.

Thank you for your efforts on this critical issue. We are confident that, with your leadership, we can make meaningful progress in the fight against fentanyl and save countless lives.

Sincerely,

Nelson O. Bunn, Jr.

Nelson Bunn
Executive Director
National District Attorneys Association



February 6, 2025

The Honorable Bill Cassidy
United States Senate
455 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Martin Heinrich
United States Senate
709 Hart Senate Office Building
Washington, DC 20510

The Honorable Chuck Grassley
United States Senate
135 Hart Senate Office Building
Washington, DC 20510

Dear Senator Cassidy, Senator Heinrich, and Senator Grassley,

I write today on behalf of the Peace Officers Research Association of California (PORAC), representing approximately 83,000 public safety members and 956 public safety associations. PORAC is pleased to support your legislation, the *Halt Lethal Trafficking (HALT) Fentanyl Act* (S. 331), which would permanently classify fentanyl and its analogs as a Schedule I substance under the Controlled Substances Act (CSA).

This important legislation would enable law enforcement to prosecute the distribution of fentanyl and fentanyl analogs, which continue to devastate communities nationwide. This is particularly important in California, where we have seen opioid-related overdoses rise significantly in recent years. As the law enforcement community continues working to reverse these trends, the HALT Fentanyl Act would help to bolster these efforts by ensuring the current Schedule 1 classification of fentanyl under the CSA does not expire.

PORAC sincerely appreciates your work in developing and introducing this legislation. Making this classification permanent will enhance the vital role our law enforcement officers play in removing these deadly and harmful substances from our streets. Should you have any questions, please do not hesitate to call the PORAC Headquarters (916) 928-3777 or contact our legislative advocates at Steptoe & Johnson LLP (202) 429-6457.

Very Truly Yours,
BOARD OF DIRECTORS
Peace Officers Research Association of California

Brian R. Marvel
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Brian R. Marvel
President

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Randy Beintema
Secretary

January 31, 2025

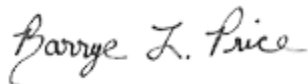
The Honorable Chuck Grassley
Chair
Senate Committee on the Judiciary
224 Dirksen Senate Office Building
Washington, DC 20510

Dear Senator Grassley:

I am writing on behalf of CADCA and our 7,000 coalition members in strong support of the HALT Fentanyl Act, to permanently schedule fentanyl and its analogues. The drug's Schedule I classification is set to expire on March 31, 2025, and it is critically important that this deadly class of drugs, killing our nation's youth and young adults is permanently scheduled.

The HALT Fentanyl Act would permanently schedule fentanyl related substances in Schedule 1 of the Controlled Substances Act and ensure that law enforcement has the tools they need to combat these deadly drugs, while still allowing for needed research into these substances.

CADCA knows firsthand the importance of keeping deadly fentanyl out our nation's communities. We therefore fully support the HALT Fentanyl Act to help federal and local law enforcement stop the flow of these deadly drugs into our communities and save lives.



Barrye L. Price, Ph.D.
Major General, U.S. Army, Retired
President & CEO

To: Members of the United States Congress
From: The Riebl Family

My family currently lives with the “FEAR” of Fentanyl and has experienced the “Deadliness” of Fentanyl

My nephew (Godson) Timothy “Forever 31” – 10th Grade I see the picture in my mind everyday of him being a starting Quarterback for his Varsity team... Grades in the 90’s and could light up a room with his smile... Addiction problems began in 11th and 12th grade—and continued into his college years--- But the change in the drugs he used was like a sliding scale of being progressively worse---

Fast forward to his 30th year he encountered a legal problem which he avoided jail time, by him attending a New York State shock treatment program (incarceration boot camp)- Based in the Adirondack Mountains in NY, I can remember my visit with him and seeing a beautiful clarity, and the goal oriented you man he could be. After 6 months it was wonderful to know he would be home on my Birthday- Things started great but the evil of addiction crept back in within 2 months-

My phone was always on 24/7 and if my sister or brother in law (Tim’s parents) called me before 8AM or after 8PM, I knew it was about Timmy. On Nov 18 2015 the phone rang at 6am – the frantic call from my sister –“Ronnie, Timmy overdosed and they are working on him and we will be going to St.Joe’s hospital” My wife and I prepared to meet at the hospital..... Then at about 6:25am the phone call came in from Joey (Tim’s brother) and said in a broken voice “Uncle Ron, Timmy did not make it” —AS I TYPE THIS I GET THE CHILLS WITH TEARS AS I RECALL HOW LOUD I YELLED FROM THE OTHER ROOM.... My wife knew right away – Gathering at the hospital was a nightmare that I can still “see” and “smell” the room to this day as I saw Timmy on the metal slap – It was an Overdose of Heroin containing FENTANYL

THIS IS WHAT WE LIVE WITH--- My sister and brother in law have never been the same—my wife lives with going back to the house while we were at the hospital to see it all the medics’ paraphernalia on the floor along with the vomit, etc....
how

could anyone deal with all this? I cherish the angel parents out there and their strength- With them I will stay relentless.... BUT MY FAMILIES STORY DOES NOT END HERE-

Our son, James is battling addiction for years and is working on Recovery –BUT Parents in this world live in “hyper-vigilance” EVERY DAY- the phone rings – is it a good call or a bad call- He has had multiple relapses – Has overdosed.. Has been in legal trouble – and when “sober” he also hates what addiction has to done to him and us. We will never give up on him.... But it is the FENTANYL that causes Fear---We all know One Pill Can Kill.... But to the addict they think “not me, not this time”

As parents of James and my daughters, this is the world we live---

When a police car pulls in front of your house – and my daughter who works from home – sees the car on the RING camera and calls me--- my heart races and all thoughts go through your head in seconds--- But it turns out to be a Friend in the police force that was stopping by- Hyper-Vigilance—and my daughter thought the worse---

Or the night 2 police officers came to our door--- No doubt in my mind, we thought this was “The Knock” that all the families dread. It turned out to be related to a local home robbery.

But the only thing we think about is if James uses again – the next time could be his last due to FENTANYL.

BAD ENOUGH WE LOST TIMMY....

WE DO NOT WANT TO LOSE JAMES

I wanted to have Timmy be the one to speak to Students, but after his lost I committed to doing this as often as I can in High Schools and Colleges – My goal is now to one day have my son by side to tell his story

Jayden Miller's Story

I am writing to you not only as a United States citizen or Ohioan but as a mother whose life has been irreparably changed by a tragedy, I never imagined possible. On August 28, 2021, my 19-year-old son, Jayden Miller, lost his life to fentanyl poisoning in Toledo, Ohio. His death devastated my family and ignited within me a relentless determination to fight this noxious crisis that is destroying families and futures across our nation.

Jayden was not a child battling substance use disorder. He was a curious teenager—a bright young man full of dreams and untapped potential—who fell victim to a fatal deception. Misled by a friend glorifying the supposed effects of a pharmaceutical-grade Percocet, Jayden unknowingly consumed a counterfeit pill. This pill, insidiously pressed by Mexican cartels, contained illicit fentanyl—the poison manufactured using precursors deliberately produced and exported through incentivized programs by the Chinese Communist Party. That single, counterfeit pill became a silent killer, stealing his future and leaving us, his family forever heartbroken.

How could a 19-year-old know that one pill could be a death sentence? That it was part of a calculated effort by a hostile regime—the Chinese Communist Party—to flood our streets with poison designed to kill indiscriminately and swiftly? As his mother, I never could have imagined that my son's life would be stolen by a global enterprise motivated by hatred for our country and driven by profit and malice. This enterprise has claimed hundreds of thousands of innocent lives like Jayden's, and each one is a shattering reminder that one life lost is one too many.

This is not merely a public health crisis; it is an act of war against the American people. Recently, a member of Congress advised me to "keep telling my son's story." My reply to him was, "With all due respect, sir, I will. I will keep telling the world about Jayden because I am proud of him, and I am proud to be his mother. But families like mine have been sharing our stories of loss to this poison since before 2018, hoping to ignite action among our leaders. Tragically, despite hundreds of thousands of stories like mine over countless years, we have yet to see a massive, united effort necessary to stop this poisoning of our generations."

Jayden's death is not in vain; his story is now a beacon of hope and a rallying cry to save lives. I believe it is my God-given purpose to honor his legacy by advocating for change, raising awareness, and fighting relentlessly to end this deadly epidemic.

Families like mine are counting on this new administration to listen, acknowledge our heartbreak, and finally take decisive action. We need leadership that not only hears our battle cries but joins us in an extensive and relentless fight to eradicate this deadly epidemic from our communities. Our children's futures depend on it. Our nation's survival demands it.

Sincerely,
Adrienne Sautter

 [.facingfentanyl@gmail.com](mailto:adrienne.sautter@facingfentanyl.com)

Miki Sedivy – Mom

Hannah Elise – Forever 16

10.19.05 – 12.07.21

Lakewood, CO

I will start with that Hannah Elise was not an addict. Hannah was beautiful, smart, caring, and very loving; Hannah made a positive impact on those she met. She also had quite a spark in her, she told things as it was whether it was good or bad. Her high school counselor called Hannah “Tenacious”, this fit her. She had tried a few different drugs prior to the end of April 2021 and didn’t like how they made her feel. Hannah wanted to be in control...yet she wasn’t able to control her anxiety. Hannah’s anxiety was high, which then went overboard when the lockdowns began. Psychiatrists weren’t available, so we did what we could with her pediatric Dr. and we kept up on appointments.

Hannah was an accountable young lady and was respected for having this at such a young age. Hannah was doing really well in school and her teachers really liked and cared about her. She was always positive, did her work, and eagerly jumped in to help others. The one thing they said was she would talk too much at times, yet you could see the smile on their faces as they said it and Hannah would be giggling. Hannah started dating a guy at the school at the beginning of her sophomore year; she was very positive with him and “lifted” him. The only problem was that she could not seem to get herself to school on time. Several occasions I spoke with the admin gal at the school and it got to the point where we would laugh because I would be sitting in my car waiting for her and would say, “Hey, guess where I am again”. At one point we had to meet with the principal regarding her being late, he kept her at the school even though they had an attendance policy, because she had As and 1 B which was almost an A. Hannah was ecstatic about her grades and on track to catching up on credits (thanks to the pandemic) and was even looking to get a part time job. The school had a picture of Hannah on the corkboard with a book in her hand, because it was the 1st book she had finished for a really long time. She was so proud of the picture.

The most memorable things about Hannah. If Hannah saw anyone sitting by themselves at school, she would go over to them because she never wanted anyone to sit alone. This stemmed from what she saw with her younger brother, 2 years younger, and has high ADHD. She was strong in her conviction of helping others. Her teachers loved her, the worst I ever heard was she can talk a bit too much. They looked to her for her compassion and how she would jump to help others. Hannah was always randomly complimenting people whether it be their hair, shoes, eyeliner, etc. She would talk to people on the light-rail, even one time giving encouragement to a lady on her way to Golden for a job interview.

Hannah also didn’t know what her purpose in life was. I said that being a kid/teenager was what she needed to be during this time. I also told her that although she didn’t see it, she was impacting the people she met and with her conversations with them. Hannah hid her anxiety to the outside world, she didn’t trust adults. Family and friends knew the truth behind it, it was because they never helped her family in the past. She never believed there would be justice and she was so fiercely protective over her brother; she was scared that he would be left behind. My home was her safe place and that’s when it came out because she knew I was there no matter what. Myself, my family, and friends were by her side. Hannah knew this.

Hannah was in a very serious car accident October 13, 2021, 6 days before her 16th birthday. Even with the severity of her injuries, she was very responsible taking the prescriptions even in her immense pain and we worked together to keep track of them. At the beginning of November Hannah was asked if she was still taking drugs and she replied yes. I said, "Hannah, will you please say what drugs you are taking." Her response, "...Tylenol and ibuprofen. I rarely use the Neurontin for my foot". During this time, we grew really close, she opened up and we spoke about everything. Hannah was very adamant when she said that she would not take blues or fentanyl, she didn't want to mess with it. She had seen what it did to people, including losing her 17 y.o. friend who passed away just shy of 4 months before her.

She had gone to her friend's house the night of December 6th. The morning of the 7th she was full of life and spirit. It was the last time she said, "Good morning Beautiful" and "I love you so very much". Hannah took a Xanax, which unknowingly was laced with fentanyl. I was gone for 3 hours, when I got home it was too late. It was surreal...not my beautiful girl. Our lives are forever changed, we lost an amazing light and soul. I lost my child, our children aren't supposed to leave before us.

Hannah did not want or choose to die. The toll it has taken has been immense. We will make sure her story lives on. We fight for our children and others. We speak for those who are unable to. As you read these biographies, make sure to say their name. The loss and continued losses were preventable, yet you (congress) chose to do nothing.

all about Hannah

Samantha, N

I was with my hanna
hannah all the time

Hannah was my aunt and she
was 16 years old, and

Hannah loved me so
much, we always

play games with me.

Hannah had beautiful
hair. Hannah was

tal. Hannah colored

with me. Hannah

use to go for a long

walk with me

hannah was nice.



ALL ABOUT HANNAH – BY SAMMIE, 7, HANNAH’S NIECE (age at time of Hannah’s passing)

“I was with Hannah all the time. Hannah was my aunt and she was 16 years old and Hannah loved me so much. We always play games. Hannah had beautiful hair. Hannah was tall. Hannah colored with me. Hannah use to go for a long walk with me. Hannah was nice.”

1/25/25

On October 21st, 2018, our lives changed forever. Our 19-yr old son, Tyler, died, alone, in a bathroom of a sober living from fentanyl poisoning. We have no addiction in our family, I was a stay-at-home mom, involved in their school and knew all their friends. I had a false sense of security that this would protect my kids from using drugs. I never thought my son would die from drugs. I thought he was too smart and knew so much about the chemistry of every drug to ever die from them. That was before I knew about fentanyl. Fentanyl has changed everything.

When Tyler was little, he was obsessed with vacuums and brooms. He soon figured out that most clothing stores kept their vacuum in one of the dressing rooms. While I was shopping and trying on clothes, he would wiggle under the dressing room doors and pull out the vacuum. He was small for his age, and it was quite a sight to see this tiny red haired little 2-year-old struggling with a big vacuum. Tyler also loved to dress up and wore a pirate costume to preschool most days. He loved weapons and would pick out his Halloween costumes according to which plastic accessories they came with. Pirates and Power Rangers had swords, soldiers had rifles, Jedi's had lightsabers and old-time gangsters had machine guns, resulting in a young Tyler possessing all of those things.

Tyler was extremely intelligent, inquisitive and had mild Asperger's and ADD. He was constantly seeking thrills to replace the dopamine he was missing, from climbing the tallest trees at the park to climbing on our roof and playing

with fireworks. My son was polite, brilliant, funny, helpful, could fix anything and was a genius hacker.

He started having anxiety and depression as a young teen and started smoking marijuana when he was fourteen, to self medicate. It stopped working after a while and he turned to high potency THC products.

After that, Tyler started sipping promethazine codeine cough syrup that he found in our house, aka Lean, made popular by rap artists. At about this time after consulting with an addiction specialist, we had him yanked from his bed in the middle of the night by a transport team and he was taken to a wilderness program in Idaho. After that, he spent a year at a therapeutic boarding school in Utah. He came home, got a job and things were going well until he got injured at work and a workmen's comp doctor prescribed an opioid pain medicine. This triggered his addiction all over again. On October 21st, 2018, Tyler was found dead from ingesting fentanyl in the bathroom of a sober living.

The first two years felt surreal; my brain couldn't process the fact that I would never see my sweet Tyler again. Every time I would come home, I would expect to see him sitting on the front porch, which is where I last saw him. It has only been in the last years that the shock has started to wear off and it has felt real. I have guilt for feeling a sense of relief that I'm no longer having anxiety about what he is doing. This is the plight of an addict's mom, PTSD while they are alive and then guilt and then once they are dead, second guessing everything you did their entire lives.

Tyler's death has changed our family forever. Having to call his then 21-year-old sister, who was in college across the country, to tell her that her brother was dead, was one of the

hardest things I've had to do. To know that she would have to fly home alone, with a crushed heart, was unbearable. Having to tell his 16-year-old brother, about Tyler's death wasn't much easier. My dad had died less than a year earlier, and I had to have my aunt and uncle tell me mom. She and Tyler, or Tiger as she called him, were so close, I could not handle telling her. My kids both suffered from panic attacks and depression for the year after Tyler died and, on some days, still struggle with it. They both have trouble sleeping and concentrating. My husband is attorney and after Tyler died, he had trouble concentrating at work. It was a full two years until he could give 100% at work. Every time we go on vacation and see other happy families; it is like a knife to our hearts. Whenever we take a family photo, it is clear that someone is missing, and our family will never be complete again. We are just one story of the many Americans lost every year from fentanyl. Each death has a ripple affect, causing permanent emotional harm to surrounding loved ones.

Thank you, Juli Shamash

Letter to Congress

7/18/23 8:09 AM

Esteemed Senators,

I am writing to you as a surviving sibling of a 20- year- old woman who tragically lost her life to opioids. I implore you to take action on the legislation that has already received unanimous approval from the Wisconsin legislature, been endorsed as a national policy by the Drug Enforcement Agency (DEA), passed the house of Representatives, and now awaits your attention to permanently schedule Fentanyl Related Substances (FRS) into Schedule I of the Controlled Substances act.

Sylvia was always the entertainer, making everyone laugh and smile. She could make you laugh even on your darkest day. She had a heart for kids with special needs and took great joy in working with and building relationships with them. She had just started a job working with them just before she passed. Sylvia's smile and laugh were infectious, she brought joy to all those around her. She brought all of us a lifetime of laughter in such a short period of time. She cared for everyone and saw the best in every person she met. Sylvia befriended those who didn't have friends and stood up for people who didn't have a voice to do it themselves. She helped others without looking for recognition. Although her life here on Earth was short, she made a lasting impact on all those who knew her. Sylvia touched more lives than she ever realized. Since her passing my family has felt the pain of her absence at every family gathering including my wedding day and the birth of her two nephews; Pierce and Warner. Instead of knowing their Aunt they know her as their angel heaven. We miss her so much and would do most anything to have her back. Please consider passing this bill to save other families from this unimaginable pain that we feel every single day.



To the Members of the Senate Committee,

My name is Andrea Silvano and I reside in Norwood Massachusetts. I am writing this letter to you as a grieving mother who lost her youngest son to Fentanyl poisoning. My son, Zachary Acome Parsons, now forever 21, passed away on April 9th, 2019 and we, with very heavy hearts, laid him to rest on April 17, 2019 which ironically would have been his 22nd birthday. There are no words to express the devastation that we felt.

Zach's death certificate read that his cause of death was due to a "Drug Overdose". I can say to you with complete certainty that this was NOT an overdose, Zachary was murdered. A drug dealer had sold him two counterfeit Percocet pills through Snapchat and those pills were determined to be pure fentanyl. Not only were they pure fentanyl, but we learned that the amount of fentanyl was enough to kill an entire room full of grown men!

The night before Zach died, we all worked out as a family, had pizza and talked about plans for the following morning. Around 9pm that evening I went up to bed, Zach came into my room shortly after and kissed me on the cheek, gave me a hug, and said, "love you Mama, see you in the morning." He then told me that he was going to take a shower and go to bed. Little did I know that this was going to be the last time I would ever see my child alive again.

Zachary ingested 1/4 of the pill that he believed to be Percocet before he was about to get into the shower. He never made it into the shower. Instead, he died alone on the bathroom floor. We had no idea until we found him early the next morning. My fiancé, Bobby, woke me before 6 am and said that Zach wasn't answering him when he was knocking on the bathroom door and that the shower was running. Bobby also heard Dave Matthew's band music (Zach's favorite) blaring from Zach's phone. Bobby started pounding on the door and I jumped out of bed and screamed as I ran towards the bathroom door because I just knew something was really wrong.

Bobby, kicked in the bathroom door and there we saw my son curled up on the floor, stuck between the bathroom vanity and the toilet. I screamed for him to call 911, and I was told to start CPR. I kept screaming because somehow, we just couldn't move him enough to get him on his back to be able to administer CPR. The next few seconds I kept thinking he's gone, he's blue, he's cold, I quickly pushed those thoughts away, covered him with my bathrobe to warm him up and begged him to wake up and come back to me... I just held him in my arms.

Bobby had run downstairs and outside because the ambulance couldn't find our long driveway. I was alone with my boy and I kept trying to move him. There was blood beneath him as he must have hit his head when he fell... I screamed to Zach, "please breathe" as I tried to give him CPR. The police and firemen got there and tried to peel me off of him, I was frantic and begged them to do something! I screamed at them, "where are the paramedic? Why are they taking so long?!!" I would not leave his side – this was my son, my baby! They had to force me to go downstairs so they could try to

help him. These were the last memories of my son. The rest of the day was a blur. The police came down to tell me that they had found two pills and that Zach had apparently taken part of one of the pills. They said that the pills were discolored and the print was off and that they would get in touch with me again very soon.

I then was asked to hand over Zach's phone to the police and then to the Drug Enforcement Agency to see what they could find out. I was told that his phone was "clean" and that there were no numbers or texts from dealers. What they did find, however, was that his last exchange was on Snapchat and it was to a dealer with Zach asking, "Are you sure these are real?!" At this point I was devastated to be told that there was not much more that could be done because Snapchat was not a company that would comply with these findings and help to stop this dealer. They informed me that "they needed the big guy!" Apparently, only selling two pills that kills someone's child was not big enough!

All of this information left me totally confused. I was still in shock, and really knew nothing about Snapchat and sadly even less about fentanyl. I still to this day have the emoji picture of this drug dealer, who has obviously moved on to a different name on Snapchat and is most likely still walking the streets selling these lethal counterfeit pills.

Everything about this was more than I could bear and I went into a deep state of depression. No one can begin to understand the grief of losing a child. After the urgency of everything calms down you are then left alone with your thoughts and your grief. You are alone and are somehow blaming yourself for the loss of your own child. My life has been changed forever. Never did I think that I would have to say goodbye to my child at a funeral home, in a cold room, with a sheet covering his body. There is now such an emptiness in my heart that I will carry until the day I die, until the day I finally get to join my angel in heaven.

I have struggled, to the point that I thought I needed to commit myself. I know that this was a selfish thought, but I am sure that most of us that have lost children have felt this same urge. The grief is just horrific and overwhelming and you cannot escape it. In your head all you can think is that it is just not supposed to happen, you are not supposed to bury your child! You are not supposed to say goodbye this way!

I used to go into the bathroom and lie on the floor where I had found Zach, and I would cry for hours on end. Bobby would come home and pick me up off of the floor. I am still not sure how or why I found my way to the place where he died, but this was how I was living. When my three other children would come to visit, I learned to put on a brave face and pretend that I was okay until they would leave and I then I would quietly crumble again trying to find answers.

Recently with PTSD therapy and the help of the "parents' network" I have begun on a journey of healing, and allowing myself some grace. I am so grateful for the community and all of the support from many of the other parents. I am especially grateful to my fiancé Bobby whom Zach considered a second father. Recently this February I got the

courage to go to Washington DC and attend the Congressional Hearing. I hope to keep moving forward, one step at a time. I have to keep moving forward- both for myself and for my son's memory.

My son Zachary had his whole life ahead of him. He worked as a paramedic, and had just started a new construction job. Enlisting in the Navy was also something he was contemplating and was able to speak to a recruiter before he had passed. We will never know now as his life was so needlessly cut short.

Anyone who knew Zach would tell you the same thing- that he was one of the sweetest humans, always eager and willing to help others in need. Honestly, he would take the shirt off of his back for anyone. Standing at 6'4", he was 200 pounds of muscle and tattoos, but beneath all of that, he was a gentle giant that had the sweetest soul and the purest heart. He loved his crazy workouts, playing football, he adored his dogs and he really looked up to his older siblings who loved him dearly.

When he was little he went to a Montessori School and learned how to write script and play the guitar- he thrived in a smaller classroom. His teachers all loved him and so did his classmates. Zach was always a jokester but with his big puppy eyes, who could ever stay upset with him? He was just an all around good kid- it is as simple as that. He had a huge beautiful smile, and a contagious laugh that could always find a way to brighten anyone's day!

Zachary left behind his three siblings, CJ, Joseph and Alexis, who each in their own way have all understandably struggled with some sort of anxiety and depression since the loss of their brother. Being the older siblings, they all have said to me at some point or another that they should have done more. This obviously breaks my heart as there was nothing they could have done, no one saw this coming! There is not a day that goes by that Zach is not on my mind and in my heart. I never thought when I went to visit my son, that it would be visiting him at the Newton Cemetery. But this unfairly is my new normal...

This scenario could and has happened to many families. Fentanyl does not discriminate and sadly no family is immune to this danger! We NEED to do better so other families never have to go through the heartbreak of losing a child or loved one. We NEED to secure our borders and STOP the Cartels from murdering our Children by Chinese fentanyl and any other means that this and other lethal drugs get here!

We NEED to have stricter enforcement against dealers- even when it is just one pill that takes a life. Think about it, what did that dealer profit from selling my son those two pills? Maybe \$40? Is that seriously all that my son's life was worth? I was told that they could not catch this particular dealer because Snapchat was involved! No parent should ever have to hear these words and feel so helpless when facing this kind of loss and grief! I know that I have to try to make things change- it is not an option for me and for so many others that have suffered loss at the hands of the lack of regulation with these social media giants. We NEED to hold all of these Social Media companies

accountable- NO EXCEPTIONS. At the Judiciary Hearing, we listened to Senators from both sides of the aisle who were in agreement that until we hit Big Tech companies in their pockets, they will continue profiting off of our children and nothing will change. The next loss could be yours- are you willing to take that chance? The reality is that sadly fentanyl changes our past, present and our future. There is an URGENT NEED to confront this evil that has entered our country. I pray for change. I pray that no other families have to go through the hell of losing a child to this poison. Thank you for listening to my story.

Sincerely,

Andrea Jo Silvano

Zachary's Mother



Andrea Thomas [REDACTED]@voicesforawareness.com>

Riley Stadick's story

Michelle Stadick <[REDACTED]@me.com>
To: Andrea Thomas [REDACTED]@voicesforawareness.com>

Tue, Jan 28, 2025 at 5:51 PM

My son, Riley, forever 21 lost his life to fentanyl laced marijuana edible 12/20/2022.

Riley was just starting out in life, trying to figure out how to make his dreams come true. He was passionate about everything he did, Riley loved his family, friends, listening to music, playing hockey, traveling, being out in the nature exploring and fighting fires.

Riley had a beautiful soul and the biggest heart, he would walk into a room full of strangers and walk out having made life long friendships.

Riley left VA to go to school in MO, he wanted to be a paramedic and firefighter. Then decided he wanted to go out west and fight wildfires. I remember the day he got the phone call saying they wanted him to join the team. We went shopping all day getting him the gear that he needed, the next day he got in his car and headed out west!

He fought one season and had to leave early to go back to school. During that school year he passed his EMT course and became certified. He called me and said mom, I am dropping out of school and going out west to fight a full season of wildfires! That is exactly what he did, he went back for a second season. When it was over he headed back to MO and decided to make that his home base. He was busy applying to jobs all over the country, he wanted to either be working outside or with people making a difference. Well that never happened, instead he ingested a marijuana edible laced with fentanyl and died.

It was 10:57pm on 12/20/22, I was just closing my eyes to sleep. Five days before Christmas, excited to see my son and give him a huge hug. Instead the phone rang and I picked it up. It was an officer in St. Charles MO telling me that my son had passed away. There are no words to explain what happened next, my entire world collapsed with one sentence.

Riley was my first born child and my only son, he was my world and my hero. We had such an amazing close relationship. Riley was also a big brother to two younger sisters, he was their protector, their male role model, their friend.

As a mom, sometimes we are a little biased when it comes to how wonderful we think are kids are. Well, I got on Riley's social media accounts and I was flooded with overwhelming responses from his friends, that I had never met, telling me what an amazing person he was, free spirited, supportive, genuine, kind, inspirational and so much more. Some of his friends have become family to myself and his sisters.

Losing Riley, has destroyed myself and my girls. We are learning how to continue living when a huge part of our lives is gone all because of fentanyl.

I didn't even know what fentanyl was until I lost my son. Sadly I learned very quickly the staggering number of children who have lost their lives to this, the number of parents that have to find a way to continue life without their beautiful children. I will spend the rest of my life raising awareness in hopes that it will save a child from dying and save a parent from going through what myself and many others are going through.

It is an extremely emotional and difficult thing to do but in the name of my son Riley I will never quit!

Riley's Mama

Sent from my iPhone

July 14, 2023

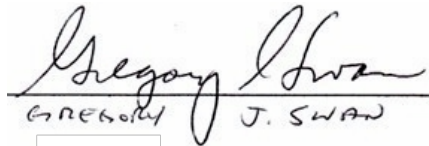
Dear Senators: **STOP THE SADNESS!!!**

As the father of my first born son who I lost - Drew Swan (DrewSwan.com), I urge you to act on the legislation that passed the Wisconsin legislature on unanimous vote, was adopted as a national policy by the Drug Enforcement Agency (DEA), passed the House of Representatives, and now sits before you to make permanent the temporary scheduling of Fentanyl Related Substances (FRS) into Schedule I of the Controlled Substances Act.

My son, Drew Swan, had an amazing love for life. He dreamed of becoming a successful businessman, or youth minister after graduating from the University of Wisconsin Milwaukee double majoring in Business and English. He wrote an amazing blog: <https://drewswan.wordpress.com/>. Drew was the straw that stirred our family drink. If he were alive today they would name a candy bar after him.

Today, I could be visiting my son's growing family, meeting my grandchildren and experiences the joy of laughing with my son; but instead, I'm left heart-broken visiting him at his gravesite in the cemetery next to the house where we grew up together like I did one week ago. To say that life has been a struggle without my son Drew would be a major understatement.

Since his passing in 2013, I've lost many more friends to fentanyl poisoning. The devastation this leaves on families around the country is unbearable. It is not only a huge loss to society, it leaves behind a broken family trying to find purpose out of life which seems a shadowed version of its previous self. Please act now to end the sadness. Do what you've been elected to do, and act on the HALT of Fentanyl Act you.



GREGORY J. SWAN



Sincerely,

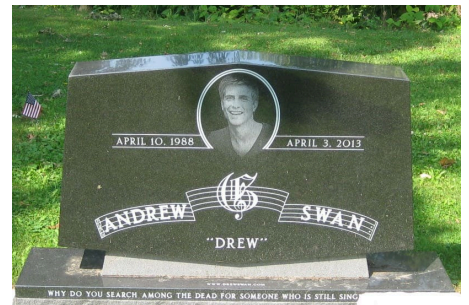
Greg Swan

Co-Founder - FentanylFathers.org

Fentanyl Fathers, Inc.

Surviving Father of Drew Swan

[Highlights](#)[279 Die](#)[CBS Alaska](#)[ABC Alaska](#)[1600 Alaska Assembly](#)[Dr. Phil](#)[Dr. Phil 2](#)[FOX Alaska](#)[PSA](#)



that sits before

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[ALASKA](#)|[CALIFORNIA](#)|[FLORIDA](#)|[MICHIGAN](#)|[OHIO](#)|[TEXAS](#)|[WASHINGTON](#)



July 14, 2023

Dear Senators:

As the only surviving sibling of a 24-year-old who lost his life to opioids, I urge you to act on the legislation that passed the Wisconsin legislature on unanimous vote, was adopted as a national policy by the Drug Enforcement Agency (DEA), passed the House of

Representatives, and now sits before you to make permanent the temporary scheduling of Fentanyl Related Substances (FRS) into Schedule I of the Controlled Substances Act.

My brother, Drew Swan, had an amazing vigor for life. He dreamed of becoming a successful businessman, or youth minister after graduating from the University of Wisconsin Milwaukee double majoring in Business and English. Growing up, I never cared about how popular I was or how many friends I had, because I always knew that I had him by my side. He was my best friend, closest confidant, and biggest cheerleader in life. Today, I could be visiting my brother's growing family, meeting my nieces and nephews, and experiences the joy of laughing with my brother; but instead, I'm left heart-broken visiting him at his gravesite in the cemetery next to the house where we grew up together like I did one week ago. To say that reimaging life has been a struggle without my brother would be an understatement. Since his passing in 2013, I've lost many more friends to fentanyl poisoning. The devastation this leaves on families around the country is unbearable. It is not only a huge loss to society, it leaves behind a broken family trying to find purpose out of life which seems a shadowed version of its previous self. Please act now to end the sadness. Do what you've been elected to do, and act on the HALT of Fentanyl Act that sits before you.

Sincerely,
Jack Swan
Fentanyl Fathers, Inc.
Surviving brother of Drew Swan

July 14, 2023

Dear Senators,

As the grieving mother of a 24-year-old son who lost his life to the opioid epidemic, I urge you to act on the legislation that passed the Wisconsin legislature on unanimous vote, was adopted as a national policy by the Drug Enforcement Agency (DEA), passed the House of Representatives, and now sits before you to make permanent the temporary scheduling of Fentanyl Related Substances (FRS) into Schedule I of the Controlled Substances Act.

My first-born son, Drew Swan, taught me the truest definition of love. When I brought him into the world on April 10, 1988, I knew that God had gifted me the greatest gift in all the world. My precious son, he will be mine forever. He was so inquisitive about learning and had an amazing servant-hearted attitude. His charisma lit up rooms, and every walk of life was drawn to his energy. He always cheered me up and cheered me on, brought music and laughter to my life, and filled my heart with more love than I ever felt capable of. My beloved first-born son.

This summer I attended a few of Drew's younger cousins' weddings and all I could think was that I'll never know that joy of a mother-son dance at Drew's wedding. I've been stripped of grandchildren, and I'm left heart-broken visiting my boy at his tombstone in the cemetery next to the house where I raised him. No parent should ever have to endure this pain. Life is but a shadowed version of its previous self. No amount of action you take will ever return my son to me, but I implore you to act now in order to save other mothers from enduring this same devastation. Do what you've been elected to do, and vote on the HALT of Fentanyl Act that sits before you.

Sincerely,
Tamara Swan
Forever Grieving Mother of Drew Swan





Andrea Thomas [REDACTED]@voicesforawareness.com>

Letter to Trump & JD Vznce

[REDACTED]@gmail.com>
 To: Andrea Thomas [REDACTED]@voicesforawareness.com>

Sun, Jan 26, 2025 at 8:16 PM

President Trump and Vice President JD Vance (our new government)

Ryan Norman Theriault was born on 11-13-1991 at 1:59pm at Concord Hosp New Hampshire. As a single pregnant mom I broke free from my abuser. I had Ryan as Dr called out 1:59 time of birth i said "no 1:58 or 2pm please" yes back & forth i went. I hate odd numbers.

Fast forward

Ryan met a girl at 21yrs old. This girl was into some drugs that Ryan had never done or wanted to do. Ryan was in love & wanted to really fit in. His sence of humor, omg his laugh (got his nickname 'chuckles' at 15yo.) He felt just him wasn't enough so he did these drugs. As a few yrs pasted we noticed a change in Ryan. Addicted to straigh up herion. This lasted 4yrs. His girlfrnd pregnant used every and any drug during pregnancy including herion fentanyl. [REDACTED] Theriault was born 7wks early dependent on drugs she was Neonatal Abstence Syndrome. On [REDACTED]'s 2nd day on this earth myself & my life partner Bert Young went to court and we got full physical custody & full guardianship. It destroyed what was left of my family. [REDACTED] with feeding tube's and oxygen. Her tremors were serious. Ryan got sober for himself altho [REDACTED] (abt 15mnths old) was his focus. He went on methadone. Ryan did excellent with meetings, therapy & clean frnds. He earned by wkly visitation with supervision at my parents home. Ryan worked hard at Dunkn Doughnuts then 3yrs later at lumber yard. Coming off his methadone after 3.7yrs and NEVER having a dirty urine test, he was experiencing bad headaches, RLS & diarrhea and didn't sleep but 3 hrs. Continuing to decrease his methadone his symptoms got worse. He'd go to ER, walk-in clinic or Drs office with wanting help not opiod seeking altho any other meds for the uncontrollable diarrhea etc was never given. Told to use OTC medicine, which he was taking daily for months. Ryan's last 2wks of his life Drs didn't even do an IV banana bag. He was dehydrated, pants covered in feces from sitting for hrs in waiting room w/uncontrollable bowels & black under eyes. He was sent home to continue OTC meds. Sept 1 Ryan visited ER & was sent home around 2am. The hospital (i believe knowingly) sent him out of those doors to drug dealers roaming looking for addicts. Ryan was 3.8yrs clean & his sobriety was comprised by Cyle Gancarz. dispensed illicit fentanyl to Ryan on Sept 2nd! Never had Ryan ever used herion fentanyl or illicit fentanyl. Ryan used that night abt 6pm. I believe Contemplating for day to do this drug to make his body pain free fro methadone. He used. fell hit his head, broke nose & concussion. Ryan used again at 2:35pm on 9-3-2021. He's now dead. Ryan is forever29. Cyle Gancarz is serving time 3-7yrs for knowingly dispensed illicit fentanyl, knowing it could/would kill Ryan, Cyle is at [REDACTED] Prison, [REDACTED] was adopted by us on Oct 22nd 2024 at 7yo.

She has at 7 says 'i have 2 dad's. A heaven daddy & a earth Daddy. She even voted for you! Plus she watched me vote for you! So my advocacy and meeting thousands of other families and group ie facing fentanyl with Andrea Thomas is tragic altho beautiful same time.

Ryan Theriault forever29 11-13-1991-- 9-3-2021 (all odd numbers)

Governor Sanunu signed my Proclamation aug 21st NH illicit fentanyl awareness and Remembrance Day . I do a candle light vigil every yr now. I attended (2 yrly) DEA Family Summits. Ryans photo is in Washington DC at DEA Headquarters.

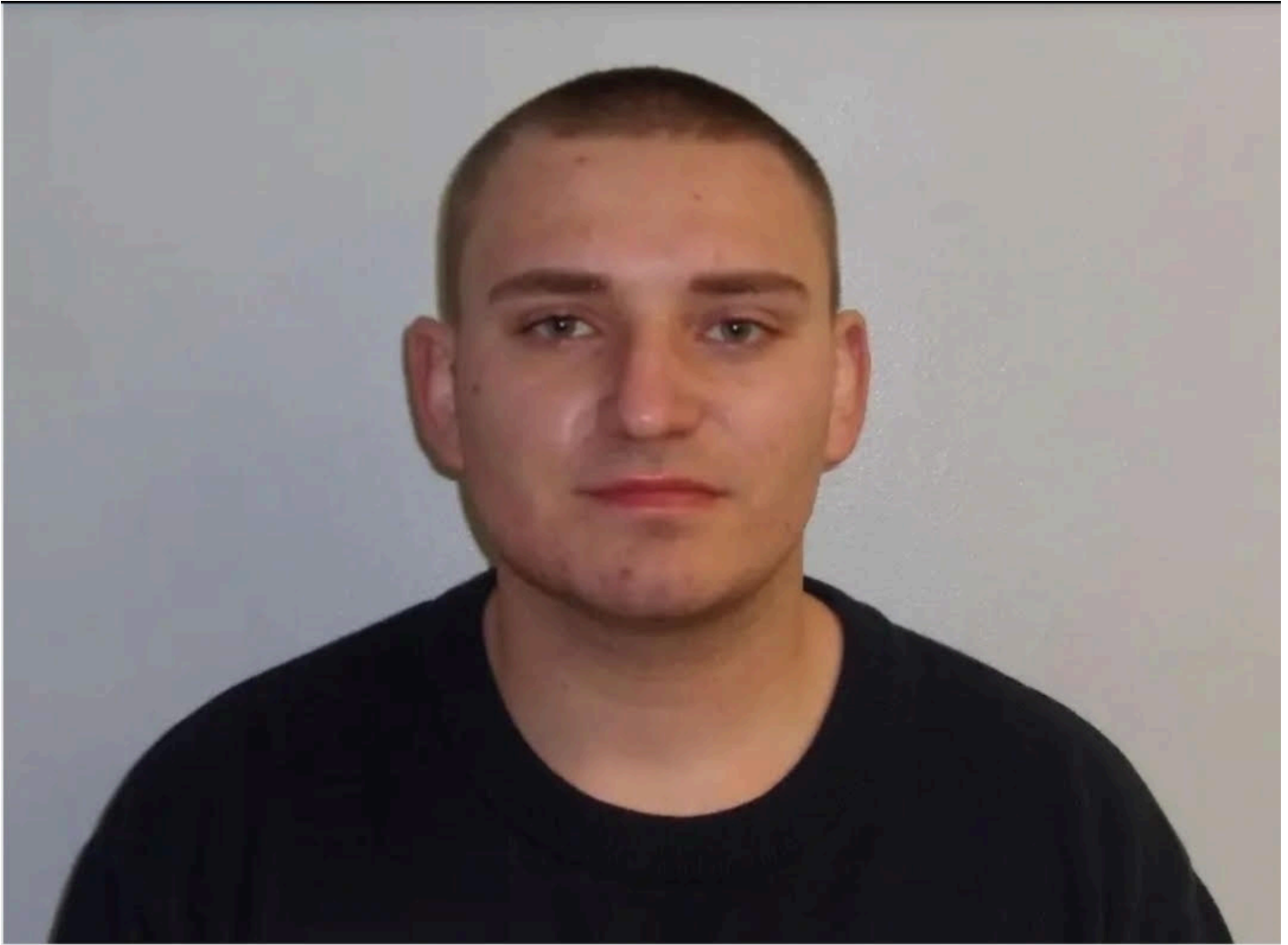
Thank you

Angel mama Tricia Theriault.

#1 killed my son by illicit fentanyl

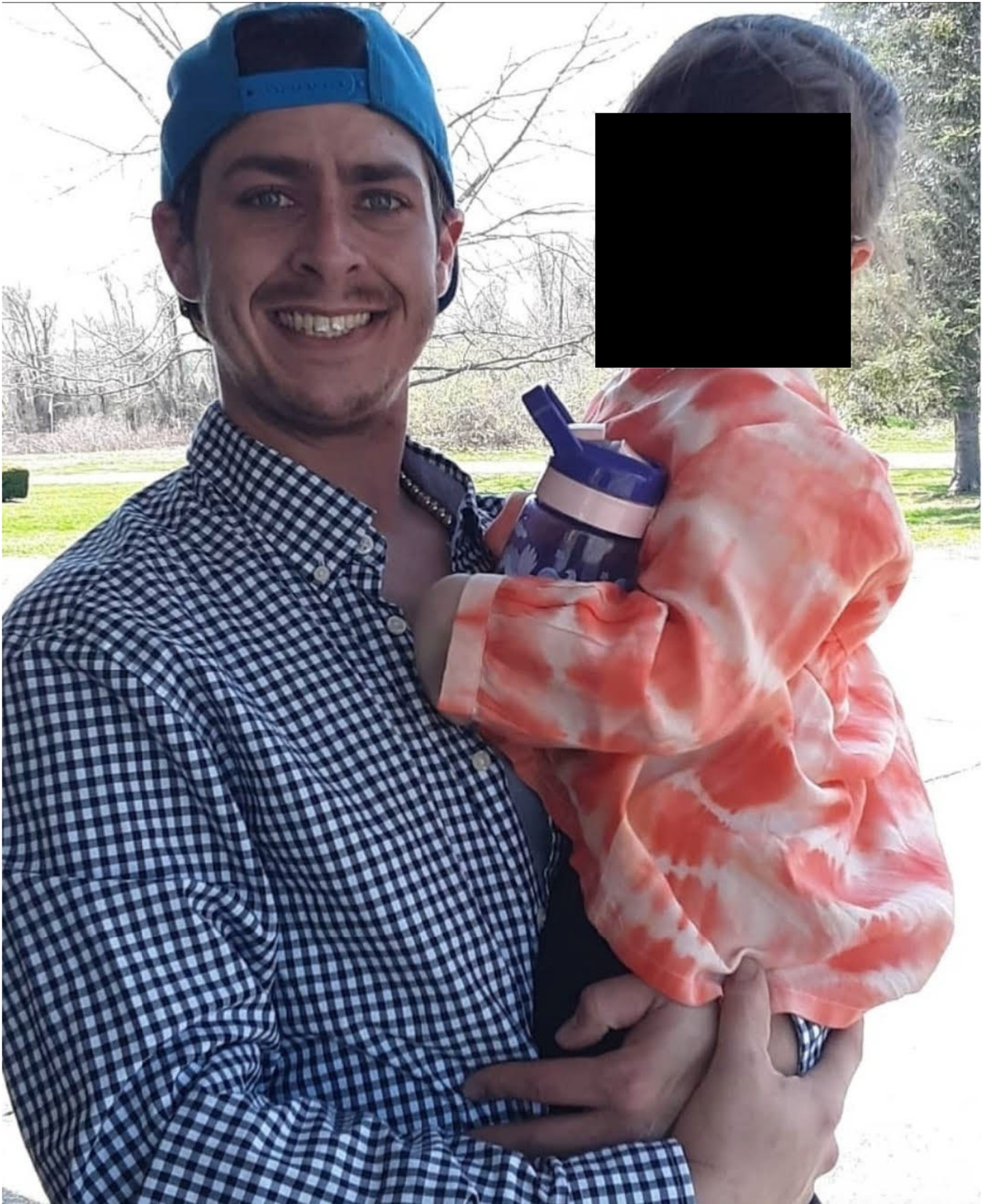
#2 adoption day

#3 daddy & Clover



Cyle Reece Gancarz of Danis Park Road in Goffstown was indicted in June on two felony controlled drug act; acts prohibited-fentanyl, including one charge that police say caused the death of a man in September 2021. (Concord Police Department)





The Honorable Members of the Senate Judiciary Committee
United States Senate
Washington, D.C.

Subject: Fentanyl Scheduling Hearing – A Mother's Plea for Action
02/02/2025

Dear Members of the Senate Judiciary Committee,

I write to you today with a grief that has no end. My name is Andrea Thomas, and I am a mother who lost everything in the blink of an eye—because of fentanyl. My daughter, **Ashley**, was stolen from me on June 11, 2018, by **just half of a pill**. A pill that she believed to be a safe, familiar medication to ease her pain. A pill that was instead deceptively made with fentanyl. A pill that ended her life.

Ashley was only 32 years old. She was a **mother**, a loving mother to my grandson, who was only seven at the time. My grandson will never feel his mother's embrace again, hear her laughter, or make a new memory with her. He will grow up with stories instead of moments.

But the tragedy did not stop with Ashley. The devastation did not stop with my family. The very next day, Ashley's boyfriend, **the one who gave her that fatal pill**—took his own life in unbearable grief. Two young lives were gone. **Two families shattered**. Forever.

Neither of them knew that illicit fentanyl had infiltrated our communities, masquerading as prescription medication. Neither of them had any warning. Ashley did not suffer from a pill addiction. She was simply **unaware**, as so many others are.

And this devastation is not mine alone. Through my work with **Facing Fentanyl**, I have met thousands of grieving parents just like me, each carrying the same unbearable burden. We are an army of broken mothers and fathers, siblings, and children, left behind to piece together the wreckage that fentanyl has left in its wake. We are growing in numbers that defy comprehension. This is **not** an epidemic—it is an all-out war on the American people, and we are losing.

The numbers are staggering, but they are **not just numbers**. Every statistic is someone's child. Someone's mother. Someone's best friend. Someone's future. The **fentanyl crisis is killing indiscriminately, and it is killing more people than we can even begin to count**. It is destroying families. It is leaving children orphaned. It is creating a wave of grief that spans coast to coast. **This crisis does not discriminate**.

- **It kills the unsuspecting, like my daughter, who had no idea fentanyl was in that pill.**
- **It kills those experimenting, young people making a reckless but not fatal choice— until fentanyl turns it into a death sentence.**
- **It kills those who seek it, because one dose too strong is all it takes.**

I write this as a **plea to you**—to take action that **will save lives**. The scheduling of illicit fentanyl and its analogs as **Schedule I substances must be made permanent**. There is no room for hesitation and no space for loopholes. Every delay, every compromise, means another mother will wake up to find her child lifeless in their bed. Another father will have to pick out a casket. Another child will be forced to grow up without a parent.

This is **not about politics**. This is about **human lives**. It is about the thousands of families who will sit down for dinner tonight with an empty chair at the table. It is about the next Ashley. The next unsuspecting victim will take what they think is medicine or take something that seems harmless and never wake up.


Please, hear me. **Hear us**. If fentanyl had not entered our country in such an unchecked, rampant way, my daughter would still be here. My grandson would still have his mother. Ashley's boyfriend would still be alive. **Two families would not be destroyed by half of a pill.**

How many more must die before we act? How many more children must be left behind? How many more funerals, how many more urns, how many more broken hearts?

I cannot bring Ashley back. But maybe—just maybe—I can save someone else's daughter. **Maybe, together, we can stop another family from being destroyed.**

I ask you: Will you help us? Or will you let more families suffer the same fate as mine? With the deepest grief and the strongest urgency,

Andrea Thomas

 [@voicesforawareness.com](mailto: @voicesforawareness.com)
Founder & Executive Director, Voices for Awareness
& Facing Fentanyl Inc.

January 29, 2025

Attention: US Congress

Derek Maltz, Acting Administrator, US Drug Enforcement Administration

Regarding: Jordan Garmatter 5/3/93 - 4/6/19

Fentanyl Took His Life

Jordan was always a sweet outgoing child. As he grew older into a teen I couldn't be more proud of him. He had a part time job and went weekly to Teens for Christ for awhile. He was very close with me and we talked a lot. Even after moving out of the house he always would come back to my house and stay for 1-2 nights so we could spend time together. That all stopped on April 6, 2019.

On April 5, 2019 at about 3:30 pm was the last time I saw my son. He went off to work and the last thing he said to me was – I love you Mom. Those are the last words from my son and I didn't even know it would be the last words he would ever speak to me.

On April 6, 2019 at about 6am I was awoken by Jordan's younger brother telling me something was wrong with Jordan. I went into his room immediately and he was lying on the floor and I could tell immediately that he was dead. CPR was attempted but it was too late. All I could do is scream. The thought of him not being in my life anymore was so hard to deal with and part of me died that day too. It's the hardest thing I've ever been thru in my life. And now I find myself crying as I write this letter. It is almost 6 years now that Jordan has been gone and no, it doesn't get better with time. The pain is with me every day. And this shouldn't happen to any child, teen, adult or parent. This unrelenting pain has affected my entire family. It's so hard on all of us. We all miss Jordan so much. The holidays are not the same and it's hard to be happy.

My son Jordan started experimenting with drugs at some point after graduating high school. This was unbeknownst to me as at this point he wasn't living at home and I only seen him usually once a week. In the year 2022 he came to me and told me he had an addiction and needed help. So I got right on it and found him a place for outpatient treatment.

Jordan seemed to be doing well and was working consistently. But in September of 2023 my oldest son told me he thought Jordan was using drugs again.

So I called Jordan and told him to please come live with me and let me help him and I could be more involved with him daily in person. He agreed and moved in with me. We got him more help again, he got a new part time job he liked and it felt like he had his addiction under control and he was acting like he used to. Things were going so great, until Mid March 2024. Jordan's face swelled up on the right side and it appeared he had a wisdom tooth that was growing in wrong. He made an appointment to one of the

only dentists around that took patients with no insurance. So they set his appointment a little over 2 weeks out.

In the meantime Jordan continued to work even though he was in a lot of pain. But 1 week away from his dental appointment he made the bad choice of getting his drug to ease his pain. I only learned this after his death and I looked into his phone. He had told his friend the night before he made his choice to use again that he didn't feel like getting online to play X Box Live because his tooth pain was melting his soul away.

My son Jordan suffered from SUD's – Substance Use Disorder. He started off using cocaine and then a friend at a party one night introduced him to "boy" which is the word that means it's a powder like cocaine but it wasn't white. It was an off color and it was heroin. He was told it was like cocaine but lasted longer. And then h was hooked.

But whether someone dies from a One Pill Kills scenario or because someone with SUD's relapsed and dies from Fentanyl laced drugs shouldn't matter. Especially when young people make bad choices and die as a result. The point is they didn't want to die. They didn't ask for Fentanyl. My son Jordan didn't ask for Fentanyl. But he got it anyway and was gone in an instant.

And now on to the bigger issue. Fentanyl, via China and Mexico, have already taken a whole generation of lives away in America. The Cartels are heavily involved in trafficking lethal illicit drugs to our American children, teens and adults. The Cartels have now been designated as Terrorists. They need to be dealt with as Terrorists now. American citizens have not been protected properly pure and simple.

As a result of my son Jordan's death from Fentanyl, I founded APALD – Association of People Against Lethal Drugs. APALD is a 501c3 non-profit organization. We strive to bring awareness and education via our APALD Annual National Events which consist of many locations across America hosting events on the same day to bring much needed awareness to our general public.

Please crack down on China. Please stop the Mexican Cartels and other Cartels. Please do whatever it takes to protect our American children and people. And lastly please secure ALL of our American borders.

Sincerely,

Diane Urban
Founder/President
APALD


[@gmail.com](mailto:weareapald@gmail.com)
weareapald.org

The story of my beautiful son, Jacob Vasquez
Born 8/21/96 - Stolen from us on 11/28/20
Fentanyl Poisoning in a counterfeit Xanax
Gilroy, California

My son Jacob, my youngest child, my only son, was the light in our family. He was handsome, athletic, artistic and creative, adventurous, silly, sentimental, affectionate, joyful. He brought laughter and love to everyone, everywhere, always. On Thanksgiving weekend of 2020, Jacob flew home to visit. Less than 46 hours later, we found him dead in the bed of his childhood bedroom, his little dog Sophie next to him. In the anguish, despair and screams of disbelief that followed, we had no idea of what happened. The only clue found was a Xanax pill in his pocket, and a text to an old highschool acquaintance asking for some. There lay my son...under a yellow sheet in the entryway of our home. Seven hours until the coroner came to pick him up, and then Seven months to find out confirmation in his report, that he died from a counterfeit pill, dead from a normal looking pill that had hidden a lethal amount of illicit fentanyl, enough to kill five people, something we had never heard of and had no idea even existed.

To say that the holidays, since then, will never be the same is an understatement. We had already bought our Christmas presents for him. He had already bought his plane tickets to be with us for Christmas. My dear friends, who came to help me those horribly black days after my son died, put up my Christmas tree for me. I can not even begin to describe the feeling, seeing my dead son's unopened presents under the tree. The anguish. The despair. The trauma.

One minute my son was enjoying a holiday weekend with his family; the next minute, he was gone. From one. single. pill. All of his goals, plans and dreams, taken from him in an instant, poisoned to death by a pill. Our family is forever broken; the never-ending void and silence created by my son's absence is deafening. He had always been the wonderfully noisy one. My son loved deeply; we deeply loved him. The pain I live with, the hole in my shattered heart, cannot be described in words. Gone. Just like that. Our family will never be the same. I ache to see all three of my children in our family photos. An empty space, where he should be. My poor daughters, navigating life without their brother. Our little, broken family, forced into this hellish, horrible journey forced upon us. My Jacob, my angel...I love and miss you fiercely, my beautiful, beloved Jacob-boy. Forever 24.

- Jacob's mama
Geraldyn Vasquez

His dad picked them up at the airport and was taking them directly to the beach, at Jacob's request; having moved to Oklahoma, he missed the beach terribly. I had been sitting home, prepping for Thanksgiving between my Zoom teacher meetings, when I heard the car pull up and Jacob drag his travel suitcase up the drive, his joyful laughter music to my ears, I was so excited to have him home! I was cooking all of his favorite things, had his bedroom all cleaned and fresh and ready for him.

We had a weekend filled with family, friends and activities. Right off the bat, Jacob made plans. He went to the outlets for Christmas shopping that night, hiked with his girlfriend Thanksgiving morning, went back to the beach near Monterey the next day, called his grandparents to see them on his last day before traveling back. He was filled with the love of life. That night he and I hung out in the kitchen as I finished up the last of the Thanksgiving weekend cleanup, he was working on his computer. It was so nice just to have him near, and I could feel our bond as we both did our tasks. I went to bed around 10:30. He came in about 30 minutes later to tell us goodnight, tell us he loved us. The last thing he said to me was "Get me up early mama, let's cook breakfast together. Don't forget, mama. I love you mama." Shortly after 2 am I woke up. I had a strange feeling. I could not put my finger on it. After an hour of tossing and turning, I decided that the house was too warm and went to turn off the heater. I noticed the light on under the door of Jacob's childhood bedroom...nothing unusual, he would often fall asleep with his light on. I tried the door handle to turn the light off for him, but it was locked. I wondered about this for a minute, why was it locked? I assumed he wanted privacy, that he had fallen asleep, and I went back to bed. I still could not sleep, I still had an uneasy feeling...3:45 am was the last time I remember checking the clock. I eventually fell asleep.

The next morning. At 8 am, I got up, saw his light still on. I decided to let him sleep until 9 before starting breakfast. His girlfriend came over about 8:15 am after visiting her family for the night. I told her Jacob was still asleep. Somehow she got into his room. A horrible, bone chilling scream...her scream. In that split second I knew he was gone, knew what had awoken me at 2 am. Knew the reason for the uneasy feeling I had in those early morning hours. His dad tried CPR while his sister called 911. I was in trance, I saw my son's beautiful face, saw his blue lips, touched his sweet hands, the warmth already fading. I knew he was gone. In the blink of an eye, my world came crashing down. My beloved son was gone. Gone. I repeated it over and over. Gone.

The paramedics pronounced him dead by 8:35. The deputies found a Xanax pill in his pocket. There was nothing else around. Phone texts showed that he had made contact with a former

classmate asking for Xanax. It didn't make sense. How could Xanax kill someone? For almost seven hours I lay sobbing over my son's body, covered with a yellow sheet. In the background the wails of his sisters, grandparents, aunts and uncles, cousins, friends...over seven hours of waiting, while everyone came to put their hands on our beloved boy, held his now cold hands, kissed his sweet face. My child, who died in the very room he had grown up in, the same room he had played in as a little boy, where I had read his favorite bedtime stories to him, where I took care of him when he was ill, where he had his buddies over to hang out with him. Gone. Someone dragged me away, sobbing, when they finally came to take my son away. I heard the gurney rolling away to the coroner's van, the van engine starting and pulling out of the driveway. Gone. My handsome, beautiful son, who I had just been talking to and laughing with just 8 hours earlier before that horrific morning, was gone.

On the evening of that awful, nightmarish day, my daughter did some research, and found one post on Facebook from another grieving Gilroy mom who had also lost her 17 year old son to Fentanyl in a Xanax pill...that was the first time any of us had ever heard of fake pills or Fentanyl. After a seven month coroner wait, this is what was confirmed. Why in the world was something as dangerous and as deceitful as this illicit drug being put into prescription looking pills not being warned about to the general public? Why did I actually have to search for information about it? Why was there no public service announcement, like there was for Covid, drunk driving, texting while driving? My son did not want to die. He had a weekend filled with plans, He was ADHD, and was most likely trying to calm anxiety. Instead, he was poisoned. He would never open up the present we had already bought and wrapped for him that Christmas, placed under the tree that my best friends had put up because they knew how much Jacob loved Christmas, how he looked forward to it.. I was in bed, unable to function, praying for God to take me too. How I prayed and prayed, for God to take me too.

A year and a half later, I am still shattered and heartbroken. I will never be the same. I cry for my son every day .I long to hear his voice, see his brilliant, joyful smile and twinkling eyes. I want to rub the top of his head, which he loved. I want to cook him his favorite meals. He had a beautiful girlfriend, numerous friends, his pet Yorkie, a business venture, so many plans and dreams. He wanted to get married, have kids, eventually buy from us his childhood home to raise his own family in, and take care of us in our old age. He was silly and spontaneous, artistic and athletic, sentimental and affectionate, adored and beloved. He was filled with light and joy. He was stolen from us by a single, fake pill. The dealer still walks the streets. He is alive, while my son no longer is. I will forever feel that his spirit leaving his body is what woke me up in those early morning hours of November 28, 2020. That he was letting me know. I will not be silent. I will keep telling Jacob's story. He will not have died in vain. My precious, sweet, baby boy Jacob. Forever 24. I love you and miss you deeply, my unique and spirited child.

Geralyn Vasquez



Andrea Thomas [REDACTED]@voicesforawareness.com>

My son

Carol Venditto [REDACTED]@live.com>

Sun, Jan 26, 2025 at 12:49 PM

To: [REDACTED]@voicesforawareness.com" [REDACTED]@voicesforawareness.com>

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My name is Carol Venditto, I am Justin Ian Crist's mom and I would like to thank you for the opportunity to share my story about my son Justin Ian Crist's demise to fentanyl My son Justin was born on February 23, 1998. He came home to live with my ex husband, an myself at five days old.

My son was born addicted to meth and he was immediately taken from the hospital and from his birth mother. God blessed me the day my son was born the day my son came home at five days old I was a 40 year old woman, today I am 65 That's a 40 year age gap between myself and my son.

Justin was very intelligent, big brown eyes and a smile that lite up my world he was a beautiful boy, full of adventure, he was my only son I loved him dearly more than he probably knew. As he was growing up Justin loved riding bicycles, skateboarding dirt bikes, going out on the water, started riding dirt bikes and quads at two years old NRA training at 9 and as he got older, Justin liked nice cars.

My son started developing mental issues when puberty became prominent at about 13 1/2 years old punching walls and wrecking furniture and yelling and creating chaos, we took him to counseling and had a mental evaluation. Doctor said he couldn't recommend anything and didn't want to label him because Justin was a minor, but said he is having some sort of rages; we drove four hours to get to this evaluation living in a rural city that many years ago and today we still have zero resources here in Lake Havasu City for mental health or addiction issues. We currently have Mohave mental health and Southwest behavior both hiring people straight out of school not that I don't think that they should have a start at a career, but with a complexed person like my son I think he deserved better.

My son started having depression and we went again to counseling which was horrific. My son literally knew more about his condition than they did, Following this for years my son getting know where self medicated and smoked marijuana and smoked spice that was more dangerous As a minor my son went to three rehabs at 3 to 6 months each. He went to juvenile detention and the last time he went when he was 17, he ended up in Arizona department of juvenile corrections or Adobe. For marijuana!

My son was not a criminal! all of this which stems from his mental health and self-medicating with marijuana, I am not justifying drug use. All these rehabs and juvenile hall as a young child really affected him negatively. During Justin's stay a ADJC (ADOBE) my son received his diploma. It was the proudest day for him And for myself when they let my son out on his 18th birthday, he had received no help inside with his mental health condition and no help with his substance abuse. As a young adult my son kept self-medicating, he used drugs ranging from marijuana, methamphetamine heroin to fentanyl and continued in and out of jail for drug use and rehabs, 30 to 60 days.

My personal problem with the rehabs is everybody's situation is unique my son was predisposed at birth to have addiction problems by being addicted at birth it was in his make up and he unfortunately needed a considerable amount of help. Which he did not get, instead he was treated like a criminal.

Everybody's situation is different when they enter rehab it could take one person 30 days to 60 days to 90 days and another person a year and a half two years. This isn't the same for everyone nor should it be, one brain is wired differently than another person's. My son, he is not and was not a criminal. But he was treated like a criminal.

I feel the system failed my son from an early age and now he is gone If love could've saved my son he would still be here. My son was a beautiful wonderful person with a lot to offer the world and a lot the world had to offer him as well, and now he's gone. I blame the system.

My son was taken at birth by the state of Arizona to be given a better life and he came home to me and with tears in my eyes, I will tell you I did everything in my power to give my son the best of the best, when the addiction started I enabled I tough loved and I set boundaries I took him to counseling to court put him out on the street you name it I did it.

The state did not help with his problems. They made them worse by locking a young boy up for marijuana and not helping his mental health issues and drug addiction. I grieve my son every minute of every day My son overdosed June 3, 2023 at 25 years old alone in a car for two days before he was found 3 1/2 hours away from me People fentanyl kills. Most Street drugs are laced with fentanyl. You never know when! One hit one line One pill fentanyl will kill, it took my sons life. He was five months in jail and came out clean and sober and fit, they found my baby on the third day after he got out of jail, he had been there in the car alone already gone for 2 days. He did not want to die...

Believe me when I tell you that my son's addiction was very chaotic for many many years and it caused a lot of pain to me and my family and my son. His addiction became my addiction and my family's addiction and now my worst nightmare! I got that phone call that no mother ever wants to get I am forever broken. Please help save our children



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48K

September 2023

Dear Senators,

As the mother of a 33-year-old son who died of fentanyl and Xylazine poisoning in October 2022, I implore you to work with your colleagues and shut off the spigot once and for all that not only allowed Fentanyl Related Substances (FRS) to enter our country legally, but incentivized their creation. You have before you bill language that passed the Wisconsin legislature on a unanimous vote, was adopted as national policy by the DEA, and which passed the House of Representatives earlier this summer. It's time for the Senate to act and make permanent temporary scheduling of FRS into Schedule I of the Controlled Substances Act.

Casey always struggled with some mental health issues starting with ADHD when he was eight years old and progressing to social anxiety and bad behavior. He was super intelligent and graduated high school with a 4.0 GPA. He got a Florida bright medallion scholarship to attend college. He was a classical pianist and also got a music scholarship. He got in a motorcycle wreck and was prescribed OxyContin. This began his addiction. He had gone eight years in remission with the help of medical assisted treatment by taking Suboxone. He made a decision to wean off of the Suboxone and his struggles really began then. He reached out to the detox crisis hotline -- the same one where he attended the buprenorphine clinic, so they knew his history, and they knew he had recently made the decision to get off the Suboxone. However, when he called them, begging for help that he needed help detoxing from the Suboxone, they basically sent him to his death by telling him he would need to "test positive" for a drug to get in. I feel this is a law that needs to be changed as well. When a person is reaching out for help, you don't tell them to go do drugs. So after eight years of not using anything but Suboxone, that is what he did, and ended up, getting murdered and poisoned with fentanyl and xylazine.

I miss my son terribly. I don't want to see any other families go through this, but yet we are losing 300 people a day. Something has to be done. My son did not want to die, he just wanted help. Casey #forever33

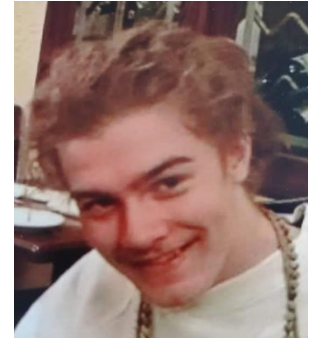
Sincerely, Kim Webster



January 29, 2025

Dear Members of Congress,

Robbie (Robert Paul Goebel) was my baby boy, the younger of two sons. He was a beautiful child and young man with sparkling blue eyes and unruly blonde curls. During his childhood, he was outgoing, always the clown, capturing everyone with his silliness, sweet smile, laugh and charming good looks.



There were so many wonderful attributes we loved so much about Robbie.

His singing, which he did well even when goofing around. He could sew and when a pair of skater pants he loved wore out, he would mend them himself. His sense of style was unique. He wasn't afraid to be different, and independent...always a trendsetter. He loved classic rock and could sing all the words to Pink Floyd, Led Zeppelin, to name a few. He was messy, never threw anything away (including old broken shoelaces), never hung up his towels, and would much rather be playing than doing homework or studying.

He was a truly very caring and kind person. He would recognize when people are sad or hurting, and would ask if they are alright. And if needed, his hugs came freely and were always warm and sincere.

Rob was always so good at every hobby he tried. When he was four-years old, he wanted a skateboard as a gift. He would spend hours on that Spiderman board trying to figure out how to ride and maneuver. Through the years, that hobby grew into a passion. He was extremely talented and focused on getting better and mastering tricks. I think collectively he probably went through up to 50 boards during his childhood while gaining confidence and skill.

He was equally as good at snowboarding and was on the black diamond trails the very day he tried the sport. He took to BMX around ninth grade, building and riding custom bikes, spending days at Penn Skate, Catty Woods and the Bethlehem skate park. He would ride with friends who formed a group called Undefined. They traveled, shot videos and formed a small family of friends through riding.

When he entered high school, Rob decided to attend the tech school part time to learn to weld. His plans were to learn the trade, co-op during the year and find work upon graduation. He was a good student, and a terrific welder his first and second year of high school. By his sophomore year, the grades became more of a struggle, but he continued to excel in welding.

During this time, he also took an interest in freshwater fishing and kayaking. He loved spending time outdoors, fly fishing, salmon fishing, pond fishing - any kind, actually. He was content on the water and relished perfecting technique and the satisfaction of a well-earned catch. Folklore was that some ponds in the area had sizable fish and he was intent of catching them. He always threw his catch back - that was just how he was - return it for the next fisherman, whether it was him or not.

Around the age of 16, soon after he learned to drive and gained some freedom, Rob began to lose interest in his hobbies. His moods grew darker, school was a struggle and he seemed to be lost in who he was, or what he wanted to become. During this time, he was smoking pot which escalated to

dabbing. Looking back now, and in later conversations with him, he was struggling with anxiety and depression. Angry and violent outbursts, followed by his remorse, and loved ones walking on eggshells became all too common in our household. Rob had turned from my sweet boy to a strong and unpredictable young man that I no longer recognized and tried desperately to understand.

To ease the anxiety he felt, and the tensions within, his use and choice of drugs escalated and, with that, violent outbursts grew to the point where he moved in with his father with hopes that a change in environment would help. It didn't. Our worlds continued to unravel as Rob began using heroin, likely fueling his addiction through any means possible. We begged for him to face his addiction but he remained in denial.

At the age of 18, he finally agreed he needed help and willingly went to rehab. For six weeks, there was hope and talk of his future in sobriety. He then transferred to a longer residential rehab that would provide three months of therapy and transitioning. The freedom it offered took him right back to the circle of people who preyed on his vulnerabilities. Rob stayed three weeks before he discharged himself, took a bus back to Allentown, and was high by nightfall. The talk of obtaining a sponsor, attending meetings, and a life without drugs was gone. The monster had taken him again.

Nine days later Rob was found alone, dead in his truck in a Wal Mart parking lot. He wanted so badly to beat his addiction and foreshadowed his death often, attempting to explain to me it was a physical pain and yearning that never, ever went away. His cries on the telephone and in texts during his darkest hours are none any mother wants to hear or read. I would give anything to receive those texts again, to have just one more chance to save him.

In the end, my Rob is another statistic in this country's opioid epidemic and a surge in fentanyl that fills the purses of the heartless and greedy. To those who did not know him, he was a drug addict who made his choices and why should we care? But Rob, like thousands of men and women who were murdered by fentanyl, had talent and dreams. He was someone's son, stepson, brother, grandson, nephew and friend. He was a human being, and he was deeply loved.

To the members of Congress and anyone who can make laws effective in the country, I ask you to remember Robbie and the thousands upon thousands lost to murder by fentanyl. Action is crucial. Without it, another generation will be lost.

Regards,

Caryn Wilkie



Andrea Thomas [REDACTED]@voicesforawareness.com>

Jared Weicht

Cheryl Wilson [REDACTED]@gmail.com>
To: [REDACTED]@voicesforawareness.com

Mon, Jan 27, 2025 at 5:59 AM

To whom it may concern:

My beautiful son, Jared, would take his last breath on February 17, 2020. After battling the disease of addiction for ten years, a chance for continued active recovery was taken from him on short notice. Illicit fentanyl ensured that my son would not be given another chance at life. Jared did not know that he had; ingested illicit fentanyl; he died quickly, alone, on his kitchen floor. At 8:13 pm on February 17, 2020, I was notified that my son lost his life. My life was forever changed. At that time, I knew little, if anything, about illicit fentanyl. And, yet, now this word - fentanyl - is on my lips each and every day.

Jared was such a wonderful, bright soul who brought love, friendship, compassion and humor into the lives of others. He cared deeply about his family and friends and was always quick to lend a smile and deep conversation. He was passionate about travel and curious about other cultures. He had a knack for bringing people from all walks of life together. A few of his favorite things included the Carolina Panthers, the Florida Gators, FC Bayern Munich, Fantasy Football and, always, his English Bulldog, Tennyson. Life came easily for Jared until 2010, which is the year he began his struggle with addiction.

In the summer of 2010, Jared had his wisdom teeth extracted. I clearly recall thinking nothing about taking him to an oral surgeon for this procedure. My biggest concern was his inability to eat and the discomfort he might suffer. I never considered that the Percocet Jared received was overprescribed and highly addictive. My son changed in so many ways that summer and, yet, I wouldn't learn of his addiction to Oxycodone until December 2010. He put his arm around my shoulder during a counseling session and said, "Mom, I'm struggling with addiction and I'm scared." Thus, the next four years consisted of counseling, IOP's, treatment programs and sober living facilities. The journey was long, hard and so very painful. In 2014, upon losing his roommate to an overdose, Jared understood that he was fallible — that he, too, could lose his life. After many heart-wrenching conversations, Jared was sent to an inpatient facility in Tennessee for three months, and he thrived. Jared returned to North Carolina loving life again. My son was back. After working his recovery program, he took a job with Coca-Cola Bottling in Charlotte. Jared had found his way through the darkness — he had found his way home.

Jared worked at Coca-Cola from 2015 until February 17, 2020. I spoke to Jared, for the last time, on February 16, 2020. He was exhausted from working twelve-hour shifts and suffered from some other major life stressors. Jared had landed in the middle of his

own perfect storm, as we all do in life at some point in time. “Mom, I need to see a doctor,” he’d mentioned. I could hear the struggle in his voice. We agreed to meet in Davidson, North Carolina that week, as we had so many times before. Davidson had become an easy place to meet for dinner, and we had a favorite restaurant. We loved to walk around the little college town to talk and spend time together. So, having made our plan, we said goodnight, just assuming we’d see one another on February 19. But that meeting was not to be. Jared thought he was going to work on February 17. He had on his backpack and was dressed to leave. He called a friend, briefly, to say that he was struggling and that he’d taken something. Roughly three words slipped from Jared’s mouth and then he died, alone.

On February 19, 2020, I didn’t meet Jared for lunch in Davidson, North Carolina. We didn’t have the opportunity to discuss his options — options like cutting back on his workload, seeing a physician and finding ways to manage his stress. Illicit fentanyl robbed my son of his humanity, his dignity, his future. Jared was returned to Forsyth County on February 19 to a funeral home, where I patiently waited to see him again - to be with him - and to tell him so many things for the very last time. We didn’t have lunch that day - I planned his service instead. He was swaddled like a small child because that’s what happens after an autopsy. No words exist to describe this loss.

Someone I loved so dearly was so quickly ripped from this earth, and this scenario has been playing out throughout our communities. The third wave of the opioid epidemic — the fentanyl epidemic — was upon us. So many challenges would arise over the first couple of years after Jared’s death. We moved straight into the Covid epidemic after his burial, a death by distribution investigation, a long wait for autopsy and toxicology reports. For me, most of all, I just wanted to know what my son ingested and who hurt him. The answer to all these questions would come to pass and, yet, I was only left with “Why?” How does this happen and why?

The answer is both simple and complex. Illicit fentanyl is a poison. What happened to Jared was also happening to so many others. My desire to raise awareness about illicit fentanyl was actuated by Jared’s death. I tell Jared’s story to save the lives of others. Jared was thirty-one when his life was so quickly cut short. He deserves a voice.

Respectfully,

Cheryl Wilson
Special Director
A Voice for Jared
The Blue Plaid Society, 501(c)(3)



September 2023

Dear Senators,

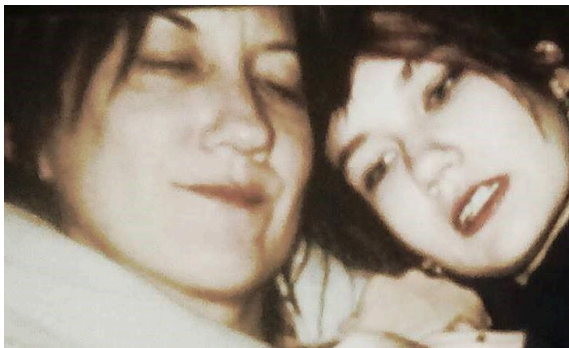
My name is Jody Wintheiser. On January 4, 2014, my world ended when I discovered my only child dead from an opiate overdose.

Samantha "Sammy" Grace Medinger was beautiful, kind, sassy, funny and wildly creative. In January of this year, I will be 10 years into my life sentence of grief. Anyone who says "it" gets better is lying. Sammy has missed weddings of her friends, holding their babies, and living the life she should have had if it hadn't ended at 24 years of age.

Since then, I have lost two more bonus children -- dear friends of Sammy's who had nurtured and supported me through this awful journey. They accompanied me to the sentencing of one of the people who supplied my daughter with drugs on the day she died. They both sat in front of me, sobbing at the loss of their friend. They both have since died of overdoses themselves. The last death was in 2022, and it was Fentanyl. There is a new killer in town, and incredibly, it is even more vicious than heroin.

I now have a memorial garden in my front yard for my daughter and a memorial garden in the backyard for my bonus daughter. Her two small children (my adopted grandchildren) helped me pick out stones and ornaments for their Mom's garden. They were 4 and 8 years old when she relapsed and took her last shot. Please pass this bill, so I don't have to build any more gardens.

Sincerely, Jody Wintheiser





Andrea Thomas [REDACTED]@voicesforawareness.com>

Letter from Dave and Sharon Worman

Cheryl Ellington [REDACTED]
To: [REDACTED]@voicesforawareness.com

Thu, Jan 23, 2025 at 12:46 PM

David James (DJ) Worman lost his life December 27, 2017 to Carfentanil, a synthetic opioid that is 10,000 times more potent than morphine and 100 times more potent than fentanyl. DJ lived and died in West Palm Beach, Florida. The police did next to nothing to investigate his death. DJ loved life, his family and friends. He did not want to or deserve to have his life taken. Our loss has forever impacted our family including his young nephews, sister, his parents and friends. Our prayer is that the surge of illegal drugs crossing our border is put to an end to prevent the destruction of countless other families.
Dave and Sharon Worman

Cheryl Ellington
[REDACTED]
Sent from my iPhone

September 2023

Dear Senators:

As the mother of an 18-year-old son who died of fentanyl poisoning in December 2022, I implore you to work with your colleagues and shut off the spigot once and for all that not only allowed Fentanyl Related Substances (FRS) to enter our country legally, but incentivized their creation. Because of my friend Lauri Badura and her son Archie, you have before you bill language that passed the Wisconsin legislature on a unanimous vote, was adopted as national policy by the DEA, and which passed the House of Representatives earlier this summer. It's time for the Senate to act and make permanent temporary scheduling of FRS into Schedule I of the Controlled Substances Act.

Our son Owen was battling a severe mental illness, most likely schizophrenia, and had learned to self-medicate with drugs to subdue his symptoms as so many struggling with mental illness do. I found him 2 days after Christmas, hunched over a table in his bedroom where he had been snorting a line of cocaine the previous night. He did not ask for fentanyl to be added to that cocaine, and I can tell you for a fact he did not want to die. He was enrolled in a treatment program for both the mental illness as well as an AODA support group and all he needed was a little more time to get the medication and counseling sessions right. Owen was a son, a brother, a cousin, a nephew and a grandson and we all miss him every day. He will never get the chance to go to college, get married, or raise a family. We are still waiting, but at this point nothing has even been done with the dealer who supplied this deadly drug.

Becky Zingler



February 3, 2025

VIA ELECTRONIC TRANSMISSION

The Honorable Charles E. Grassley
Chair
Committee on the Judiciary
U.S. Senate
Washington, D.C. 20510

The Honorable Dick Durbin
Ranking Member
Committee on the Judiciary
U.S. Senate
Washington, D.C. 20510

Dear Chairman Grassley and Ranking Member Durbin:

On behalf of the undersigned organizations, we commend your bipartisan leadership in addressing the fentanyl epidemic, a crisis that has devastated families across the country, and for holding the hearing entitled, *The Poisoning of America: Fentanyl, its Analogues, and the Need for Permanent Class Scheduling*, scheduled for Tuesday, February 4, 2025.¹ As physicians, we write to provide a clinical perspective on this issue, particularly regarding our compliance with the Controlled Substances Act (CSA) and the critical distinction between fentanyl approved by the U.S. Food and Drug Administration (FDA) and illicit fentanyl analogues.²

We care for patients who experience severe, chronic intractable pain due to conditions such as advanced cancer, complex surgical interventions, and neurological disorders who require carefully prescribed individualized pain management strategies. This often involves the use of regulated medical devices and controlled substances under the CSA. For example, patients with cancer pain caused by tumors that have spread to the skeleton or that are compressing nerves, or individuals suffering from severe spasticity disorders (i.e., cerebral palsy, multiple sclerosis, stroke, brain/spinal cord injury), may require an intrathecal drug delivery system.³ Sometimes colloquially termed “pain pumps,” these implantable devices deliver medication directly into the spinal fluid, providing effective pain relief while minimizing systemic opioid exposure. These therapies allow patients to have significant improvement in symptoms and quality of life as compared to oral medications. Some of the FDA-approved pain medications used in these devices—such as morphine—are classified as Schedule II drugs due to their high potential for abuse. Yet, they are essential for certain chronic disabling medical conditions and safe when prescribed and carefully monitored by a physician.

As you know, the U.S. Drug Enforcement Administration (DEA) oversees a rigorous regulatory framework for controlled substances to prevent misuse and diversion while ensuring appropriate medical access. Physicians and other clinicians must register with the DEA to prescribe, administer, or dispense controlled substances, including FDA-approved fentanyl and other opioids. This registration must be renewed every three years, and registrants must comply with strict record-keeping, safety reporting, prescription monitoring, and storage requirements. The most restrictive classification is Schedule I. The

¹ Senate Judiciary Committee, (2025, February 4), *The poisoning of America: Fentanyl, its analogues, and the need for permanent class scheduling* [Hearing], United States Senate, <https://www.judiciary.senate.gov/committee-activity/hearings/the-poisoning-of-america-fentanyl-its-analogues-and-the-need-for-permanent-class-scheduling>.

² 21 U.S.C. §§ 801-971 (1970).

³ These are prescribed when oral opioids or other pain management strategies are ineffective or cause intolerable side effects.

CSA defines a Schedule I controlled substance as a drug or other substance that has a high potential for abuse, has no currently accepted medical use in treatment in the U.S., and lacks accepted safety for use under medical supervision.⁴

Illicit fentanyl analogues are far more potent and deadly than prescription opioids. Until federal authorities and Congress stepped in seven years ago to temporarily add them to Schedule I, these substances lived outside of this carefully constructed and regulated ecosystem.^{5, 6} As federal agencies continued to report on the status of the fentanyl and opioid crisis annually, Congress extended the temporary scheduling several times, and it is currently set to expire on March 31, 2025.

Given the above, maintaining illicit analogues under a temporary Schedule classification is not a sustainable or rational approach. Continually revisiting its classification creates confusion about the dangers of these substances and hampers efforts to address the crisis comprehensively. Illicit fentanyl analogues have an extraordinarily high potential for abuse, have no accepted medical use, and cannot be used safely under any circumstance—even with medical supervision. In addition, illicit fentanyl analogues have become widely accessible on the streets and through online sources. This accessibility (and affordability) has caused chaos for patients as many pursued illicit fentanyl analogues, looking for pain relief and believing them to be equivalent to fentanyl but not understanding the dangers of these compounds, which do not carry the imprimatur of FDA approval and are not used under the careful monitoring by their physician.^{7, 8} Finally, the uncertainty surrounding the continued temporary scheduling undermines the continuity of the DEA's ability to fulfill its core mission of regulating access to controlled substances to prevent misuse, diversion, and illicit distribution of controlled substances. To this end, we commend recent bipartisan efforts to advance legislation that addresses the fentanyl crisis by categorizing illicit fentanyl and its analogues in the clinically appropriate schedule while preserving access to scientific research into methods of pain management and medication-assisted treatment.⁹

As you consider permanent scheduling and other changes to the CSA, we urge you to protect the role of FDA-approved fentanyl and other opioids in clinical medicine. Specifically, we request that you make a technical correction in the SUPPORT for Patients and Communities Act to maintain the long-standing practice of the DEA registrants obtaining opioid and other compounded intrathecal medications to fill patients' pain pumps. These pumps require periodic refilling of the medication reservoir to maintain therapy. The medications are often prepared by outside pharmacies pursuant to a physician's prescription. For many years, these syringes of sterile medications would be delivered to the physician's office, where the refill would be completed. For those patients who are too disabled to make the journey to the physician's office, some of the compounding pharmacies employ nurses who are trained in these refill techniques and would take the medications to the patient's home and perform the refill there.

Unfortunately, a misinterpretation of Section 3204 of the SUPPORT Act threatens this critical treatment option by preventing pharmacies, including compounding pharmacies, from dispensing controlled substances for use in pain pumps. Federal law restricts pharmacies from dispensing controlled

⁴ 21 U.S.C. § 812(b)(1) (1970).

⁵ Drug Enforcement Administration (2018), Schedules of controlled substances: Temporary placement of fentanyl-related substances in schedule I, Federal Register, 83(25), 5188-5192.

⁶ SUPPORT for Patients and Communities Act, Pub. L. No. 115-271, 132 Stat. 3894 (2018).

⁷ Cicero, T. J., Ellis, M. S., & Kasper, Z. A. (2020). The transition to illicit drug use following prescription opioid exposure: A review of empirical evidence and future directions, *Preventive Medicine*, 128, 105852. <https://doi.org/10.1016/j.ypmed.2019.105852>.

⁸ National Institutes of Health. (2022). The opioid crisis and the black market: How supply and demand shape illicit opioid use. *National Library of Medicine*, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9306091/>.

⁹ Senate Judiciary Committee (2025, January 30), Grassley, Cassidy, and Heinrich propose a permanent scheduling fix for fentanyl-related substances. United States Senate, <https://www.judiciary.senate.gov/press/rep/releases/grassley-cassidy-heinrich-propose-permanent-scheduling-fix-for-fentanyl-related-substances>.

medications to anyone except the end user. An exception to this prohibition was created by the SUPPORT Act to allow direct dispensing to the practitioner, but only for medications used to treat opioid use disorder.¹⁰ This restriction has created significant logistical barriers, forcing patients and providers to navigate burdensome workarounds such as requiring homebound patients to execute a power of attorney agreement or personally receive and store highly concentrated, perishable opioids—both of which pose risks to patient safety and medication security.

The DEA and the U.S. Department of Justice both recognize this issue but have stated in conversations with physicians and compounding pharmacies that the only solution is a legislative fix. Moreover, the DEA has in the past stated that they would at least consider issuing temporary guidance stating that they do not believe the wording prohibits dispensing controlled substances used in intrathecal pain therapy to physicians. However, this document has yet to be released, thereby sowing confusion for practitioners serving this vulnerable population.

Because this issue cannot be resolved administratively, a legislative fix is necessary to restore access to intrathecal pain pumps without unnecessary regulatory burdens. This targeted correction would protect patient access to evidence-based pain management, maintain proper DEA oversight of controlled substances, and prevent undue administrative challenges for both physicians and patients. Ideally, this fix would include changes to the code allowing the dispensing of these medication syringes to the prescribing physician or their designate (such as the refilling agency). Moreover, we recommend amending the referenced statute to add Schedule II medications to the list of approved schedules for these deliveries.¹¹

We appreciate your leadership in addressing this crisis and urge Congress to enact policies that effectively combat the illicit fentanyl epidemic while preserving access to legitimate, physician-directed pain management. We look forward to collaborating with you on statutory measures that balance public health and law enforcement priorities, improve patient care, and promote responsible prescribing practices in the fight against fentanyl-related deaths.

Sincerely,

American Academy of Pain Medicine
American Academy of Physical Medicine & Rehabilitation
American Association of Neurological Surgeons
American Society of Anesthesiologists
American Society of Neuroradiology
American Society of Regional Anesthesia and Pain Medicine
Congress of Neurological Surgeons
North American Neuromodulation Society
North American Spine Society

¹⁰ 21 USC 829a. *See also* Wagner, M. N., & Rosebush, L. H., (October 10, 2024), Make no mistake, pharmacies can still deliver controlled substances to patients, Baker Hostetler, <https://www.bakerlaw.com/insights/make-no-mistake-pharmacies-can-still-deliver-controlled-substances-to-patients/>.

¹¹ 21 USC 829a(2).

Julianna Arnold

February 3, 2025

The Honorable Members of the Senate Judiciary Committee
United States Senate
Washington, D.C.

RE: The Poisoning of America: Fentanyl, its Analogues, and the Need for Permanent Class Scheduling

Dear Chairman Grassley, Ranking Member Durbin, and Distinguished Members of the Committee,

My name is Julianna Arnold, and I am a parent of a child who died from fentanyl poisoning. I am writing to you today to highlight the grave dangers posed by the unregulated spread of illicit drug sales, particularly fentanyl, on social media platforms.

In 2022 my daughters and I were living in Westchester, NY. My younger daughter, Coco, was 17, a vivacious, funny, smart and creative young woman who also struggled with anxiety and ADHD. She loved to write and go thrifting with friends. After thrifting, she would come home and tear everything apart so she could design a new creation, which always looked great. Bets were out whether she would become a fashion designer or the latest and greatest on SNL.

She was also addicted to her cell phone and social media, and I often had to wrestle the phone away from her at night. In the spring of 2022, she seemed to be doing well, and on March 9 she asked me if she could go thrifting with a friend. I agreed, but after she didn't come home that evening, I discovered messages on her laptop. She had been approached on Instagram by an adult man who had been grooming her. He offered her Percocet to help with her anxiety, sent her a photo of the pills which looked identical to genuine prescription pills, and sent an address where they could meet. She never made it home.

Instead, she was given a pill laced with fentanyl. This may have been an attempt to lure her into sex trafficking, as happens to many young women online. Her body was found a day later in another man's apartment, and an autopsy showed she had been sexually assaulted. I hope my beautiful daughter died immediately from that deadly pill, because I hate to think she had to endure that abuse in the last moments of her beautiful short life. Needless to say, her death has gutted our family.

I was doing the best I could to monitor my daughters' social media use, limiting access, putting protections in place, and engaging in open discussions about online dangers.

Fed by her addiction to social media, Coco was determined get online, constantly finding loopholes to evade my efforts—opening multiple accounts and discovering workarounds for the limits I set in place.

Social media platforms, originally designed to foster connectivity and communication, have inadvertently become a marketplace for illegal drug transactions. Criminal organizations and individual dealers exploit encryption, disappearing messages, and anonymity features to sell counterfeit pills laced with fentanyl, often targeting vulnerable youth. Social media platforms' algorithms push unsolicited content that normalizes or glorifies drug use, leading impressionable teens to believe these substances are safe or widely accepted. These algorithms also push ads to teens, marketing and selling drugs. Many of these victims, like my daughter, did not seek fentanyl—they were unknowingly poisoned due to the ease with which traffickers can distribute and market counterfeit drugs online.

I do support legislation like the HALT Act that enables harsher punishments for drug dealers that sell fentanyl products, but we need to do more. We need to approach this problem as the serious public health issue that it is, requiring a holistic, multi-faceted approach that addresses the multiple issues feeding this crisis. The Mexican drug cartels, porous borders, and China are huge factors contributing to the supply of fentanyl, but we cannot ignore factors within our own borders that facilitate this crisis.

Social media platforms are complicit in the online fentanyl crisis yet refuse to take any responsibility and have blanket protection without any retribution. And this is all thanks to an outdated and insufficient law, Section 230.

Bills like the Cooper Davis and Devin Norring Act and the Kids Online Safety Act are a great start, but in addition, Section 230 desperately needs to be reformed. Not until the social media giants are forced to take accountability for the damage their products are having on our youth will anything ever change. Why would they when they have full immunity?

The time for action is now. Every day that passes without meaningful intervention results in more lives lost. We must ensure that social media companies are no longer complicit in the fentanyl crisis and that our laws evolve to meet the realities of the digital age.

Thank you for your attention to this critical issue. I appreciate the opportunity to contribute to this discussion and stand ready to support efforts to safeguard our communities from the dangers of fentanyl and social media exploitation.

Sincerely,

Julianna Arnold
Survivor Parent of Coco – Forever 17
Member, ParentsSOS

February 3, 2025

The Honorable Chuck Grassley
Chair, Senate Judiciary Committee
135 Hart Senate Office Building
Washington, DC 20510

The Honorable Richard Durbin
Ranking, Senate Judiciary Committee
147 Dirksen Senate Office Building
Washington, DC 20510

Dear Senators Grassley and Durbin,

I'm heartbroken to once again have to write you about an issue which the Senate could and should have acted on last Congress: passage of legislation to make permanent temporary scheduling of fentanyl related substances (FRS) into Schedule I of the Controlled Substances Act. A temporary order from the Drug Enforcement Agency (DEA) is in place, but only Congress can make it permanent.

As the mother of a son who died of fentanyl poisoning nearly 11 years ago, I implore you to work with your colleagues to shut off the spigot that not only allowed FRS to enter our country legally, but actually incentivized their creation by Chinese chemists and drug cartels. Because of my son, Archie, and the desperate efforts of my dear friend Dr. Tim Westlake, who tried to keep him alive after an accidental overdose, you have before you a policy solution that mirrors a bill which the Wisconsin legislature passed on a unanimous vote in 2017 and was adopted as national policy by the DEA.

Absent your consideration, families like mine continue to hold our breath as we fill gaps in care and serve as critical resources for others in our community who are grieving the loss of a loved one, all while confronting the stigma associated with substance use and mental health. Ending the stigma, expanding services, and finding ways to support one another has become a personal passion and mission of mine. So too, working to advance legislation to **permanently** stop the flow of FRS into the United States.

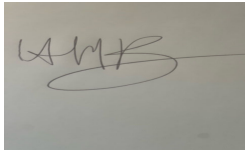
I've heard the arguments of those opposed to what is a narrowly crafted fix that importantly solves one aspect of the brutal fight against fentanyl. None carry weight. The suggestion that passage will lead to increased incarceration is simply false. FRS class scheduling is a prevention tool: it disincentivizes foreign chemical companies from creating FRS in the first place. As my friend Dr. Westlake often says, no one can be incarcerated for trafficking a substance that does not exist or die from ingesting a substance that was not created.

Opponents also claim permanent scheduling will limit opportunities to research new treatments. In fact, it's just the opposite. Few have chosen to conduct Schedule 1 research because of existing onerous requirements. The legislation passed by the House last year, the HALT Fentanyl Act, actually loosens research restrictions on all Schedule I drugs – drugs that hold promise of expanding critical psychiatric pharmaceutical treatment options. While permanent scheduling will not reduce demand for intoxicants, stopping the creation of new FRS has proven to save lives.

I am not alone in pushing for legislation. Last Congress, I invited a few others to share their stories and put a face to the names of those whose lives have been cut short due to fentanyl poisoning in hopes their stories would move the Senate to act on the House-passed legislation. For those of us who have lost a child, the pain of never seeing them graduate, walk down an aisle, hear them unlock the front door and yell, "Hey mom, what's for dinner?", or hold a child of their own is a constant and piercing presence. I'm resending their letters with a request that they be entered into the record so others can view them as well.

On behalf of my son, Archie, the families who shared their stories in the pages that follow and countless others grieving from loss, please accept our collective plea to, once and for all, stop the flow of fentanyl crossing our borders. We know you are seeing the same devastation in communities across your states and we know you have the power to make the statutory change required. Please, no excuses any longer.

Sincerely,

A square image containing a handwritten signature in dark ink. The signature is stylized and appears to read 'L. Badura'.

Lauri Badura
Co-founder, Saving Others For Archie (SOFA)

cc: Senate Majority Leader John Thune
Senate Minority Leader Chuck Schumer
Senator Ron Johnson
Senator Tammy Baldwin



Our only son, Austin Bolesta, lost his life on Oct. 8th, 2024, from fentanyl poisoning. The toxicology report revealed, unbeknownst to him, that he ingested a fatal mix of illicit fentanyl and Carfentanil, which is 100 times more potent than fentanyl. The medical examiner said he did not have a chance with that toxic mix. In effect, he was murdered.

Losing our son was the single most devastating day for our family. Our loss aside, Austin, himself and our community lost decades of his productive life and a bright future. He had earned both a baccalaureate degree in Physics and a master's degree in Applied Mathematics. He had interned at

NASA and most recently was employed as a data scientist working on artificial intelligence for transportation logistics. A language enthusiast, he spoke and wrote five languages. In summary, he was a bright and contributing member of our community.

Fentanyl is the scourge upon the young men and women of this great nation. It is evident that countries which aid in developing and distributing fentanyl/fentanyl analogs are systematically decimating our youth population. The loss of 50,000+ people in the Vietnam war witnessed marches nationwide to end the war. Yet, where is the national outcry when 100,000 or more young men and women are dying from illicit overdoses ANUALLY, most of them from fentanyl or its analogs? Our family's desperate plea is to ensure that criminals cannot skirt the law or find loopholes by which they can distribute illicit fentanyl and its analogs. Our wish is that future generations have what our son no longer has, a future.

Sincerely,

Richard and Sangeeta Bolesta

January 30, 2025

Dear Chairman and Ranking Member,

In February 2021, our lives were shattered when our beloved 16-year-old son, Sammy, died from fentanyl poisoning. Like so many teenagers, Sammy was full of promise, curiosity, and a deep love for life. But one afternoon, he made the tragic mistake of connecting with a drug dealer on Snapchat—a dealer who delivered a counterfeit drug laced with fentanyl to our house like a pizza after we were asleep. That single dose took his life and left our family forever changed. If fentanyl is the bullet that is killing our children, social media is the gun.

As parents, our mission now is to ensure that no other family has to endure the devastating loss that we live with every day. This tragedy has become a rallying cry for reform, accountability, and awareness, culminating in our advocacy for Sammy's Law (SammysLaw.org) and our fight against tech companies like Snap Inc., whose platforms have become accomplices to the fentanyl epidemic.

Sammy's Law: Protecting Our Children Online

Sammy's Law, currently pending in Congress, seeks to introduce much-needed safeguards for children and teenagers on social media. If passed, it would require platforms like Snapchat, TikTok, and Discord to open a link (an API) to third party safety software which would give parents a warning if something dangerous or illegal happened on their children's devices.

Social media platforms are not neutral bystanders; they actively design systems that promote engagement at any cost, even if it means exposing children to harmful content. They have become the drug dealers of our time, solving the last mile problem for the cartels. By mandating third party safety software integration, Sammy's Law would allow parents to parent again online. We urge Congress to prioritize this legislation—it's a matter of life and death.

We founded a California non-profit called Parent Collective Inc to mobilize support for the Sammy's Law and provide resources for parents, educators, and lawmakers. Through this initiative, we've connected with countless families who have lost loved ones to fentanyl poisoning and addiction. Their stories fuel our determination to turn our grief into meaningful change.

Holding Snap Inc. Accountable

Social media companies have long hidden behind the First Amendment and Section 230 of the Communications Decency Act, which shields them from liability for content posted by users. While this provision was designed to foster free expression, it has also allowed platforms to avoid responsibility for the real-world harm they facilitate.

We are part of the Neville et al. v. Snap Inc. lawsuit in California Superior, which represents multiple families seeking justice for children lost to fentanyl poisoning via Snapchat. Our case argues that Snap Inc.'s features—such as disappearing messages and untraceable user names—create a fertile ground for illicit activity. These design choices are not accidental; they are part of a business model that prioritizes user retention over safety.

While no legal outcome can bring Sammy back, we believe that holding Snap Inc. accountable is a critical step toward systemic change. Social media companies must prioritize safety over profits, or they will continue to play a role in the senseless deaths of young people like our son.

More Policy Recommendations

Other policy recommendations include increasing federal prosecutions for drug related deaths. The DEA found our son's killer and the Los Angeles prosecutor let him off Scott free. We need more funding for the DEA in their efforts to capture these drug dealers and interdict the drugs flowing into our country and our neighborhoods. The de minimis exemption threshold should be lowered or eliminated. It is a loophole being exploited by the Chinese producers of the precursor chemicals that create fentanyl to ship the deadly substances into our country. Our relationship with China and Mexico must be reconfigured to incentivize mutual cooperation in ending the fentanyl crisis.

A Call to Action

Our family's journey from profound loss to activism is one we never wanted to take. But if our pain can help prevent even one more family from experiencing this nightmare, then Sammy's legacy will live on in the most meaningful way possible.

We ask parents, lawmakers, and tech leaders to join us in this fight. Support Sammy's Law by contacting your representatives. Demand accountability from social media companies. Talk to your children about the dangers lurking online. Together, we can build a safer, more compassionate digital world for future generations.

Sammy's light was extinguished far too soon, but his spirit continues to guide us. In his memory, we will not rest until change is achieved.

Sincerely,

Samuel P. Chapman
CEO
Parent Collective Inc

I urge you to vote NO on the HALT Fentanyl Act (H.R. 27). This bill expands and entrenches mandatory minimum sentencing and sets a dangerous, anti-science precedent for future drug scheduling. This is why 190 health, civil rights, and criminal justice groups oppose the HALT Fentanyl Act.

I work for a Harm Reduction organization, where I see firsthand how substance use disorder impacts the people we serve every day. I've witnessed the challenges, resilience, and humanity of those navigating substance use, and I've also experienced the heartbreaking reality of losing people in my own life to fentanyl overdoses. This work is deeply personal to me not just as a profession, but as a commitment to saving lives, reducing harm, and advocating for compassionate, evidence-based solutions that truly meet people where they are.

We are all concerned about fentanyl and overdose. Investing in health solutions is the only way to save lives. Yet Congress is moving in the opposite direction by rushing to pass the HALT Fentanyl Act this week. Don't let the name fool you. This bill will only halt health approaches to fentanyl – health approaches our communities need to stay alive.

The HALT Fentanyl Act will block potential research that could uncover new overdose medications. Automatically and permanently making all fentanyl-related substances Schedule I means they are not first tested for potential benefits. Of the few fentanyl-related substances the federal government has tested, at least one showed properties similar to the overdose-reversing medication naloxone.

The HALT Fentanyl Act also doubles down on mandatory minimum sentences for drugs. These laws shatter families and communities, create unjust sentences that do not consider individual circumstances, and divert resources away from health interventions.

The bill will exacerbate racial disparities in the criminal legal system because federal fentanyl-related prosecutions overwhelmingly target people of color. They also target people at the lowest levels of the drug distribution chain who would most benefit from health care, not handcuffs. Yet, this bill will saddle people who use drugs with criminal records that can block access to care.

I urge you to vote NO on the HALT Fentanyl Act! Thank you for your time and consideration

Sincerely,
Elisha S.
Euclid, OH

VICTIM IMPACT STATEMENT

Our Son, Brother, Uncle Daulton Ian Finlayson was poisoned by Fentanyl on December 9, 2022. We don't expect you to understand the trauma & pain this has caused, only those that have lost a child would.

My son Daulton Ian Finlayson born 11/13/1992 is our first of three children. He was & still is perfect in every way.

His death has left his loved ones devastated! The grief, pain, guilt, sorrow, isolation are feelings that can never be fixed. Everything will start a cycle of pain, crying, screaming asking why, these triggers can be seeing other people happy, children happy and having fun to a carton of gelato in the grocery store. So, this is my new life.

Before that day we would look forward to driving to Newport Beach to see him. The last time we saw him except in the hospitable was to celebrate his 30th Birthday. Twenty-two days later I received a call from a coworker at the construction site they were working at. It was 12/5/2022 at 16:15 on a Monday, he had been taken to the local ER. Heading home to El Dorado Hill from Folsom as I crested the hill there was a rainbow 15 miles off over the town of Placerville, CA. where he was born, I knew when I saw that something was terribly wrong and that was beginning of the end. The following day his entire family drove to the hospital in Oceanside, CA. His two friends stayed with him the entire day waiting for us to arrive. When we arrived there he was connected to life support. What I knew from the Fire Service I kept to myself, I know what happens when a brain goes without oxygen to long. As I walked up the right side of his bed I held him, then I opened each eye and that is all I need to see, he had severe brain damage, this too I kept to myself. Everyday we'd be at the hospital all day until they made us leave, after we left on 12/9/22 I was called from the hospital, they said all brain activity has stopped. So how does a man, a father tell his family that their son & brother has died? The next day 12/10/22 we went to the hospital again, even in death our sweet boy would save yet another's life as he was an organ doner. We were there in the room when they turned his machine off, the beeping stopped and he was rushed to the OR for the transplant surgery, that was the last time I kissed my son and see him ever again. He just didn't die that day, the pain of that day, the memories of that day replay fucking day!!!

So now, his mother Natalie cries in the shower every day. For me, every time I think of him from the day he was born until that horrible day I cry. People say, "try and remember the good times together", guess what, I cry then too.

So, finding a way to not take my life every day is a struggle, if it were not for knowing that passing the pain I feel to his brother and sister I know I'd be with Daulton right now. That's what I have to remember so I don't give myself a double shot of insulin or down a bottle of sleeping pills. So now, I just wait to die. And let me say this, I feel like I'm one of the luckier parents, you see, I got to hold my son for 5 days while he was alive, most weren't given that opportunity. I'm also close to 70 so I don't have to wait for as long as they do to die. This is the life I live now, just waiting die for that is the day my heart will be made whole again.

Sincerely family of Daulton Ian Finlayson.

[REDACTED]













Dear committee,I tragically lost my oldest daughter, Melissa A.Wilson on December 1st,2023. She passed away in Elk Grove, CA. First two detectives spent two months, transferred me to a task Force in Sacramento ,and after two months have closed her case. I have tried to give more information as a mother. I wasn't returned calls,and new information should be looked into. I have cried nearly every day (over a year). My mental and physical health has taken a toll. I feel lost with no help,and no answers. The autopsy shows high amount of fetynol in her system,but reads as " accidental". So many things that don't make sense. My daughter Melissa had just gotten a new job on November 30th. She had dreams and plans and a family who loved her. She suffered from anxiety and I know dealers preyed upon her in our area. Fetynol is very addictive from what I'm learning now. Someone gave her something to relieve her pain I'm certain and she died. Local law enforcement say they can't access her phone ,etc.. There needs to be More thorough investigation done on our family members deaths! Whoever supplied her is free to hurt other families. More thorough and longer investigations need to be done and new evidence looked into from family members.. (we are the best resources). Prayers for justice for all of us. My daughter mattered. Melissa A. Wilson. Forever 34, CA..... Thank you for listening.

To United States Senate Judiciary Committee:

I am Malia Fox, mother of Josh Fox who is forever 44. Josh was dad to Skyler, 25, Abbey, 21 and Alyster, 15. They continue to get older. Life moves on. Their dad stays 44 and misses so many milestones in his kids' lives. Alyster went to Homecoming last weekend. He sported long red hair and pink John Lennon glasses matching his pink tie and shoelaces on his otherwise black attire. Josh is proud. Heavenly proud. Not earthly. Well, that's a blessing, I guess. Because this world was not nice to Josh.

Josh had various circumstances in his life. He was raised by a single mom. He was the oldest of 5 and protective of all. His youngest sibling dearly holds onto his messages of love on her birthday and when she opened her store. The pep talks via text from her big brother. His siblings, Kate and Nat are relegated to attend birthday parties and bring token gifts in his absence and send balloons and lanterns into the heavens. His brother Eli takes Josh's ashes wherever he travels and spreads a bit of him as he sees fit. Outside the Capitol lawn has been a favorite.

I knew from a very early age that Josh had an amazing mind. His semantic memory was evident, but eventually it became episodic and photographic. Let's just say Josh didn't forget. This was also a curse. A curse because he held a lot of his memory in and wouldn't share. When you don't share the trauma, when you protect others and stuff the truth, this is when the pain deepens. The bad things get buried and the festering process begins. Deep down inside where others can't realize the damage that is being done.

Josh had a brilliant mind and flourished in school. Josh was our "Google". He literally knew something about everything. He was a leader, well liked, many friends, helpful, smart in all subjects. By junior high we began to see that his studies weren't challenging him. He was getting bored. It was also at this time that he was interested in meeting and seeing his father. He was in his sophomore year of high school – a parochial school, we were planning for him to go visit his dad and he was talking with him on the phone. Two weeks before he was scheduled to visit over spring break his dad died on a job site in South Carolina from a brain aneurysm. Telling my son his father was dead was right next to telling my grandson his father had died.

School from that day forward was torture. Josh couldn't focus. He started having panic attacks. Anxiety consumed him. The school insisted he be placed on something for his behavior. His doctor put him on Ritalin. His junior year Josh had enough of school and the doors that were closing to him. The principal of the prep school had a sincere dislike of Josh. Almost a fear of him. Telling me in one principal office visit that my son was the "closest thing to Charles Manson" he felt he would ever encounter. System one failed.

Josh left school and I tried pulling my mom's weight by telling him he'd have to get a job, take his GED, become something. He left and found others to house him for pieces of time. At one point he went to Georgia to meet his aunt, uncle and cousins from his dad's side. When he came back, he went to his first of about 4 treatment centers. Stayed for about 10 days and was booted out for anger issues and sent out in a snowstorm to find his way home. System 2 failed.

He stayed with my sister and her husband in Nebraska and learned the construction trade. He came back to Winona and got his GED. By 19 he was a father, and another door was shut to him as the grandparents of his child wouldn't allow him anywhere near their daughter or his son. She was 16 years old, and they

were't impressed with the older boy in her life. He eventually left town with an older woman he met and started his adult years in Colorado. He built homes and loved the state. He and Naomi married, and they had a daughter, Abbey. Josh's lack of mental health support led to another break-up, and they came back from CO and divorced. The conditions of custody were joint, but Naomi moved up to the Cities and getting access to Abbey was nearly impossible for Josh. System 3 failed.

Josh lived in Winona and at times with his twin brothers. They are 6 years younger and bought a home. They all worked, were single and had a great time in their 20's. It's during this time that Josh is called upon by a mom of the twin's best friend to help find her son. She'd been to his house, she kept calling, but no one was answering. Josh and Eli left to go find Ian. They went to his house, and he didn't answer, Josh walked around the side and peered through the window. He could see Ian lying on the bed. He thought he had passed out or possibly OD'd and he took the AC out of the window and climbed into the house. What he found was horrifying. He screamed at Eli NOT to come in and told him to call the police. Amanda is on the toilet dead from a gunshot wound and Ian is on the bed also deceased of a gunshot. This was a murder/suicide. All Josh can think of is to keep his brother from seeing this scene of his best friend. It wasn't long after this that Josh was using meth and within a couple of years, I was trying to find treatment for him, as an adult this time and the system was more complicated and not helpful.

The length of programs wasn't long. No follow-up occurred. Over the past 12 years his diagnoses became bipolar, anxiety, panic attacks, schizoid affect disorder. Any time he needed medical attention his past drug use was a determining factor for what they would prescribe. He felt useless, invisible, a nuisance, not valid, defeated. He was escorted out of the hospital for questioning techniques. Remember the brilliant mind? He always knew more than the medical professionals. He questioned the use of this drug with that drug, the side effects (he could recite side effects), or a doctor's credentials. He was denied services because of anxiety. He switched from our local medical organizations to going to Rochester where he found a medical professional that would treat him humanely. He gave up on counseling many years ago, as he couldn't see the point of discussing the past. He only wanted to feel good in the present. Another system fails.

Josh found a job in sales at a local furniture store. This was natural for him. His salesmanship was off the charts. He took the store to one million dollars in sales in one year. It had such an effect that he was told to stop selling a certain product (one he truly believed in) because the competitors of that product were complaining that their sales were down. When he found something, he was good at even the competition shut him down. I had many people ask me if he was my son and tell me the furniture they bought from him. I had an 85-year-old woman ask me one day if he was related to me and when I replied that he is my son she gasped and said, "I bought a bed from him. He laid on that bed with me and I was SOLD!" When I got home that evening and berated him in his technique he grinned and said, "Mom, its sales and it worked!" Always charismatic.

Josh lived the past 12 years of his life on his own, his kids visited or stayed with him often- anywhere from daily to weekly. He was invested in their lives from school concerts to parent-teacher conferences to football and eventually graduating 2 of them. Fishing was a favorite for all three. Alyster's first dream of his dad since death was Josh outside the living room window, Alyster inside asleep on the couch. Josh is knocking on the window and telling Alf to get outside and help him dig for worms.

Josh was in my life 24/7. Text messages throughout the day. I considered myself his conscience because he "talk texted" and the texts went on and on and on – just like his mind. I haven't read one of those

since he died. Josh tried for the past 7 years of his life to get on social security. 4th system fails. He could push a broom, they said.

I had no idea about the people that Josh helped. His entire neighborhood came to his celebration of life telling me the soups he made, the veggies he grew, the walks he shoveled and his relentless neighborhood watch. Substance users came out of the woodwork to cry and say he was always there for them, holding them up and giving them pep talks. Josh knew the downtrodden and he didn't want anyone else to feel the pains he felt. He made impacts on many people's lives.

Two weeks before Josh died, I was on a trip over to his house to run some errands, Josh said, "Mom, people are dying of fentanyl, and no one is talking about it". I was confused by the statement. Remember my Google guy? Now he's gone off on China and all they are doing to our country. I just tuned him out. I knew fentanyl as the patches my dying mother had on hospice. What is he thinking now?

On Aug. 2, 2022, at 9:30pm I was in bed on the last days of a round of COVID. The phone is ringing and it's my oldest grandson asking me "Grandma, what is Abbey talking about? Is it true?" I am confused and annoyed and tell him that I'm sick and in bed. He apologizes and says, "Grandma, she's saying Dad is dead". I don't remember the ride to town 13 miles away. He was gone on his kitchen floor, with no one around. My Google guy. My McGuyver with sincere anxiety who had great fear of dying alone. No more 24/7 talk texts. No more giggles over silly things I couldn't do the way he did – cook. No more I love ya momma. Please don't die before me cuz I don't know what I'd do without you. Josh was gone.

7 weeks later and a telephone returned, his case is closed. Lack of evidence. Although someone was claiming to have "hot-shotted" Josh, and it was recorded on a jail phone. Another system fail? I know Josh was poisoned by fentanyl. His death cert reads: accidental death by methamphetamine and fentanyl. His toxicology report shows 39ng fentanyl. Josh had entered a MAT at Olmstead County. He had suboxone and naloxone in his pocket. I found fent test strips in his bedroom. I did not know Josh had relapsed to his DOC from 12 years ago. I knew COVID was a stressor on him he thought it comical that "the rest of you" will find out what my life is like all the time. The inability to make connections with other humans. Again – a system fail.

Maybe people feel my son was a failure, an addict, a loser, a deadbeat, a junkie. I say until you know you don't know. I say a series of systems we trusted and thought had answers, would help, had compassion and care...those systems failed him and countless others. They threw him away and ignored his endless cries for help. The last brilliant thing Josh said to me was "Mom, people are dying of fentanyl, and no one is talking about it". So, Josh, for all the times I failed you, I will go to my dying day educating and bringing awareness to fentanyl, mental health and drug use and the traumas that we all have and need to have connection to others to become healthy. With our God I am finding my way and following your heart and compassion for those hurting.

I have started 3 nonprofits for recovery in Winona, MN Winona Recovery Center, The Foxhole Discovery and RIPple Drug Education & Awareness. I work as an administrator for the Drug Epidemic Memorial – the virtual platform that makes angel's beautiful frames. We have worked tirelessly on the 1st Lady campaign in hopes of having a memorial of our fallen warriors in EVERY state capital in the US.

Thank you all for hearing about my lovely boy and may we save others from this nightmare.

Malia Fox, mother of Joshua Fox, F44



NATIONAL FRATERNAL ORDER OF POLICE®

328 MASSACHUSETTS AVE., N.E.
WASHINGTON, DC 20002

PATRICK YOES
NATIONAL PRESIDENT

JIM PASCO
EXECUTIVE DIRECTOR

30 January 2025

The Honorable Charles E. Grassley
Chairman
Committee on the Judiciary
United States Senate
Washington, D.C. 20510

The Honorable Richard J. Durbin
Ranking Member
Committee on the Judiciary
United States Senate
Washington, D.C. 20510

Dear Mr. Chairman and Senator Durbin,

I am writing on behalf of the members of the Fraternal Order of Police to advise you of our support for legislation that would make permanent the authority of the Drug Enforcement Administration to schedule fentanyl and fentanyl analogues as Schedule I substances under the Controlled Substances Act (CSA).

Fentanyl and fentanyl analogues are killing Americans. Data from the Centers for Disease Control and Prevention (CDC) has determined that approximately 108,000 Americans have died from a drug overdose in 2022, with 76% of those deaths—approximately 82,000—involving opioids such as fentanyl or other fentanyl-related substances. The Drug Enforcement Administration's 2024 National Drug Threat Assessment concludes that fentanyl remains the primary cause of the ongoing epidemic of drug poisoning deaths in the United States.

In 2018, Congress gave the DEA the authority to execute class-wide scheduling of illicit fentanyl-related substances, or analogues, as Schedule I substances under the CSA. This authority is used to combat the work of clandestine chemists employed by drug traffickers to create new synthetic variations of fentanyl by introducing minor structural modifications, resulting in new, non-controlled fentanyl analogues specifically engineered to skirt U.S. law. The DEA uses its authority under Section 201 of the CSA to place all non-scheduled fentanyl-like substances into Schedule I temporarily, on an emergency basis, meaning that anyone who possesses, imports, distributes, or manufactures any illicit fentanyl analogue is in violation of the CSA. This makes it easier for law enforcement to investigate and prosecute traffickers and criminal organizations.

Congress has repeatedly and overwhelmingly voted to extend this temporary authority, but this is not a temporary problem. If we are serious about solving our nation's fentanyl problem and reducing the number of Americans who perish from taking these drugs, then it is time to make this authority permanent.

The Fraternal Order of Police strongly recommends legislation that would provide an immediate and permanent extension to ensure that illicit fentanyl and any analogues remain on Schedule I. Without granting the DEA the authority to permanently classify fentanyl analogues as they become available, our communities and American lives remain in jeopardy.

-- BUILDING ON A PROUD TRADITION --



On behalf of the more than 377,000 members of the Fraternal Order of Police, we strongly urge this Committee and the United States Senate to support and pass legislation to address the ongoing illicit fentanyl overdose epidemic that has gripped this country. If I can provide any additional information in support of this resolution, please do not hesitate to contact me or Executive Director Jim Pasco in our Washington, D.C. office.

Sincerely,

A handwritten signature in black ink, appearing to read "Patrick Yoes", with a stylized flourish extending to the right.

Patrick Yoes
National President

cc: Oleta Davis, President, Iowa State Lodge
Don Strong, National Trustee, Iowa State Lodge
Chris Southwood, President, Illinois State Lodge
Rocky Nowaczyk, National Trustee, Illinois State Lodge

Thank you for allowing me to send a letter, regarding this deadly poisoning effecting so many here in America.

My son Taylor Gray was poisoned Nov 6th 2019 at the age of 27. A local girl in Nebraska City Nebraska population 7500, gave him a deadly dose of 7.8mg. The letter cal police found my son dead, 3 minutes from our home & took 2 1/2 hours to contact me. By that time they had already taken Taylor for autopsy in Omaha. Meanwhile, the local police THREW AWAY the evidence. The DEA were contacted by my daughter, they were convinced they had a case, as we had the phone records & a person in the car with the dealer agreed to testify. He then magically was deported. The FED Lawyer then informed us, without the proof (that was thrown away) or the person to testify they didn't have a case.

In the meantime, this girl told her family members she killed him, along with going on a 2 year drug run, one of which was 4 days after my son's death arrested for meth & morphine.

Poisoning is what this is, not an overdose. It's no different than the stories of beach, drama rat poisoning etc that make the news of spouses being poisoned.




Stop the madness with the first step of the dealer being charged, period, it's poison they are selling.

Thank you

Lynn Gray

Mother of Taylor Gray

Hello my name is Antoinette Hornsby and I am writing this letter in reference to my son Tyreek Lewis. On 5/17/21 Tyreek made a bad decision. Tyreek purchased a pill to help with his back pain not knowing the pill was laced with fentanyl in which it caused his death. The person he purchased the pill from was out on \$1 million bail, and on 7/2/24 he was found not guilty. Tyreek was not, is not, and shall not be a statistic. Tyreek was a hard working man that loved his family. Due to Tyreek's job title, It caused him severe back pain in which he made a decision to purchase a pill to help with this pain. Tyreek was looking for relief and not death. The passing of Tyreek feels like a lifetime sentence of pain and grief. we all deal with it differently. Unfortunately Tyreeks brother could not deal with the grief and 9 months later on 2/14/2022 he decided to take his life. My family is broken. Tyreek's children is broken. Tyreek never got the chance to see his son graduate from college and Drexel college. TYREE never got a chance to see his second son off to college TYREE never got a chance to see his third son graduate from the fight fire fighters program Tyree never got a chance to go to any of his daughter's recitals. This crisis has taken and destroyed every bit of joy inside of me if you never lost a child or children, then consider yourself lucky. I may not have my children, but I will definitely be their voices. Thank you for taking the time to listen to my Child story.

 215 E. 7th Street, Des Moines, IA 50319
 contact@iowanarcs.com
 www.iowanarcs.com/



Dear Senator Grassley and Members of the Judiciary Committee,

I want to commend the Senate Judiciary Committee for prioritizing the fentanyl crisis and drug trafficking so early in this new Congress. With legislation like the HALT Fentanyl Act that was recently introduced, this would permanently place fentanyl-related substances in the Schedule I Controlled Substances Act, which would greatly help law enforcement investigations and prosecutions. Bipartisan bills like this from Sen. Grassley and his colleagues, Sen. Cassidy and Sen. Heinrich, need to be commended and do not go unrecognized—our gratitude for leading the way with this critical effort. Your leadership and commitment to addressing this growing flurry demonstrates a true dedication to the safety and well-being of American communities.

I write to you today on behalf of the Iowa Narcotics Officers' Association and law enforcement agencies across the state to emphasize the continued and growing threat of fentanyl in Iowa, particularly in northeast Iowa. As you are aware, fentanyl does not recognize state or jurisdictional borders, making it a nationwide crisis that demands sustained federal attention and resources. I know this first hand working in northeast Iowa that borders Minnesota and Wisconsin.

Our task forces and federal agency partnerships play a crucial role in identifying, intercepting, and dismantling fentanyl trafficking networks. However, without adequate funding and support, our ability to combat this crisis is severely hindered. The devastating impact of fentanyl on our communities—rising overdoses, increased criminal activity, and overwhelming pressure on emergency responders—underscores the necessity of continued federal assistance.

Local Sheriff's Offices serve as the first line of defense in this battle, maintaining direct ties with the communities they protect. As elected officials, Sheriffs are chosen by the people and for the people, making them directly accountable to the citizens they serve. They are also the chief law enforcement authority in each respective county, ensuring public safety and leading efforts to combat crime at the local level. The task forces attached to these Sheriff's Offices are among the most effective in the state of Iowa, incorporating a strong collaboration between local, state, and federal resources. Without sustained funding for these partnerships, our ability to dismantle drug trafficking operations and prevent fentanyl from devastating our communities will be significantly compromised.

Recently, I had the opportunity to speak with a recovering addict who once used fentanyl. They shared a powerful perspective on addiction and recovery: "Addiction is giving up everything—family, life, hobbies, friends, interests—for one thing: drugs. Recovery is giving up one thing—drugs—for everything: family, life, hobbies, friends, and interests." This quote encapsulates the devastating toll fentanyl takes on individuals and their loved ones. It also highlights the hope and transformation that recovery can bring when we have the right resources in place. Without strong task forces and continued federal support, many struggling with addiction may never get the chance to choose recovery over addiction.

We urge the Judiciary Committee to advocate for and allocate the necessary funding to sustain and enhance local and regional drug task forces, as well as strengthen collaboration with federal agencies. The lives of Iowans and the well-being of our communities depend on a strong, unified response.

Sincerely,



Christopher W Wuebker, President
Iowa Narcotics Officers' Association
215 E. 7th Street
Des Moines, IA 50319
contact@iowanarcs.com

I am writing today to urge you to vote no on the HALT act. This bill will further damage communities that have already been ravaged by this crisis. Evidence based strategies and models that have worked exist, and none of them involve further criminalization.

I am a person in long term alternative recovery, who has dedicated my life to Harm Reduction work and education. I used heroin myself for years, I also started using illicit substances after being given a legitimate prescription by a Dr who became well known to be a 'pill mill', though I had no idea until it was too late. I was raised by parents who used drugs, social services were well aware of our upbringing, and little support was ever offered. As an adult who has worked to heal, grow and change my life and circumstances, I very much realize that education, early intervention, community, love and support are what bring folks back from circumstances like Substance Use Disorder. Not harsher punitive measures.

The change in law you are considering proposing would have landed myself, my partner, and just about every person I knew and grew up with on the Westside of Cleveland OH doing prison time. No one I know who has done serious time has ever described that time as something that positively impacted their lives, not one. There is little programming, even less resources, and what does exist often falls far outside of the reach of the folks I know, including my sister who is serving a mandatory minimum sentence of 5-7 years at this time on drug related charges. She had too many violations to be considered for the 2 programs offered at her facility, and this story is not unique.

I myself could have very realistically been charged for manslaughter, or murder by fentanyl, on more than one occasion during my active use. I would not be here today, serving my community, having a positive effect on the people that I serve each and every day that is described as "saving my life" so many times that I have now lost count. I was never some 'high profile' drug dealer, rather just supporting my own habit and making just enough to maybe eat a meal a day. How can we justify that punishment fitting the 'crime'?

We can look to other countries for what life saving measures they have taken and finally try to step away from further criminalization and punitive measures. This doesn't work, and we have decades of chasing our tails, one substance to the next, to prove that it doesn't work. If you pass this bill, fentanyl will just be replaced by the next illicit substance. We are already seeing xylazine in just about every community, and medetomidine following behind it as well. The capabilities of these research chemicals to adapt is a guarantee that your bill will only cause more harm than good.

Overdose prevention sites, more treatment centers, many more and diverse support spaces, more MOUD access, strengthening community programs, education programs, public transportation programs, quality-affordable childcare, lowering the cost of living, access to better healthcare, raising the quality of life.... All of these things would have a much larger effect on Substance Use Disorder, but also a whole slew of other problems that the people from communities like mine are truly suffering from. But more prison time will not bring the results you're looking for, and in fact, it will guarantee that the next generation of kids grow up similarly

to myself and the people that I know, the people that I serve. We have been trying the route of criminalization for long enough. It's time to try something different for a change!

Please! I urge you to vote NO on the HALT act! Thank you for your time and dedication.

Sincerely,
Jessica C
Cleveland, OH

Megan LaDue

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

1/31/25

Senate Judiciary Committee

United States Senate

Washington, D.C.

Subject: Statement for the Record – Senate Hearing on Fentanyl Scheduling

Dear Members of the Senate Judiciary Committee,

My name is Megan LaDue, and I am writing to you as a grieving mother who lost my beloved son, Wade, to fentanyl poisoning. Wade was just 19 years old—young, full of dreams, and fighting hard to overcome his struggles. On August 11, 2023, his life was stolen by a pill he thought was xanax, but instead, it contained a deadly mix of fentanyl and xanax.

Wade wanted help. He asked for help the night he died. But the system failed him—both in stopping the flow of illicit fentanyl into our country and in providing the medical care he desperately needed. No family should have to endure this pain.

I am urging this committee to keep fentanyl as a Schedule I controlled substance. Drug dealers and manufacturers are knowingly distributing lethal poison, and without the proper classification, prosecutors will face even more barriers to holding them accountable. We need stronger tools to fight this crisis, not weaker ones.

Fentanyl has become the leading cause of death for young Americans. It does not discriminate. It is being mixed into fake pills, killing first-time users, those in recovery, and people like Wade—who had their whole lives ahead of them. This is a national emergency.

Wade's life mattered. His voice should still be here, but since it isn't, I will speak for him. I ask this committee to stand with families like mine and ensure that fentanyl remains a Schedule I drug. Our

children's lives depend on it.

Thank you for your time and commitment to this fight.

Sincerely,

Megan LaDue

Mother of Wade

Heather Mecchia
[REDACTED]
[REDACTED]

February 1, 2025

Senate Judiciary Committee
Washington, D.C.

Dear Chairman and Ranking Members,,

I am writing to you with a heart heavy with grief and urgency. My name is Heather Mecchia, and I am a teacher at Benjamin Franklin Middle School, where I teach sixth grade. Today, I reach out not just as an educator, but as a mother who has tragically lost a child to the devastating effects of fentanyl poisoning.

My son, Matthew August Mecchia, was full of life, potential, and dreams, much like the many students I see every day in my classroom. However, his life was cut short by a crisis that is sweeping across our nation with alarming speed—fentanyl poisoning. He was only 19 years old when he unknowingly took a lethal amount of fentanyl. While in high school, Matthew was on track to earn a technical honors diploma. He played the drums, skateboarded, skied, and loved to draw. He was on the varsity soccer team and track team. Running hurdles was his passion and he was offered the opportunity to run at the collegiate level. Unfortunately, drugs entered his life and stole all of his hopes and dreams away from him.

We immediately sought assistance for Matthew and soon discovered that our community lacked resources not only for him but for our entire family as well. In our urgent search, we managed to find the support he needed. Matthew fought with all his strength to overcome his addiction. During the last seven months of his life, he was drug-free, employed full-time, and exploring college options. His hopes and dreams were reignited, and he even expressed a desire to help others facing similar challenges. However, on September 5, 2023, he relapsed and turned to drugs once more—an inexplicable decision that ultimately proved fatal for Matthew. The individual who sold him fentanyl-laced drugs continues to roam freely today. No one has ever been held responsible for my son's death.

This tragedy is not just a personal loss but a pressing public health emergency that is claiming the lives of countless young people and leaving families and communities shattered.

As a teacher, I witness firsthand the pressures and challenges our youth face today. They are vulnerable and often unaware of the lethal dangers posed by substances like fentanyl.

The potency and availability of fentanyl make it unlike any drug crisis we have faced before. It is imperative that we take swift and decisive action to address this epidemic head-on.

I urge you to consider the following actions:

1. **Increase Funding for Education and Prevention Programs:** Schools need resources to educate students about the dangers of fentanyl and other opioids. Comprehensive drug education programs should be mandatory, starting at an early age.
2. **Strengthen Regulations and Penalize Trafficking:** Implement stricter penalties for the illegal distribution and trafficking of fentanyl. We must dismantle the networks that are flooding our communities with this deadly substance.
3. **Expand Access to Treatment and Support Services:** Ensure that families and individuals affected by opioid addiction have access to treatment and recovery programs. Support services should be readily available, affordable, and destigmatized.
4. **Support Research for Effective Interventions:** Fund research initiatives aimed at understanding fentanyl addiction and developing effective interventions. Science-based approaches can lead to innovative solutions that save lives.

This crisis does not discriminate; it affects all communities, regardless of socioeconomic status or geography. As policymakers, you have the power to enact change that can save lives and prevent other families from experiencing the heartache that mine endures every day.

Thank you for your attention to this urgent matter. I am hopeful that, with decisive legislative action, we can protect our children and create a safer future for all.

Sincerely,

Heather Mecchia



A Comprehensive Response to the Fentanyl Crisis

Strengthening the Response to
Fentanyl Through Public Health
Interventions

Ju Nyeong Park, Ph.D., M.H.S.

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

Testimony of Ju Nyeong Park
Assistant Professor (Research) of Medicine and Epidemiology
Division of General Internal Medicine
The Warren Alpert Medical School
Brown University

Before the Senate Judiciary Committee
United States Senate

February 4, 2025

Thank 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.¹ 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.

¹ 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,² 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;³ and (b) trace amounts of fentanyl are commonly detected in non-opioids such as cocaine and counterfeit pills via community-based drug checking

² 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/>

³ 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;⁴ and (c) police busts can increase overdoses at the neighborhood level.⁵ 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.⁶ 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.⁷

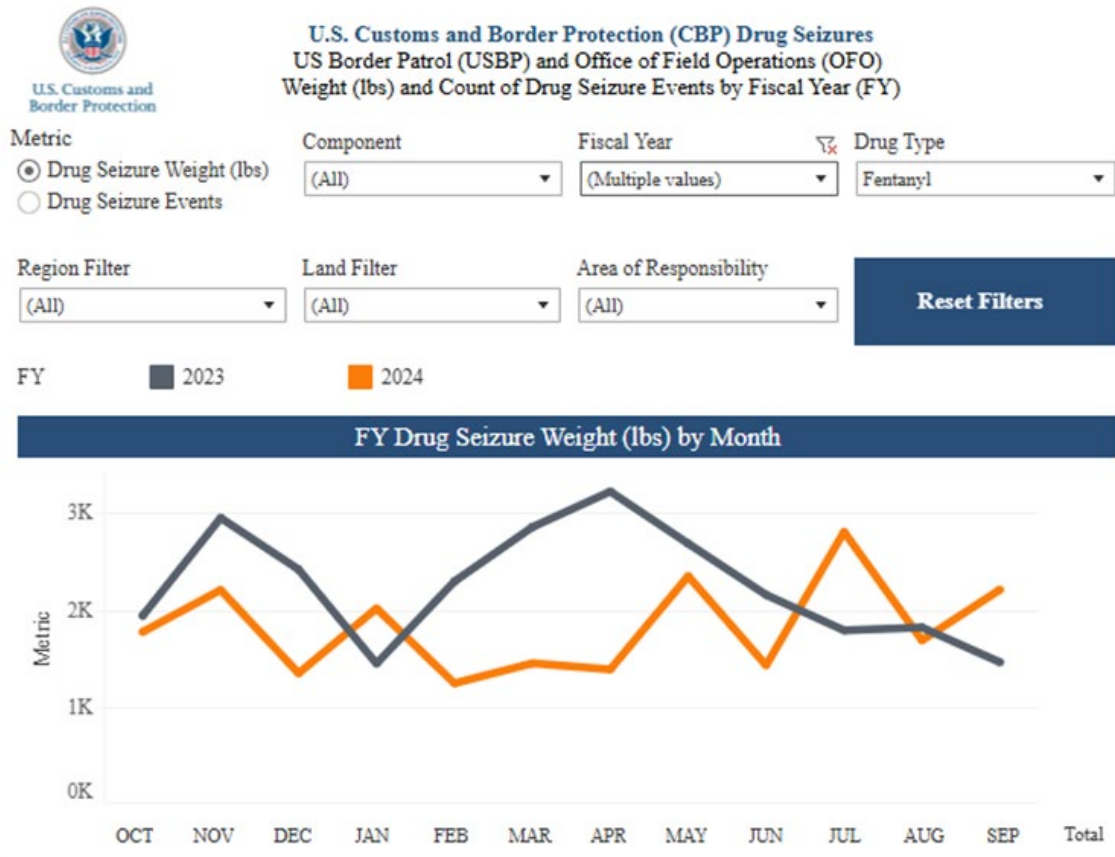
⁴ Collins, A. B., Wightman, R. S., Macon, E. C., Guan, Y., Shihpar, A., Krieger, M., Elmaleh, R., Smith, M. C., Morales, A., & Badea, A. (2023). Comprehensive testing and rapid dissemination of local drug supply surveillance data in Rhode Island. *The International journal on drug policy*, 118, 104118.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

⁵ 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>

⁶ 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>

⁷ 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/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>

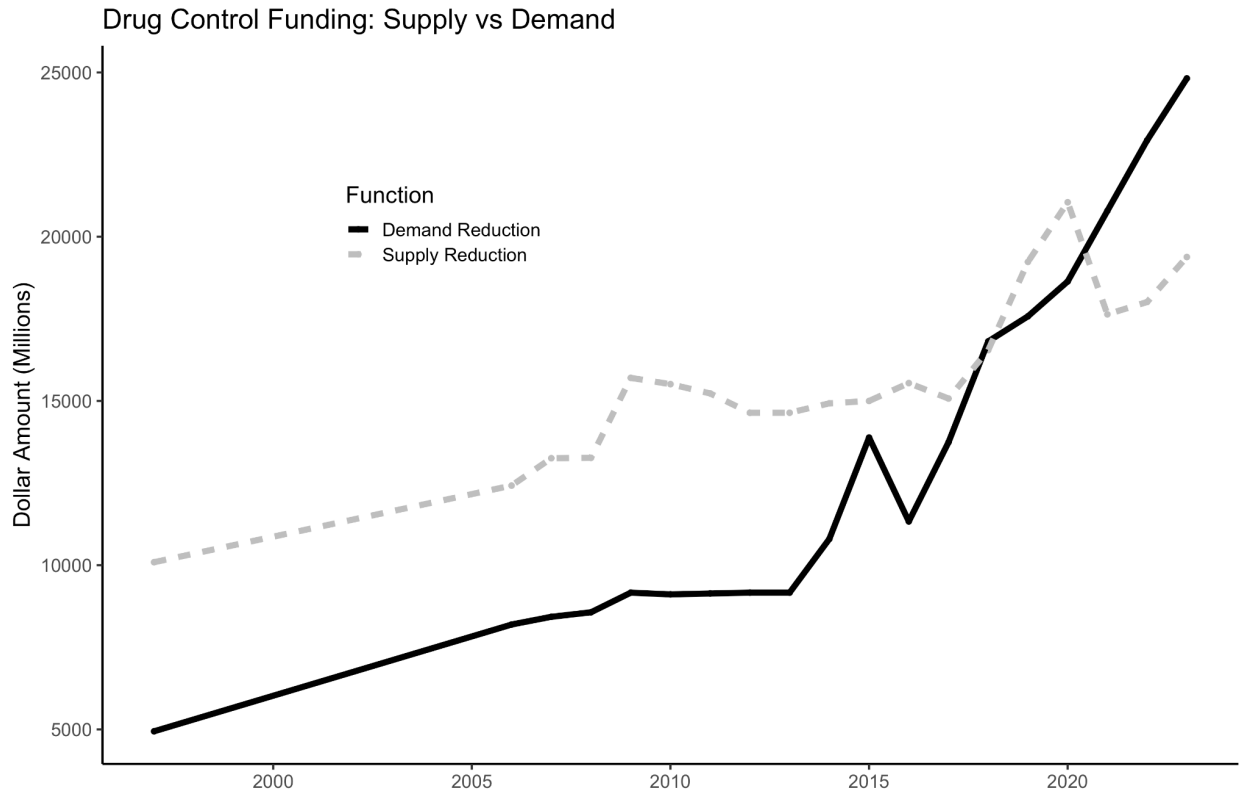
In my expert opinion, drug overdoses are declining because:

- 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;⁸
- 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.⁹

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

⁹ 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.¹⁰ Only then will we see the end of this epidemic.

¹⁰ 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,¹¹ 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 reduction¹² (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,¹³ and pass treatment expansion bills in outpatient settings.¹⁴

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

¹¹ 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>

¹² 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>

¹³ 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>

¹⁴ 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 laws¹⁵ 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.¹⁶

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.¹⁷ 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.

¹⁵ 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/>

¹⁶ 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>

¹⁷ 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>

**Sincerely,
Dr. Ju Nyeong Park, Ph.D., M.H.S.**

A handwritten signature in black ink, consisting of a series of loops and a long horizontal stroke at the bottom.

**Email: ju_park@brown.edu
Cell: (202) 386-2834**

Dear Senate Judiciary Committee Members,

My daughter Brittany Leigh was taken by a lethal dose of Fentanyl laced with Xylazine on 12/03/21. She left behind 5 beautiful children. I as her mother have endured an unimaginable pain just as her children.

Not only did I lose her to this senseless illicit poison, I had to fight for 3 long years just to get her phone opened from the password lock and investigated to see who sold her this illicit poison and took her life. No parent or family member should have to fight for the right of justice after going through such trauma. Just as any other homicide, Fentanyl deaths should be immediately investigated. The police in Roanoke City Virginia did nothing to help me. Their response was they don't have the resources. They basically told me nothing would be done and the prosecutor wouldn't touch it. Finally 3 years later January 10th, 2025 the DEA Agent Smith of Roanoke Virginia listened to me and picked up my daughter's phone. He said he had also spoken to a Federal prosecutor whom would look at her case. I am still awaiting to see if they have been able to obtain any information on her phone that hopefully leads to justice. I and so many other families are dealing with the same situation. Please make a change for all of us.

Thank you

Sheri Rierson

2/1/2025



11002 Detroit Ave., Cleveland, OH 44102

February 5, 2025

I am writing to urge you to vote NO on the HALT Fentanyl Act (H.R. 27). This bill expands and entrenches mandatory minimum sentencing and sets a dangerous, anti-science precedent for future drug scheduling. This is why [190 health, civil rights, and criminal justice groups oppose the HALT Fentanyl Act](#).

My name is Bethany Roebuck and I am the executive director of Thrive for Change, a small nonprofit working on the front lines of the overdose crisis in Cleveland, OH. Every day, we engage with people who use drugs—offering them life-saving naloxone, fentanyl testing strips, and linkages to treatment and basic needs. Our work is built on evidence-based harm reduction strategies because we know that health-based solutions save lives.

I have seen firsthand how incarceration does not solve substance use. Instead, it often makes the problem worse. Recently, one of our program participants returned to the streets after being incarcerated for six months on drug possession charges. Three days after release, he returned to use and overdosed in a park by our office and our team had to rush to save his life. He almost didn't make it, but thankfully we were there and he survived. Before he was incarcerated, we were working closely with him and he was contemplating going to treatment. Through working with us a little longer, I have no doubt that we would have been able to support him to take that step. Unfortunately, his path to recovery was put on pause for six months and like many others, he was released with no resources and no tolerance to our potent drug supply. His experience is just one of many that highlight the failure of criminalization as a response to this crisis.

We are all concerned about fentanyl and overdose. Investing in health solutions is the only way to save lives. Yet Congress is moving in the opposite direction by rushing to pass the HALT Fentanyl Act this week. Don't let the name fool you. This bill will only halt health approaches to fentanyl – health approaches our communities need to stay alive.

The HALT Fentanyl Act will block potential research that could uncover new overdose medications. Automatically and permanently making all fentanyl-related substances Schedule I means they are not first tested for potential benefits. Of the few fentanyl-related substances the federal government has tested, at least one showed properties similar to the overdose-reversing medication naloxone.



11002 Detroit Ave., Cleveland, OH 44102

The HALT Fentanyl Act also doubles down on mandatory minimum sentences for drugs. These laws shatter families and communities, create unjust sentences that do not consider individual circumstances, and divert resources away from health interventions.

The bill will exacerbate racial disparities in the criminal legal system because federal fentanyl-related prosecutions overwhelmingly target people of color. They also target people at the lowest levels of the drug distribution chain who would most benefit from health care, not handcuffs. Yet, this bill will saddle people who use drugs with criminal records that can block access to care.

Please [see this FAQ on the HALT Fentanyl Act](#). Below are resources to learn more about health solutions to address fentanyl and overdose:

- [Fentanyl fact sheet](#)
- [Key health factors in addressing overdose fact sheet](#)
- [Q&A on health's role in overdose reduction](#)
- [Overdose in communities of color](#)
- [Video on how the drug war has driven overdose](#)
- ["I Lost My Son to Overdose: Susan's Story"](#)

We urge you to vote NO on the HALT Fentanyl Act.

Sincerely,

A handwritten signature in black ink that reads "Bethany Roebuck". The signature is fluid and cursive, with the first name being more prominent.

Bethany Roebuck
Executive Director
Thrive for Change
broebuck@thrive4change.org

Dear Judaical Committee,

I am writing this letter with tears in my eyes and the heaviest of hearts, as I continue to grieve the devastating loss of my two sons Austin and Joshua Legassey to Fentanyl Poisoning. There are no words that I can use that would truly express the emptiness and pain that my family and I feel everyday. Both of my children were happy, fun, loved individuals who had their whole lives ahead of them. They were valued members of our family unit and losing them has left a hole that is not repairable. My sons along with my family have had our future ripped from us in an instant due to the deadly presence of Fentanyl .

Fentanyl isn't just another drug added to the already overwhelming drug supply. Fentanyl is a lethal weapon carrying a death sentence that is taking countless innocent young lives. Neither of my sons choose to die. They were deceived or misled into taking something they believed to be non lethal costing them both their lives. My sons' deaths are not just a personal tragedy but they are part of a larger crisis that is destroying families and communities country wide. This is a Country problem not a personal problem.

I am standing before this court today not only as a grieving mother but as an advocate for justice and awareness. How many more mothers must face this

tragedy before we say enough? Those who manufacture, deliver, and enable the spread of Fentanyl must be held accountable. To many life's have already been lost and to many families have been left shattered, like mine. I urge the court to take a firm stance against those responsible, ensuring that the law recognizes the true severity of their actions.

There is nothing that can ever bring either of my sons back or make my family whole again. I am determined to use my voice to prevent other families from suffering the same tragedy my family has suffered. Unless you have been forced to bury your child this is a pain you will never understand. I miss my children so much that my heart truly hurts. I have twice been forced to bare this pain at the hand of another. I implore you to consider the lasting impact of Fentanyl Poisoning and deliver justice that honors all lives already lost far to soon.

Thank you for your time and consideration

Sincerely, Erika Shambaugh

The forever proud mom of Austin and Joshua

Let me introduce you to my amazing son! Taegge David Lee, born November 19,1999 in Palmer, Alaska. Taegge attended School in the valley and later went on to graduate from the Alaska Youth Military Academy. Taegge loved to travel, his latest adventure took him backpacking in Bali by himself. He loved art, poetry and sports! He was an adventurer! He was a loving son, compassionate brother and faithful friend to all who were blessed to know him.

I'm telling you about him with a broken heart, an utterly devastated soul, a story no mother should ever have to tell! You see, I lost my son on July 15,2021 to fentanyl poisoning, in other words he was murdered! He had almost 4 times the lethal amount in his system! He went to bed and never woke up! We never got to say goodbye, never got a last hug or to tell him just how much we love him and how proud we were of him. Taegge was not a junkie! He was working at an air service in Talkeetna, had his own home and was saving money for another trip at the end of the tourist season. He was a productive member of society, he was not a thief, he was not lazy, he simply was battling depression and someone murdered him with pure fentanyl. There is a police investigation currently open to try to find out who this evil person is.

Illegal fentanyl is being brought into our country by the truck loads! When are we going to stand up and show this world that American isn't taking this anymore? Someone is getting rich and our children are the product they are getting rich off of! This is only going to be defeated by standing together and sending a clear message! We want our borders closed, We want accountability and justice! Our American Children Matter! I want my tax dollars protecting them!

Fentanyl poisoning does NOT care about your neighborhood, family status, social status, economical status, gender assignment, or sexual orientation

Fentanyl and other drugs have ZERO discrimination criteria. That being said..... give this some thought:

Last year we lost over 200,000 loved ones to drug poisoning. In the United States every 4 1/2 minutes another son or daughter never wakes up. Every day families are torn apart when their child is MURDERED by poisoning. Accidental drug poisoning is the leading cause of death for young Americans, higher than car accidents, firearms or illnesses combined.

Our children need to be educated, not only on the dangers of using heroine, meth, etc but on the counterfeit pills that are readily available on social media and through friends.

Federal and State tax dollars are going to fight the Covid pandemic but we also have this illicit drug poisoning pandemic going on! For the future of America we have to stop this senseless murder of our children!

Alaska is now the leading state in fentanyl deaths per capita. It's running ramped in the valley and it's here in Palmer. Innocent children are being targeted. Please help us spread awareness, education and ask how you can get involved in this crisis!

Thank you for your time,

Julie Taylor-Bouchard

Palmer, Alaska

2 MILLIGRAMS OF FENTANYL

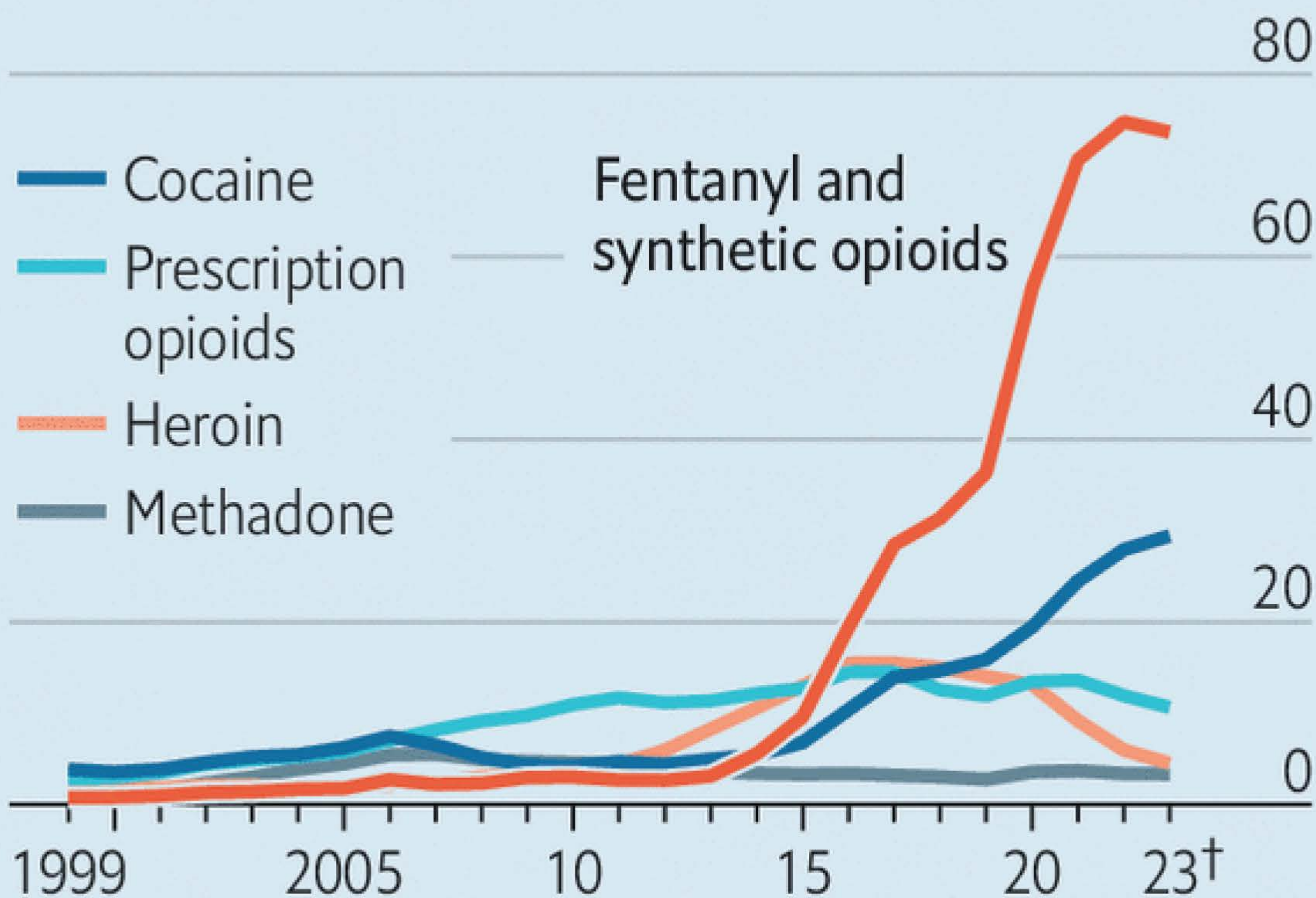
A LETHAL DOSE



Photo: DEA

Fentanyl Carnage Skyrockets Under Biden's Open Borders

United States, drug-overdose deaths*, '000



*Deaths involving multiple drugs included in each category

†12 months ending in September

Source: Centres for Disease Control and Prevention

Source: <https://www.economist.com/briefing/2024/02/29/americas-ten-year-old-fentanyl-epidemic-is-still-getting-worse>

Federal Mandatory Minimum Drug Sentencing

21 U.S.C. § 841

DRUG	5-YEAR MANDATORY MINIMUM WITHOUT PAROLE	10-YEAR MANDATORY MINIMUM WITHOUT PAROLE
LSD	1 gram	10 grams
METHAMPHETAMINE	5 grams	50 grams
PCP	10 grams	100 grams
CRACK COCAINE	28 grams	280 grams
FENTANYL	40 grams	400 grams
HEROIN	100 grams	1 kilo
POWDER COCAINE	500 grams	5 kilos



DUE PROCESS
INSTITUTE



February 3, 2025

Senate Majority Leader John Thune
U.S. Senate
Washington, DC 20510

Senate Minority Leader Chuck Schumer
U.S. Senate
Washington, DC 20510

Speaker Mike Johnson
U.S. House of Representatives
Washington, DC 20515

House Minority Leader Hakeem Jeffries
U.S. House of Representatives
Washington, DC 20515

CC: Senate Judiciary Committee Chair Chuck Grassley, Senate Judiciary Committee Ranking Member Dick Durbin, House Energy & Commerce Committee Chair Brett Guthrie, House Energy & Commerce Committee Ranking Member Frank Pallone, House Judiciary Committee Chair Jim Jordan, and House Judiciary Committee Ranking Member Jamie Raskin

RE: Vote NO on the HALT Fentanyl Act (H.R. 27 / S. 331)

Dear Majority Leader Thune, Speaker Johnson, Minority Leader Schumer, Minority Leader Jeffries, and Honorable Members of the U.S. Congress:

The undersigned 190 national, state, and local public health, criminal justice, and civil rights organizations write today to urge you to reject and vote NO on the Halt All Lethal Trafficking of Fentanyl (HALT) Act (H.R. 27 / S. 331). This bill permanently schedules fentanyl-

related substances (FRS) on schedule I of the Controlled Substances Act (CSA) based on a flawed class definition, imposes mandatory minimums, and fails to provide an offramp for removing inert or harmless substances from the drug schedule.

The classwide scheduling approach endorsed in the HALT Fentanyl Act classifies all FRS as schedule I drugs, reserved for substances with no currently accepted medical use and a high potential for abuse. This class definition, however, is a radical departure from drug scheduling practices as it relies exclusively on chemical structure without accounting for pharmacological effect based on the unproven hypothesis of chemical structure-function relationships.¹ Contrary to this hypothesis, structurally related substances can often have complementary therapeutic values. In fact, the National Institute on Drug Abuse (NIDA) has already acknowledged that some FRS are inert and that at least one may be an opioid antagonist that behaves like naloxone, which is itself an opium derivative that counteracts the effects of opioid drugs.² Classifying all FRS in schedule I places undue restrictions on research for therapeutic potential of FRS. This means that researchers and scientists are not able to study these substances at a time when the U.S. is experiencing unprecedented overdose deaths.

The HALT Fentanyl Act also enshrines mandatory minimums for distribution of FRS under the Controlled Substances Act, an inappropriate mandate that criminalizes possibly inert or harmless substances. While some proponents of the HALT Fentanyl Act claim that the bill is not intended to interact with the criminal justice system and that mandatory minimums are primarily a deterrent against foreign import of FRS, this is simply inaccurate. The HALT Fentanyl Act expands mandatory minimums for both foreign importation crimes and domestic drug distribution offenses, including nonviolent drug distribution involving small quantities of drugs. What's more, by automatically scheduling a huge swathe of substances in one fell swoop, the HALT Fentanyl Act would lead to very real criminal justice consequences, posing an unacceptable risk of unnecessary incarceration for substances that carry no potential for abuse. Such miscarriages of justice have already occurred. For instance, Todd Coleman was sentenced to a mandatory minimum of 10 years for sale of cocaine that a crime laboratory said was laced with three fentanyl analogues, only to discover, years later, that the detected adulterants were not illegal fentanyl analogues and most were not even controlled substances.³

Our country is repeating past missteps when it comes to policy responses to fentanyl and its analogues. In the 1980s, policymakers enacted severe mandatory minimums for small amounts of crack cocaine in response to media headlines and law enforcement warnings that perpetuated mythology and fear. These laws imposed harsher penalties for crack—a substance associated with Black people—than for cocaine—a substance associated with white people—even though

¹ Bamberger, Nathan D., et al. "Beyond Simple Structure–Function Relationships: The Interplay of Geometry, Electronic Structure, and Molecule/Electrode Coupling in Single-Molecule Junctions." *The Journal of Physical Chemistry C* 126.15 (2022): 6653-6661.

² NIDA. "The Overdose Crisis: Interagency Proposal to Combat Illicit Fentanyl-Related Substances." *National Institute on Drug Abuse*, 2 Dec. 2021.

³ Schwartzapfel, Beth. "Biden Could Have Taken the War on Drugs Down a Notch. He Didn't." *The Marshall Project*, 16 June 2021.

the two substances are chemically similar. In the ensuing decades, people of color have been disproportionately incarcerated and sentenced to mandatory minimum sentences for small amounts of crack. This trend of racial disparity also can be seen in prosecutions for offenses involving fentanyl and fentanyl analogues, as Sentencing Commission data from fiscal years 2021 to 2023 provides strong evidence that these prosecutions disproportionately target people of color. Among the 8,048 people convicted in trafficking cases where fentanyl or fentanyl analogues were the primary drug type, Black and Hispanic individuals comprised 78% of all convictions (41% and 37%, respectively).⁴ These percentages represent a massive disparity relative to demographic patterns in the general population. Moreover, the emergence of fentanyl-related substances in recent years has fueled similar waves of alarmist media and law enforcement headlines that are informed by mythology rather than science. Any further extension of the classwide scheduling policy threatens to repeat past missteps with crack cocaine that policymakers are still working to rectify.

The classwide scheduling policy expands the application of existing severe mandatory minimum sentencing laws enacted by Congress in the 1980s to a newly scheduled class of fentanyl-related compounds. For example, just a trace amount of a fentanyl analogue in a mixture with a combined weight of 10 grams—10 paper clips—can translate into a five-year mandatory minimum with no evidence needed that the seller even knew it contained fentanyl. In addition, current laws impose a statutory maximum sentence of 20 years for just a trace amount of a fentanyl analogue in a mixture with a combined weight of less than 10 grams.⁵ The truth of the matter is that lawmakers do not need to impose new mandatory minimums in order to prosecute fentanyl analogue cases because law enforcement officials already have the ability to prosecute these cases pursuant to the Controlled Substance Analogue Enforcement Act of 1986, which requires that prosecutors show the substances in question are harmful.⁶

Despite the threat of grave injustices in the criminal legal system, the current lack of research on FRS, and indications that some FRS are harmless or hold therapeutic potential, the HALT Fentanyl Act does not include an off-ramp to reschedule or remove FRS that research has proven to be pharmacologically inactive or do not meet schedule I criteria. Though it includes some research reforms for schedule I substances, the bill excludes the possibility of such research impacting the criminalization of FRS. Without a rescheduling process, the HALT Fentanyl Act may unjustly promote criminalization of harmless or inert substances.

The HALT Fentanyl Act and other bills proposing the permanent classwide scheduling of FRS are yet another iteration of the drug war's ineffective and punitive strategies. To prevent overdose, Congress must invest in public health solutions to mitigate the harms of illicit fentanyl. We urge

⁴ The data used for this analysis were extracted from the U.S. Sentencing Commission's "Individual Datafiles" spanning fiscal years 2021 to 2023. The Commission's "Individual Datafiles" are publicly available for download on its website. U.S. Sent'g Comm'n, Commission Datafiles, <https://www.ussc.gov/research/datafiles/commission-datafiles>.

⁵ See generally Brian T. Yeh, Cong. Research Serv., RL30722, Drug Offenses: Maximum Fines and Terms of Imprisonment for Violation of the Federal Controlled Substances Act and Related Laws (Jan. 20, 2015), <https://fas.org/sgp/crs/misc/RL30722.pdf>.

⁶ U.S.C. section 813(a); see also *United States v. Requena*, 980 F.3d 30, 35 (2d Cir. 2020).

Congress to support bills that increase access to health services and substance use disorder treatment, improve data collection, and provide funding for FRS research, offering alternative, effective strategies to simultaneously address the opioid epidemic while preventing backsliding on criminal justice reform.

Thank you for your time and attention to this matter. Please contact Maritza Perez Medina, Director of Federal Affairs for the Drug Policy Alliance, at mperez@drugpolicy.org for questions about this letter or to further discuss this matter.

Sincerely,

ACLU of Nevada (NV)
ACR Health (NY)
AIDS Alabama (AL)
AIDS Foundation Chicago (IL)
AIDS United
Alianza for Opportunity
Alliance for Positive Change (NY)
Alliance for Positive Health (NY)
American Civil Liberties Union
American Friends Service Committee
Appalachian Learning Initiative (WV)
Association of Black Social Workers (Virginia Union University) (VA)
Autistic Self Advocacy Network
Battle Born Progress (NV)
Beacon House Aftercare, Louisville (KY)
Beauty After the Bars (NC)
Bend the Arc: Jewish Action
Better Organizing to Win Legalization
BLM Louisville (KY)
Brave Technology Co-Op
Bronx Móvil (NY)
C-UR Recovery Services, LLC (MI)
Celebrate Recovery (KY)
Center for Criminal Justice Reform, University of Baltimore (MD)
Center for Disability Rights
Center for Housing & Health (IL)
Center for Popular Democracy
Citizen Action of Wisconsin (WI)
Clergy for a New Drug Policy
Coalition on Human Needs
Color of Change
Communities United for Status & Protection (CUSP)

Community Catalyst
Community Health Project Los Angeles (CA)
Cosmovisiones Ancestrales (CA)
CURE (Citizens United for Rehabilitation of Errants)
Dream.org
Drug Policy Alliance
Drug Policy Forum of Hawai'i (HI)
Due Process Institute
E5 Enterprise (NY/PA)
Elephant Circle (CO)
EngageWell IPA (NY)
Equal Justice USA
Evergreen Health (NY)
Exchanging Pathways (MS)
Fair and Just Prosecution
Faith in Harm Reduction
Family Services Network of New York (NY)
FAMM
Federal Public & Community Defenders
Feed Louisville (KY)
Filling The Gaps Outreach, Inc. (GA)
Florida Harm Reduction Collective (FL)
Freedom BLOC (OH)
Fruit of Labor Action Research & Technical Assistance, LLC (NC)
Full Circle Youth Empowerment, Inc. (CT)
FWD.us
G. Williams & Associates, Inc. (IL)
Giving Others Dreams G.O.D Inc (IL)
GLIDE (CA)
Hawai'i Health & Harm Reduction Center (HI)
HEAL Ohio (OH)
Hepatitis C Mentor and Support Group (HCMSG) (NY)
Hep Free Hawai'i (HI)
Hey Joe Media (AZ)
Hip Hop Caucus
HIPS (DC)
HomeRise (CA)
Hoosier Action (IN)
Housing Works (NY)
Human Rights Watch
Illinois Alliance for Reentry and Justice (IL)
Illinois Harm Reduction & Recovery Coalition (IL)
Immigrant Legal Resource Center
Interfaith Action for Human Rights (IAHR) (DC) (MD) (VA)
Indiana Recovery Alliance (IN)

IOAD NC Raleigh Memorial Event (NC)
Isaiah House Inc (KY)
Interfaith Action for Human Rights
Justice Strategies
JustLeadershipUSA
Juvenile Law Center
Lacey's Legacy (KY)
LatinoJustice PRLDEF
Law Enforcement Action Partnership
Law Office of the Cook County Public Defender (IL)
The Leadership Conference on Civil and Human Rights
Legal Action Center
Life Coach Each One Teach One Reentry Fellowship (KY)
Lighthouse Consultants Colorado, LLC (CO)
Local Progress
Los Angeles Community Action Network (CA)
Michigan People's Campaign (MI)
Minorities for Medical Marijuana
Mississippi Prison Reform Coalition (MS)
Moms for All Paths to Recovery (CA)
Monetwork (MO)
My Brothers Keeper NEO (OH)
My Meta ReEntry Services, Inc. (NC)
NASTAD
National Association of Criminal Defense Lawyers
National Coalition for the Homeless
National Council of Churches
National Council on Alcoholism and Drug Dependence-Maryland Chapter (MD)
National Employment Law Project
National Harm Reduction Coalition
National Health Law Program
National Homelessness Law Center
National Immigrant Justice Center
National Immigration Project (NIPNLG)
National Legal Aid & Defender Association
National Organization for Women
National Pain Advocacy Center (CO)
NC Harm Reduction Coalition (NC)
Nelsonville Voices/Showing Up for Racial Justice (OH)
NETWORK Lobby for Catholic Social Justice
New Jersey Organizing Project (NJ)
New York State Harm Reduction Association (NY)
NEXT Distro
OhioCAN/Newark Homeless Outreach (OH)

On The Bright Side LLC (NC)
ONE Northside (IL)
Overdose Crisis Response Fund
PA Stands Up (PA)
Parabola Center for Law and Policy
Parole Preparation Project
Pennsylvania Harm Reduction Network (PA)
People Advocating Recovery (KY)
People's Action
Progressive Leadership Alliance of Nevada (NV)
Progressive Maryland (MD)
Psychotherapy Services DBA (KY)
QLatinx (FL)
R Street Institute
REACH-NEO (OH)
Reentry Advocacy Project (TX)
Reframe Health and Justice
Renew A New, Inc (CA)
Revolve Impact
Rights & Democracy (NH/VT)
River Valley Organizing (OH)
Sana Healing Collective (IL)
Smoky Mountain Harm Reduction (NC)
Sojourners
Source Corp LLC (OH)
South Carolina For Restorative Justice (SC)
South Louisville Community Ministries (KY)
Southern Tier AIDS Program (NY)
StoptheDrugWar.org
Students for Sensible Drug Policy
Sunita Jain Anti-Trafficking Policy Initiative, Loyola Law School
T'ruah: The Rabbinic Call for Human Rights
Tacoma Healing Awareness Community (WA)
TakeAction Minnesota (MN)
TCRC Community Healing Center (PA)
Texas Harm Reduction Alliance (TX)
The Action Lab, Center for Health Policy and Law, Northeastern University School of Law (MA)
The Advocates for Human Rights (MN)
The AIDS Institute (TAI)
The Daniel Initiative
The Festival Center
The Freedom BLOC (OH)
The Gathering for Justice
The Georgia Survivor Defense Project (GA)

The Gubbio Project (CA)
The Hepatitis C Mentor and Support Group (HCMSG) (NY)
The Matrix Consulting, LLC
The Porchlight Collective SAP (IL)
The Sentencing Project
The Steady Collective (NC)
Transform Network
Treatment Action Group (TAG) (NY)
Treatment on Demand Coalition-SF (CA)
Truth Pharm Inc. (NY)
United Vision for Idaho (ID)
Vera Institute of Justice
Vilomah Foundation (PA)
Vital Strategies
Vivent Health
VOCAL-KY (KY)
VOCAL-NY (NY)
VOCAL-WA (WA)
VT Citizens United for the Rehabilitation of Errant(s) (VT)
Washington Office on Latin America
Why Not Prosper (PA)
Wilkes Recovery Revolution, Inc. (NC)
Women on the Rise (GA)
Worth Rises
Young People in Recovery



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Ruth Fox, MD
1895-1989

February 3, 2025

The Honorable Chuck Grassley
Chairman
Judiciary Committee
U.S. Senate
Washington, DC 20510

The Honorable Richard Durbin
Ranking Member
Judiciary Committee
U.S. Senate
Washington, DC 20510

The Honorable Buddy Carter
Chairman
Subcommittee on Health
Energy and Commerce Committee
U.S. House of Representatives
Washington, DC 20515

The Honorable Diana DeGette
Ranking Member
Subcommittee on Health
Energy and Commerce Committee
U.S. House of Representatives
Washington, DC 20515

RE: Halt Lethal Trafficking (HALT) Fentanyl Act

Dear Chairman Grassley, Ranking Member Durbin, Chairman Carter, and Ranking Member DeGette:

On behalf of the American Society of Addiction Medicine (ASAM), a national medical specialty society representing more than 8,000 physicians and associated health professionals who specialize in the prevention and treatment of addiction, I write to **urge amendments to the [Halt Lethal Trafficking \(HALT\) Fentanyl Act](#) to mitigate unintended negative consequences and encourage further Congressional action to address the demand side of our national addiction and overdose crisis.**

Opioid overdose deaths are always tragic, especially because they are preventable with evidence-based addiction prevention, treatment, and overdose reversal medications. Even though drug overdose deaths dropped last year,ⁱ the United States (US) has far to go in ending our national addiction and overdose crisis. We still rank highest in drug overdose deaths per capita in the world.ⁱⁱ

Illicitly manufactured, high-potency synthetic opioids, including fentanyl, are key drivers of overdose deaths in the US.ⁱ Therefore, policies aiming to decrease their illegal importation and distribution are critically important. **However, we are concerned that some of the policies proposed in the HALT Fentanyl Act may have unintended consequences. Some minor adjustments may support a better return on investment.** Enacting smart legislation is critical to saving more American lives.

Specifically, ASAM urges the following amendments to The HALT Fentanyl Act:

- **Revise its definition of “fentanyl-related substances” to consider potency and mu opioid receptor activity in the brain, rather than simply specifying the *precise* structures of drugs that would qualify for Schedule I.** Strict structural specification provides a blueprint for drug cartels and chemists to modify substances to avoid detection or conviction. Unfortunately, this can lead to more dangerous substances being manufactured and distributed across the US – resulting in higher potency substances on the streets and more severe addictions involving substances for which existing treatments may not work. Additionally, prosecutions need to focus on the trafficking and distribution of fentanyl-related substances that pose a danger to humans; the bill’s current definition may include substances that do not have “abuse” potential;
- **Expand the federal mandatory minimum safety valve across all substances to end the practice of low-level drug offenders with substance use disorders receiving excessive and expensive sentences.** Redirecting associated savings toward evidence-based addiction treatments would be more effective;
- **Refine the expedited research procedures to reference “substance(s)” instead of “substance” throughout to clarify that researchers can submit one application for multiple substances;**
- **Amend the expedited research procedures to remove the requirement to demonstrate that the researcher is authorized to conduct research with respect to the substance(s) under the laws of the State in which the research will take place.** This often creates a catch-22 for researchers. A State won’t approve the research until the researchers can demonstrate that it is approved federally, and the DEA won’t approve it until the researchers can demonstrate that it is approved at the state level. We recommend deferring to the States to include the requirement to demonstrate federal approval; and
- **Express a sense of Congress that, while the legislation may facilitate prosecutions and seizures of fentanyl-related substances, increased and sustained Congressional efforts are needed to address the demand side of our national addiction and overdose crisis if the primary goal is to save lives.**

The Halt Lethal Trafficking (HALT) Fentanyl Act

ASAM agrees with the Drug Enforcement Administration (DEA)'s assessment that the current scheduling framework under the Controlled Substances Act (CSA) does not offer necessary flexibility to combat the threat posed by emerging synthetic substances. Chemists can constantly adjust their formulations to evade US scheduling, and law enforcement faces significant challenges staying ahead of these threats.

In 2018, the DEA exercised its authority to place non-scheduled fentanyl-related substances into Schedule I for two years.ⁱⁱⁱ Congress has extended this *temporary* class-wide scheduling on several occasions.ⁱⁱⁱ While this approach has had success in reducing law enforcement encounters with new fentanyl-related substances in the illicit market,^{iv} it has been unable to curb the overall flow of illicitly manufactured fentanyl into the US. Drug cartels have continued large-scale production and distribution of high-potency synthetic opioids.

Between 2017 and 2023, the number of illicit fentanyl seizures in the U.S. skyrocketed by more than 1,700 percent.^v Concurrently, the proportion of fentanyl seizures involving counterfeit prescription pills - that further exacerbate the risk of overdose by misleading Americans as to what substance they are ingesting - increased fourfold.^v Sadly, overdose deaths involving synthetic opioids other than methadone (primarily illicitly manufactured fentanyl) have climbed since 2018 to more than 73,000 in 2022.^{vi}

In short, the HALT Fentanyl Act merely preserves a deadly status quo.

Additionally, the legislation would continue (1) imposing mandatory minimum sentences for quantity-based offenses involving fentanyl-related substances and (2) defining the class by chemical structure, regardless of potency or actual impact on opioid receptors and related risks. Unfortunately, mandatory minimum sentences are a terrible return on investment when used to punish low-level drug dealers.^{vii}

These sentences are expensive, needlessly requiring thousands of dollars per individual per year. **Research has shown that mandatory minimum sentences do not deter drug use - either before or after incarceration - and can spend tax dollars with little to no impact on drug use, drug-related arrests, or overdose rates.**^{vii,viii,ix} Moreover, a meta-analysis of research studies found that incarceration not only fails to prevent drug use, it may even increase the likelihood of reoffending.^x

The largest return on criminal justice costs may come from targeting cartel leaders or high-level drug dealers.^{xi} Unlike low-level dealers, they are responsible for the movement of large quantities of fentanyl-related substances at any given time. **Yet, the highest-level drug traffickers represent only 11% of federal drug offenders across substances.**^{xii} In other words, the US currently wastes a significant amount of money incarcerating low-level drug offenders with lengthy sentences.

A Better ROI: Investing in Addiction Medicine Innovation and Treatment

Carefully tailored drug scheduling decisions can play a useful role in a supply-side approach to addressing an overdose crisis, but increased and sustained efforts on the demand side present an opportunity for greater progress. While many people reduce or stop using drugs without treatment, those who consume most drugs distributed by drug cartels frequently have moderate to severe substance use disorders that necessitate medical treatment. Threats of punishment are unlikely to deter these Americans, because their disorder has already negatively affected their motivation and judgment regarding their drug use. Instead, effective addiction treatment reduces drug use and improves health and wellbeing.

Addiction treatment is an excellent return on investment, including for low-level drug dealers who are distributing drugs to support their own addiction. Every dollar spent on addiction treatment saves \$4 to \$7 in criminal justice and other costs.^{xiii} Therefore, rather than inefficiently using taxpayers' money incarcerating low-level dealers of fentanyl-related or other substances, the government can realize positive effects from treating substance use disorders of low-level dealers, including through drug courts that utilize evidence-based practices and other alternatives to incarceration.

Congress can lead the way in promoting helpful addiction treatments. While highly effective medications exist for opioid use disorder, many people are using stimulants, like cocaine and methamphetamine, as well as alcohol. No medications have been approved for stimulant use disorder, and new treatments are urgently needed for all substance use disorders to increase their uptake by both prescribers and patients.^{xiv} Unfortunately, innovation in the addiction field has lagged other medical fields due to limited financial investment and misunderstanding of addiction as a moral rather than a medical condition.^{xv} **Congress could consider establishing incentives for the pharmaceutical industry to enter the under-tapped addiction medicine field.^{xv}** The recent case of GLP-1 medications demonstrates how new medications can change millions of lives, spur economic growth, and provide renewed hope for people suffering from stigmatized medical conditions.

While new treatments are being developed and tested, the US must also quickly expand access to existing evidence-based treatments – including methadone, buprenorphine, and contingency management. Few clinicians offer these treatments, and they are unlikely to do so without increased reimbursement rates from insurers and less red tape around methadone for the treatment of opioid use disorder.^{xvi} For example, Congress could explicitly amend federal law to state that contingency management – the most effective treatment for stimulant use disorder – does **not** violate federal anti-kickback laws and patient inducement laws. For too long, contingency management has been underused by clinicians who fear prosecution under federal statutes that were not created to address contingency management. Similarly, many pharmacies fear that stocking effective medications, like buprenorphine, will lead to Department of Justice investigations. Recognizing this, Congress could clarify federal statute to ensure that pharmacies' stocking of addiction medications is not an indicator of suspicious activity.^{xvii}

Additionally, Congress could close the dangerous Medicare coverage gap for evidence-based residential addiction treatment.^{xviii} At a minimum, Congress could reauthorize, and update key

programs first created by the SUPPORT for Patients and Communities Act in 2018, after unfortunately letting them lapse in 2024.

Conclusion

Thank you for considering these recommendations. ASAM remains committed to working with you to promote remission and recovery from addiction, ensuring that all communities are safe, and more Americans can lead healthy, productive lives. For any questions or to discuss, please contact Kelly Corredor, ASAM's Chief Advocacy Officer, at kcorredor@asam.org.

Sincerely,



Brian Hurley, MD, MBA, FAPA, DFASAM
President, American Society of Addiction Medicine

cc: Chairs and Ranking Members of the House Energy and Commerce Committee, House Judiciary Committee, and Senate HELP Committee; Senator Bill Cassidy; Representative Morgan Griffith

ⁱ Ahmad F, Cisewski J, Rossen L, Sutton P. Provisional drug overdose death counts. National Center for Health Statistics. 2025. Accessed January 31, 2025, <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

ⁱⁱ Commonwealth Fund. U.S. Overdose Deaths Remain Higher Than in Other Countries – Trend-Tracking and Harm-Reduction Policies Could Help. January 9, 2025, 2025. Accessed January 15, 2025. https://www.commonwealthfund.org/blog/2025/us-overdose-deaths-remain-higher-other-countries-trend-tracking-and-harm-reduction?check_logged_in=1

ⁱⁱⁱ *Comparison of Proposed Legislation Concerning Fentanyl-Related Substances.*; 2023. Accessed February 1, 2025. https://www.everycrsreport.com/files/2023-05-24_R47572_018b57a488ee48fece0ff5c684271ca8502608ff.pdf

^{iv} *SYNTHETIC OPIOIDS Considerations for the Class-Wide Scheduling of Fentanyl-Related Substances Report to Congressional Addressees United States Government Accountability Office.*; 2021. Accessed February 1, 2025. <https://www.gao.gov/assets/gao-21-499.pdf#page57>

^v Dramatic Increase in Fentanyl Seized by Authorities in Last Six Years. NYU Langone News. <https://nyulangone.org/news/dramatic-increase-fentanyl-seized-authorities-last-six-years>

^{vi} NIDA. Drug Overdose Deaths: Facts and Figures . National Institute on Drug Abuse website. <https://nida.nih.gov/research-topics/trends-statistics/overdose-death-rates>. August 21, 2024 Accessed January 23, 2025.

^{vii} National Research Council. *The Growth of Incarceration in the United States: Exploring Causes and Consequences.* 2014:347. <https://nap.nationalacademies.org/read/18613/chapter/15#347>

- viii Pew Charitable Trusts. More Imprisonment Does Not Reduce State Drug Problems: Data show no relationship between prison terms and drug misuse. Accessed January 29, 2025, <https://www.pewtrusts.org/en/research-and-analysis/issue-briefs/2018/03/more-imprisonment-does-not-reduce-state-drug-problems>
- ix Caulkins JP. Are Mandatory Minimum Drug Sentences Cost-Effective? Rand.org. Published 2019. https://www.rand.org/pubs/research_briefs/RB6003.html
- x Petrich DM, Pratt TC, Jonson CL, Cullen FT. Custodial Sanctions and Reoffending: A Meta-Analytic Review. *Crime and Justice*. 2021;50:353-424. doi:10.1086/715100
- xi Caulkins JP, Rydell CP, Schwabe W, Chiesa J. Mandatory Minimum Drug Sentences: Throwing Away the Key or the Taxpayers' Money? *wwwrandorg*. Published online January 1, 1997. https://www.rand.org/pubs/monograph_reports/MR827.html
- xii Pew Charitable Trusts. *Federal Drug Sentencing Laws Bring High Cost, Low Return*. 2015. <https://www.pewtrusts.org/en/research-and-analysis/issue-briefs/2015/08/federal-drug-sentencing-laws-bring-high-cost-low-return>
- xiii NIDA. Principles of Drug Addiction Treatment: A Research-Based Guide (Third Edition). National Institute on Drug Abuse website. <https://archives.nida.nih.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition>. January 17, 2018 Accessed February 1, 2025.
- xiv Why Most Doctors Don't Order Addiction Meds. Psychology Today. Published 2025. Accessed February 1, 2025. <https://www.psychologytoday.com/us/blog/addiction-outlook/202501/why-most-doctors-dont-order-addiction-meds>
- xv Reville N, Chertman W. An Innovation Agenda for Addiction. *Recursiveadaptation.com*. Published December 10, 2024. Accessed February 1, 2025. <https://recursiveadaptation.com/p/an-innovation-agenda-for-addiction>
- xvi NIDA. To address the fentanyl crisis, greater access to methadone is needed. National Institute on Drug Abuse website. <https://nida.nih.gov/about-nida/noras-blog/2024/07/to-address-the-fentanyl-crisis-greater-access-to-methadone-is-needed>. July 29, 2024 Accessed January 24, 2025.
- xvii Tonko, Heinrich Introduce Bill to Remove Barrier to Lifesaving Addiction Treatment. Congressman Paul Tonko. Published October 4, 2024. Accessed February 3, 2025. <https://tonko.house.gov/news/documentsingle.aspx?DocumentID=4232>
- xviii Legal Action Center. Legal Action Center. Published 2024. Accessed February 1, 2025. <https://www.lac.org/resource/closing-medicare-coverage-gap-for-residential-substance-use-disorder-services>

United States Senate

WASHINGTON, DC 20510

June 27, 2022

Merrick Garland
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Secretary
U.S. Department of Health & Human Services
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Anne Milgram
Administrator
Drug Enforcement Administration
Department of Justice
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Dear Attorney General Garland, Secretary Becerra, and Administrator Milgram,

We write to express our serious concerns with the Administration's proposal to make the current temporary classwide scheduling of fentanyl-related substances (FRS or fentanyl analogues) permanent, without the scientific evaluation that the federal government has conducted for all other controlled substances since 1970. Our concerns were heightened by the Food and Drug Administration's (FDA) recent testimony before Congress that, as a result of classwide scheduling, a potential antidote and other harmless substances are improperly classified as Schedule I substances.

Permanent classwide scheduling would absolve the government of its statutory responsibility to determine a substance's potential for abuse or accepted medical use before placing it in a category of controlled substances, setting a troubling precedent for drug control. The proposal accepts that helpful, harmful, and harmless substances can be preemptively treated as equally harmful and disregards basic principles of evidence and pharmacology. It also seeks to create a system in which some individuals may be prosecuted and sentenced to prison for substances that turn out to be harmless, which invariably will disproportionately impact people of color.¹ In the midst of the worst overdose crisis our country has ever experienced, the failure to embrace an

¹ See U.S. Sent'g Comm'n, Fentanyl and Fentanyl Analogues: Federal Trends and Trafficking Patterns 24 (Jan. 2021) (finding that in 2019, 68 percent of those sentenced for federal fentanyl analogue offenses were people of color), https://www.ussc.gov/sites/default/files/pdf/research-and-publications/research-publications/2021/20210125_Fentanyl-Report.pdf.

evidence-based approach by ignoring the scientific research currently required under the Controlled Substances Act (CSA) risks leaving potential antidotes to fentanyl addiction and overdoses undiscovered and unavailable.

Enacted in 1970, the CSA created five schedules for controlled substances. To schedule a substance, the Drug Enforcement Administration (DEA) must make a finding of the substance's potential for abuse and currently accepted medical use. Under 21 U.S.C. § 811(b), the Attorney General must request a scheduling recommendation from the Secretary of Health and Human Services (HHS) based on an eight-factor medical and scientific analysis.² Fentanyl, for example, is categorized as a Schedule II drug because it has a high potential for abuse, but also has some safe and accepted medical uses such as treating patients who have severe chronic pain or are recovering from surgery. Fentanyl analogues share the same chemical structure as fentanyl, but an individual substance may be more, less, or not dangerous, and could even have a medical use. It is impossible to know whether a substance is dangerous or has therapeutic value until it is studied.

Schedule I is reserved for the most dangerous substances that have no therapeutic use. Accordingly, offenses involving Schedule I drugs carry the most severe sentences. Schedule I drugs are also the most difficult for doctors and scientists to study. To study the substances, researchers must receive DEA approval and overcome other time-consuming protocols. Indeed, fentanyl (alongside cocaine and heroin) is categorized as a Schedule II drug, allowing scientists to more easily test and study it. Classwide scheduling of fentanyl analogues in Schedule I frustrates similar efforts.

In 2019, eight members of the Senate Judiciary Committee wrote then-Secretary of the Department of Health and Human Services Alex M. Azar to voice the concern that the DEA and Department of Justice (DOJ) “have not adequately consulted with public health agencies in connection with the DEA/DOJ’s recent request that Congress legislatively place all ‘fentanyl-related’ substances into Schedule I of the” CSA.³ In its response to the request for more information, HHS reported that “an evaluation for permanent scheduling of a class of substances, rather than specific substances, would not be feasible for the FDA to develop.”⁴ HHS also warned that the failure to test each substance could impede the development of treatments for opioid addiction and overdoses:

The chemical structures and pharmacological activity targeted by illicit opioid manufacturers overlap not only with illicit, potentially dangerous, Schedule I substances, but also with many molecules that *research may in the future demonstrate a potential for legitimate therapeutic uses. Research with fentanyl-related substances and other synthetic opioids may be important to the development of new and improved treatments for opioid addiction and overdose, chronic pain, and other neurologic and psychiatric conditions, as well as to understanding the effects these substances have on human health.*⁵

² 21 U.S.C. § 811(b).

³ Letter from Richard Durbin, et. al. to Alex M. Azar, Sec’y, U.S. Dept. of Health and Human Services, (Jul. 10, 2019), <https://www.durbin.senate.gov/imo/media/doc/Letter%20to%20DOJ%20HHS%207.10.pdf>.

⁴ Dep’t of Health and Human Services, Letter to Senator Richard Durbin in Response to July 10, 2019 Letter, Oct. 31, 2019.

⁵ *Id.* (emphasis added).

Despite HHS’s report that an evaluation would not be feasible, a few months later, on February 4, 2020, the DEA again asked HHS “to conduct an eight-factor analysis on the FRS class and make a scheduling recommendation for the class.” HHS then, apparently, undertook that review, and ultimately concluded that a scheduling “finding is not possible for FRS as a class.”⁶ HHS could not provide the finding for two reasons: first, because of the vast number of hypothetical fentanyl-related substances; second, because “among the individual FRS for which pharmacological activity has been studied, *FDA has identified examples of substances lacking in mu-opioid agonist activity*, the presumed pharmacology that would lead to opioid-related harms.”⁷

To our knowledge, DEA has identified approximately 44 fentanyl-related substances. As of December 2, 2021, FDA had studied the pharmacology for about 25 of these substances and found that “among that group, there are members of that class, and one in particular that has no activity to turn on the opioid receptor . . . it looks like it would be the blocker of the mu opioid receptor in the way naloxone is a blocker of the mu opioid receptor.”⁸ In other words, of the few fentanyl-related substances studied by FDA, one does not make a person “high” and could be a life-saving treatment. The Administration has neither released any information about the substances it has studied nor explained which steps it is taking under current law to reclassify the substances it has concluded should not be in Schedule I.

The permanent classwide scheduling of all fentanyl analogues without first conducting a scientific and medical evaluation—an evaluation that could lead to the discovery of a life-saving treatment—is contrary to evidence-based, public health solutions. It would be a disservice to the American public for Congress to preemptively criminalize a substance that might be the next naloxone.

Since 2018, fentanyl analogues have been classified as a class as a Schedule I drug on a temporary basis. Congress has extended temporary scheduling on several occasions with the most recent extension set to expire at the end of this year. Yet, according to provisional data from the Centers for Disease Control and Prevention, between 2020 and 2021 alone, U.S. overdose deaths involving synthetic opioids other than methadone increased 23 percent, from

⁶ *The Overdose Crisis: Interagency Proposal to Combat Illicit Fentanyl-Related Substances: Hearing Before the Subcomm. on Health of the H. Comm. on Energy and Commerce*, 117th Cong. 4 (2021) at 4 (statement of Douglas G. Throckmorton, M.D.) (Throckmorton Statement), https://energycommerce.house.gov/sites/democrats.energycommerce.house.gov/files/documents/Witness%20Testimony_Throckmorton_HE_2021.12.02_0.pdf.

⁷ *Id.* (emphasis added); see also Statement of Professor Sandra D. Comer, Pub. Policy Officer, Coll. on Problems & Drug Dependence, Before the Subcomm. on Crime, Terrorism & Homeland Sec., H. Comm. on the Judiciary at 3 (Jan. 28, 2020), <https://docs.house.gov/meetings/JU/JU08/20200128/110392/HHRG-116-JU08-Wstate-ComerS-20200128.pdf> (noting that recent research has confirmed that the classwide scheduling action has improperly scheduled substances with therapeutic promise and low abuse potential); Testimony of Kemp Chester, Sr. Advisor, Office of Nat’l Drug Control Pol’y, House Hearing on the Regulation of Fentanyl-Related Substances, Dec. 2, 2021, at 2:35:35, <https://www.c-span.org/video/?516433-1/house-hearing-regulation-fentanyl-related-substances> (“[W]e have gathered up an entire class of substances, uncreated, that within that class of substance, there may be substances that either have medical merit or are not the least bit harmful. They’re not any more harmful than water.”).

⁸ Testimony of Douglas C. Throckmorton, M.D., Food and Drug Admin, House Hearing on the Regulation of Fentanyl-Related Substances, Dec. 2, 2021, at 1:06:31, <https://www.c-span.org/video/?516433-1/house-hearing-regulation-fentanyl-related-substances>.

58,000 to 71,000.⁹ It is apparent that temporary scheduling has not proven to be an effective solution to the country’s grim overdose crisis.

We ask that you provide the following information by two weeks from the date of the letter:

1. Data for all fentanyl-related substances that the DEA has identified, including whether the FDA has studied each individual substance.
2. Data on the pharmacological effect and epidemiological data for fentanyl-related substances that the FDA has studied.¹⁰
3. Documents relating to DEA’s February 4, 2020 request that HHS conduct an eight-factor analysis on the FRS class and make a scheduling recommendation for the class, and FDA’s conclusion that a schedule I “finding is not possible for a class” because:
 - a. the class is vast in the number of hypothetical covered substances;
 - b. data on the pharmacological effect and epidemiological data showing harms and overdose death are available for fewer than 30 FRS substances; and
 - c. among the individual fentanyl-related substances for which pharmacological activity has been studied, FDA has identified examples of substances lacking in mu-opioid agonist activity, the presumed pharmacology that would lead to opioid-related harms.¹¹
4. Documents relating to any steps that the FDA or DOJ has taken to deschedule or reschedule “substances lacking in mu-opioid agonist activity” using existing provisions of the CSA.¹²
5. Any scientific and medical evaluation prepared or obtained by the HHS or FDA for a fentanyl-related substance.
6. Names of all chemical, pharmacological, or epidemiological studies of any fentanyl-related substance that U.S. Customs and Border Protections, DEA, FDA, or any other law enforcement agency or public health component of the federal government have identified.

In the nearly three years since we first sounded the alarm about this issue, we know little more about the DEA’s efforts to study and schedule identified fentanyl analogues. As members of Congress, we must find ways to confront the overdose crisis that continues to wreak havoc on so many of our communities.

⁹ *U.S. Overdose Deaths In 2021 Increased Half as Much as in 2020 – But Are Still Up 15%*, Centers for Disease Control and Prevention (May 11, 2022), https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2022/202205.htm.

¹⁰ See Throckmorton Statement at 4.

¹¹ *Id.*

¹² *Id.* at 4 & 7.

We are eager to work with the Administration to address these issues and find a path forward to effectively combat the fentanyl and fentanyl analogue problem. Please contact us should you have any questions and we look forward to receiving the information requested in a timely manner.

Sincerely,



Cory A. Booker
United States Senator



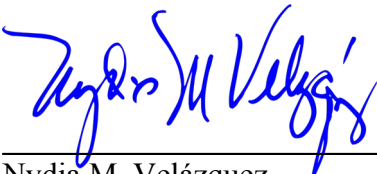
Tony Cárdenas
Member of Congress



Earl Blumenauer
Member of Congress



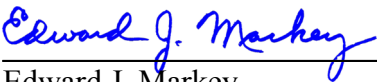
Yvette D. Clarke
Member of Congress




Nydia M. Velázquez
Member of Congress



Bonnie Watson Coleman
Member of Congress



Edward J. Markey
United States Senator



Elizabeth Warren
United States Senator

Mazie K. Hirono

Mazie K. Hirono
United States Senator

Jan Schakowsky

Jan Schakowsky
Member of Congress

Bernard Sanders

Bernard Sanders
United States Senator

Nanette Diaz Barragán

Nanette Diaz Barragán
Member of Congress

Cori Bush

Cori Bush
Member of Congress

January 10, 2024

The Honorable Merrick Garland
Attorney General of the United States
U.S. Department of Justice
950 Pennsylvania Avenue, N.W.
Washington D.C. 20530-0001

The Honorable Anne Milgram
Administrator
Drug Enforcement Administration
U.S. Department of Justice
8701 Morrisette Drive
Springfield, VA 22152

Dear Attorney General Garland and Administrator Milgram,

Since February 2018, all fentanyl-related substances have been placed in Schedule I of the Controlled Substances Act in response to the rise in fentanyl overdoses in our country. During this time, the Department of Justice (DOJ) and the Drug Enforcement Agency (DEA) have done a commendable job to stem the flow of fentanyl and fentanyl-related substances into the United States, yet too many families continue to grapple with the devastating effects of opioid use and addiction by loved ones.

On June 28, 2022, I, along with several colleagues, sent a letter to DOJ and DEA requesting certain information related to the Department's identification and scheduling of fentanyl-related substances (FRS). On December 12, 2022, the DOJ responded to the request and provided data for all novel FRS that "have either been evaluated or are undergoing evaluation."¹ This information included the name of each substance; the source of identification and date on which the substance was first identified; the then-current control status for each FRS; and the dates of DEA's request for scheduling, the Department of Health & Human Services' (HHS) recommendation, and DEA control pursuant to the scheduling process established by the Controlled Substances Act, 21 U.S.C. § 801 *et seq.*

At the time of the response, the data indicated that DEA had encountered 36 novel FRS between October 2016 and February 2022, which were in various stages of scientific and evaluative review by HHS and DEA control. Of these 36 FRS:

- 15 were under permanent control; and
- 21 were not yet permanently controlled and were in various stages of review
 - 9 had received a scheduling recommendation by HHS and were awaiting DEA control;

¹ Letter from Department of Justice entitled, "2022.12.09-OUT-Booker-Substances" with "Enclosure (1 of 2)" to Sen. Cory Booker (Dec. 9, 2022).

- 1 was pending HHS review;
- 9 were temporarily controlled and under DEA pharmacological testing (DEA had not yet requested a scheduling recommendation from HHS); and
- 2 were under temporary control without any evaluation.²

On April 13, 2023, the DEA published a proposed rule to place the nine specific FRS that were awaiting DEA control in Schedule I;³ the rule became final on December 7, 2023.⁴

I am encouraged that the Administration has remained faithful to the scheduling process established by the Controlled Substances Act and conducted the scientific and medical evaluation necessary to properly schedule the individual FRS. This process ensures that the government makes sound, evidence-based decisions for scheduling substances. Conducting medical and scientific evaluations to determine a substance’s potential for abuse or accepted medical use before placing it in a category of controlled substances ensures identification of substances that may be harmless or have therapeutic promise, better serving the public health.

To this end, I ask that you provide the following information for all FRS the DEA has identified, new FRS identified post-December 2022, and the 12 FRS described in the DEA’s December 2022 response to the request for information that remain to be placed on a schedule:

1. Please confirm that the 36 FRS listed in the table in “Enclosure (1 of 2)” provided on December 13, 2022, accounted for every individual FRS that the DOJ and DEA had identified as of that date.
2. In testimony before the House Committee on Energy and Commerce Subcommittee on Health during the December 2, 2021 hearing “Regulation of Fentanyl-Related Substances,” Dr. Douglas G. Throckmorton, Deputy Director for Regulatory Programs for the U.S. Food & Drug Administration testified (1) that the DEA had identified approximately 44 fentanyl-related substances, and (2) that the FDA had studied the pharmacology for about 25 of these substances and found that “among that group, there are members of that class, and one in particular that has no activity to turn on the opioid receptor . . . it looks like it would be the blocker of the mu opioid receptor in the way naloxone is a blocker of the mu opioid receptor.”⁵
 - a. Has the DOJ and DEA identified the 8 additional FRS Dr. Throckmorton testified about? If not, why not?
 - b. If the DOJ and DEA have indeed identified the additional 8 FRS, please provide information related to these substances, including the one that appeared to be a blocker of the mu opioid receptor.

² *Id.*

³ Drug Enforcement Administration, Schedules of Controlled Substances: Placement of Nine Specific Fentanyl-Related Substances in Schedule I, 88 Fed. Reg. 22391 (Apr. 13, 2023).

⁴ See 21 C.F.R. § 1308.

⁵ Regulation of Fentanyl-Related Substances: Hearing Before the House Subcomm. On Health of the House Comm. on Energy & Health (Dec. 2, 2021) (Testimony of Dr. Throckmorton at 1:06:31), available at <https://www.c-span.org/video/?516433-1/house-hearing-regulation-fentanyl-related-substances>.

3. According to (1) the information provided in December 2022 about the 36 FRS identified by the DOJ (21 of which had not been permanently controlled), and (2) DEA's subsequent placement of nine of those FRS on Schedule I, there should be 12 FRS that have not been permanently controlled. Please provide updated information about the current control status for each of those 12 FRS, including:
 - a. DEA's pharmacological testing results;
 - b. DEA's request for scheduling;
 - c. HHS's scientific and medical evaluation and scheduling recommendation;
 - d. DEA control; and
 - e. any other relevant information.
4. Data for all fentanyl-related substances that the DOJ and DEA have identified after December 9, 2022 through the current date.
5. Please provide a description of DOJ's and DEA's publication of information about FRS that have been identified and the control status. Specifically, provide:
 - a. Whether the DEA makes public that it has identified a new FRS and the name of the substance, and, if so, when;
 - b. Whether the DEA publishes any information about an individual FRS as it is undergoing the scheduling process (e.g., DEA pharmacological testing, DEA request for scheduling recommendation, or HHS recommendation) and before DEA publishes a proposed rule to permanently schedule in the Federal Register; and
 - c. Any other manner by which information about identified but not yet permanently scheduled FRS would be publicly accessible.

I am eager to continue to work with the Administration to address these issues and find a path forward to effectively combat the fentanyl and fentanyl analogue problem. To that end, please provide the information requested within 21 days of receipt of this letter. Please contact Lynda Garcia (lynda_garcia@judiciary-dem.senate.gov) should you have any questions regarding this request.

Sincerely,



Cory A. Booker
United States Senator

Enclosures:

FRS Information Request DOJ HHS DEA ("FRS Information Request DOJ HHS DEA.pdf")

DOJ Response to Information Request ("2022.12.09-OUT-Booker-Substances.pdf")

Table of Identified FRS ("Enclosure (1 of 2)")

Fentanyl Precursor Chemicals and Control Dates

Chemical	DEA control date	Notes
N-Phenethyl-4-piperidone (NPP)	April 23, 2007	
4-Anilino-N-phenethyl-4-piperidien (ANPP)	June 29, 2010	
Norfentanyl	April 17, 2020	Controlled as a CII substance; immediate precursor to fentanyl
Benzylfentanyl, including it's salts	April 15, 2020	
4-Anilinopiperidine (4-AP), including it's amides, carbamates, and salts	April 15, 2020	Control captured workarounds such as 1-boc-4-AP (<i>t</i> -boc-4-AP; <i>N</i> -boc-4-AP)

**Fentanyl-Related Substances (FRS) Identified and Captured under the Temporary Class Control
“Fentanyl-Related Substance” is defined in 21 CFR 1308.11(h)(30)
Controlled Under the Controlled Substance Code Number 9850**

#	Substance	Identification Source; First Identified	Current Status under CSA	Date DEA request scheduling	Date HHS provides recommend	DEA control date	Notes
Substances encountered prior to the Feb 2018 and controlled per the Class-Wide Scheduling of FRS							
1	crotonyl fentanyl	NFLIS-Drug; June 2017	Permanently controlled	Apr 2019	Jul 2020	Oct 2020	CND controlled in 2020
2	phenyl fentanyl	NFLIS-Drug; April 2017	Permanently controlled	Apr 2019	Jul 2020	Apr 2021	
3	thiofuranyl fentanyl	NFLIS-Drug; May 2017	Permanently controlled	Apr 2019	Jul 2020	Apr 2021	
4	4-methylfentanyl (<i>para</i> -methylfentanyl)	NFLIS-Drug; August 2017	Permanently controlled	Apr 2019	Jul 2020	Apr 2021	
5	<i>ortho</i> -fluorobutyl fentanyl	NFLIS-Drug; September 2017	Permanently controlled	Apr 2019	Jul 2020	Apr 2021	
6	fentanyl carbamate	NFLIS-Drug; December 2017	Permanently controlled	Oct 2019	Mar 2021	May 2021	

7	<i>ortho</i> -fluoro acrylfentanyl	NFLIS-Drug; December 2017	Permanently controlled	Apr 2019	Mar 2021	May 2021
8	benzodioxole fentanyl	NFLIS-Drug; January 2017	Temporary control	Apr 2019	Pending HHS	
9	4'-methyl acetyl fentanyl	NFLIS-Drug; February 2016 (NC Office of the Chief Medical Examiner)	Permanently controlled	Apr 2019	Jul 2020	Apr 2021
10	<i>ortho</i> -fluoroisobutyryl fentanyl	NFLIS-Drug; September 2017	Permanently controlled	Oct 2019	Mar 2021	May 2021
11	2'-fluoro <i>ortho</i> -fluorofentanyl	CBP communication; 2017	Permanently controlled	Apr 2019	Jul 2020	Apr 2021
12	<i>beta</i> '-phenyl fentanyl	CBP communication; 2017	Permanently controlled	Apr 2019	Jul 2020	Apr 2021
13	<i>ortho</i> -methylmethoxyacetyl fentanyl	NMS Labs communication; January 2018	Permanently controlled	Oct 2019	Jul 2020	Apr 2021
14	hexanoyl fentanyl	CBP communication; October 2016	Temporary control			
15	<i>meta</i> -fluorofentanyl	NFLIS-Drug; October 2016	Temporary control	Oct 2021	May 2022	
Substances defined as FRS and encountered post temporary class control (Feb 2018)						
16	<i>beta</i> -methylfentanyl	NFLIS-Drug; March 2018	Permanently controlled	Apr 2019	Jul 2020	Apr 2021
17	3-fluoroisobutyryl fentanyl	NFLIS-Drug; October 2018	Temporary control	Oct 2021	May 2022	
18	<i>ortho</i> -methyl acetyl fentanyl	NFLIS-Drug; October 2018	Permanently controlled	Apr 2019	Jul 2020	Apr 2021
19	<i>para</i> -fluoro furanyl fentanyl	NFLIS-Drug; November 2018	Permanently controlled	Oct 2019	Mar 2021	May 2021
20	<i>para</i> -methoxyfuranyl fentanyl	NFLIS-Drug; January 2019	Temporary control	Oct 2021	May 2022	

21	3-furanyl fentanyl	NFLIS-Drug; January 2019	Temporary control	Oct 2021	May 2022		
22	2',5'-dimethoxyfentanyl	NMS communication; March 2019	Temporary control	Oct 2021	May 2022		
23	isovaleryl fentanyl	NFLIS-Drug; March 2019	Temporary control	Oct 2021	May 2022		
24	3',4'-dimethoxyfentanyl	NFLIS-Drug; April 2019	Temporary control				
25	ortho-fluorofuranyl fentanyl	NFLIS-Drug; July 2019	Temporary control	Oct 2021	May 2022		
26	alpha'-methyl butyryl fentanyl	NFLIS-Drug; August 2019	Temporary control	Oct 2021	May 2022		
27	para-methylcyclopropyl fentanyl	NMS communication; October 2019	Temporary control	Oct 2021	May 2022		
28	para-chlorofentanyl	NFLIS-Drug; September 2020	Temporary control				Under DEA pharmacological testing.
29	ortho-chlorofentanyl	NFLIS-Drug; October 2020	Temporary control				Under DEA pharmacological testing.
30	meta-fluoro furanyl fentanyl	NFLIS-Drug; June 2020	Temporary control				Under DEA pharmacological testing.
31	ortho-methylcyclopropyl fentanyl	CBP communication; August 2018	Temporary control				Under DEA pharmacological testing.
32	beta-methyl acetyl fentanyl	NFLIS-Drug; January 2021	Temporary control				Under DEA pharmacological testing.
33	tetrahydrothiophene fentanyl (tetrahydrothiofuranyl fentanyl)	NFLIS-Drug; November 2021	Temporary control				Under DEA pharmacological testing.
34	para-fluoro valeryl fentanyl	NFLIS-Drug; September 2021	Temporary control				Under DEA pharmacological testing.
35	para- fluoroacetyl fentanyl	DEA-TOX; January 2022	Temporary control				Under DEA pharmacological testing.
36	para-bromofentanyl	DEA-TOX; February 2022	Temporary control				Under DEA pharmacological testing.

Prepared by: DEA/DC/DOE/DOED on 05 July 2022

United States Senate

WASHINGTON, DC 20510

July 2, 2024

The Honorable Merrick Garland
Attorney General of the United States
U.S. Department of Justice
950 Pennsylvania Avenue, N.W.
Washington D.C. 20530-0001

The Honorable Anne Milgram
Administrator
Drug Enforcement Administration
U.S. Department of Justice
8701 Morrissette Drive
Springfield, VA 22152

Dear Attorney General Garland and Administrator Milgram,

Since February 2018, all fentanyl-related substances (FRS) have been placed in Schedule I of the Controlled Substances Act in response to the rise in fentanyl overdoses in our country. While we appreciate the Department of Justice’s (DOJ) and Drug Enforcement Agency’s (DEA) efforts to stem the flow of fentanyl and fentanyl-related substances into the United States during this time, too many families continue to grapple with the devastating effects of opioid use and addiction by loved ones. We write now about previous congressional requests for information related to the fentanyl analogues DEA has identified and scheduled so that Congress can consider appropriate policy responses to the opioid crisis. This is especially urgent to analyze current policy proposals to eliminate the scientific and medical evaluation of individual FRS that is otherwise required under the Controlled Substances Act, 21 U.S.C. § 801 *et seq.*

In 2018, in response to the emerging threat of fentanyl-related substances, the DEA temporarily classified all such substances as Schedule I for a two-year period.¹ Schedule I is reserved for the most harmful drugs with no medical use, carrying the harshest criminal penalties and barriers to scientific research.² Congress has extended this temporary classification multiple times, with the latest extension expiring in December 2024. During this extended period, the DEA, presumably, has undertaken the scheduling process required by the Controlled Substances Act (CSA) for individual FRS. This process involves requesting an eight-factor scientific and medical evaluation and scheduling recommendation from the Secretary of Health and Human Services (HHS);³ the “DEA must continue to accord HHS’s scientific and medical determinations significant deference, and the CSA does not allow DEA to undertake a *de novo* assessment of HHS’s findings at any point in the [scheduling] process.”⁴

¹ 83 Fed. Reg. 5188 (Feb. 6, 2018).

² 21 U.S.C. § 841(b).

³ 21 U.S.C. § 811(b)-(c).

⁴ Dep’t of Justice, Office of Legal Counsel, 48 Op. O.L.C. ___ (Apr. 11, 2024), <https://www.dea.gov/sites/default/files/2024-05/2024-04-11%20-%20AAG%20Fonzone%20-%20Marijuana>

Lawmakers are now considering the permanent class-wide scheduling of FRS by legislation that would in practice eliminate the scientific and medical evaluations of FRS.⁵ This unprecedented legislative proposal would eliminate any analysis of a substance for its potential for abuse or whether it has a medical use prior to scheduling.⁶ Since determining a substance’s danger or therapeutic value is impossible without any analysis, permanent scheduling of FRS risks scheduling harmless⁷ or even beneficial substances.⁸ This would set a troubling precedent in U.S. drug scheduling, potentially leading to severe criminal penalties, including mandatory minimum sentences, based solely on molecular structure—and not the empirical evidence of the harm caused.

Given the potential impacts of class-wide scheduling on public health, criminal sentencing, and scientific research, several Members of Congress sent a letter to the DOJ and DEA on June 28, 2022, requesting specific information related to the identification and scheduling of FRS. On December 12, 2022, the DOJ provided data for all novel FRS that “have been evaluated or are undergoing evaluation.”⁹ This information included (1) the name of each substance; (2) the source of identification and date on which the substance was first identified; (3) the then-current control status for each FRS; (4) the date of DEA’s request to HHS for a scheduling recommendation; (5) the date on which the Secretary returned a scheduling recommendation; and (6) date of DEA control of each substance. (attached as Encl. 1). The data indicated that DEA had, at that time, identified 36 FRS.

[%20Rescheduling.pdf](#).

⁵ See, S.1141–118th Congress (2023-2024), *HALT Fentanyl Act*; H.R. 467 –118th Congress (2023-2024), *HALT Fentanyl Act*; DEA Briefing for Senate Judiciary Committee Staff, February 2024.

⁶ DOJ has suggested that “class-wide scheduling is not a new approach” because Congress placed synthetic cannabinoids on Schedule I under the Synthetic Drug Abuse Prevention Act of 2012 (“Act”). Letter from Dep’t of Just. to Sen. Cory Booker (Dec. 2022). This example, however, only affirms the unprecedented nature of current class-wide scheduling proposals. The Act defined synthetic cannabinoids in such a way as to require laboratory assessment of authentic samples to provide experimental support for presumed pharmacological activity — “The term ‘cannabimimetic agents’ means any substance that is a cannabinoid receptor type 1 (CB1 receptor) agonist as demonstrated by binding studies and functional assays” (emphasis added) — whereas current proposals for class-wide scheduling of fentanyl analogues would not require similar studies, experiments on authentic samples, or any testing of hypothetical effects.

⁷ The Countdown: Fentanyl Analogues & the Expiring Emergency Scheduling Order, Hrg. before the U.S. Senate Comm. on the Judiciary (June 4, 2019) (Responses to Questions for the Record of Kemp L. Chester, Office of Nat’l Drug Control Policy), (“These analogues have a wide variance in potency. Some analogues, like acetylfentanyl, are less potent than fentanyl; others, like carfentanil, are many times more potent; and still others, like benzylfentanyl, are believed to be essentially biologically inactive.”); Regulation of Fentanyl-Related Substances, Hrg. Before the House Subcomm on Health, House Comm. on Energy & Health (Dec. 2, 2021) (Testimony of Kemp Chester, Office of Nat’l Drug Control Policy at 2:35:35) (“[W]e have gathered up an entire class of substances, uncreated, that within that class of substance, there may be substances that either have medical merit or are not the least bit harmful. They’re not any more harmful than water.”).

⁸ Regulation of Fentanyl-Related Substances: Hrg. Before the House Subcomm. on Health, House Comm. on Energy & Health (Dec. 2, 2021) (Testimony of Dr. Throckmorton at 1:06:31) (noting that the FDA had studied the pharmacology for about 25 FRS and found that “among that group, there are members of that class, and one in particular that has no activity to turn on the opioid receptor . . . it looks like it would be the blocker of the mu opioid receptor in the way naloxone is a blocker of the mu opioid receptor.”).

⁹ Letter from Dep’t of Justice entitled, “2022.12.09-OUT-Booker-Substances” with “Enclosure (1 of 2)” to Sen. Cory Booker (Dec. 9, 2022).

DEA's accounting of FRS in December 2022, however, conflicted with other government information. An official record from the U.S. Customs and Border Patrol (CBP) indicates that the federal government had, more than a year prior, identified 44 new FRS.¹⁰ In January 2023, DEA reported identifying 38 FRS, which was considered the most up-to-date information available as of January 2024, per DEA's website. (attached as Encl. 2). DEA more recently, in February of this year, revised the information to reflect that it has only identified 37 FRS substances.¹¹

There also appear to be significant discrepancies in the scientific names of FRS listed in DEA's December 2022 letter and those known in September 2021, with only 16 matches across both data sets. These discrepancies in number and name of identified FRS raise serious concerns, particularly given previous reports suggesting that some substances classified as FRS may not be harmful and could potentially reverse overdoses.¹² Congress should have accurate information before it acts to place an entire class of substances on Schedule I without any requirement to conduct the scientific and medical evaluations that have been conducted for every other drug for the past 50 years. A failure to study and research individual substances all but ensures that some substances that may be harmless or even have medical value are left undiscovered. Moreover, removing scientific and medical experts from the drug control process surrenders any hope of addressing what is at its core a public health emergency requiring a public health response.

To this end, please provide the following information. Please note that several of these requests are outstanding as they were previously submitted in a January 10, 2024 letter:

1. The number of fentanyl-related substances the DEA has identified as of receipt of this letter, and the date on which each was identified.
2. For each fentanyl-related substance that DEA has identified, please provide:
 - (1) the name of each substance;
 - (2) the source of identification and date on which the substance was first identified;
 - (3) the current control status for each FRS;
 - (4) the date of DEA's request to HHS for a scheduling recommendation;
 - (5) the date on which the Secretary returned a scheduling recommendation; and
 - (6) DEA control pursuant to the scheduling process established by the Controlled Substances Act, 21 U.S.C. § 801 *et seq.*
3. For each FRS that DEA has received a scheduling recommendation from HHS, please provide whether the individual substance binds at the mu, delta, or kappa opioid receptor.

¹⁰ U.S. Custom and Border Protection. Laboratories and Scientific Services. *Current Trends from the Bench*. Sept. 2021[Information from Official Use Only Report].

¹¹ Drug Enforcement Administration, Diversion Control Division, Fentanyl-Related Substances, Feb. 2024, https://www.deadiversion.usdoj.gov/drug_chem_info/frs.pdf.

¹² Regulation of Fentanyl-Related Substances: Hrg. Before the House Subcomm. on Health, House Comm. on Energy & Health (Dec. 2, 2021) (Testimony of Dr. Throckmorton at 1:06:31) (noting that the FDA had studied the pharmacology for about 25 FRS and found that "among that group, there are members of that class, and one in particular that has no activity to turn on the opioid receptor . . . it looks like it would be the blocker of the mu opioid receptor in the way naloxone is a blocker of the mu opioid receptor.").

4. The reasons for discrepancies between the FRS reported by the DEA in December 2022 and those reported by the U.S. Customs and Border Patrol in September 2021.

In light of similar efforts by Congress to place xylazine on Schedule III legislatively, before DEA's completion of the administrative process pursuant the Controlled Substances Act, 21 U.S.C. § 801 *et seq.*, please provide:

5. The scheduling recommendation for xylazine that DOJ and DEA received from HHS and the date on which HHS returned its scheduling recommendation.
6. The status of DEA's review and consideration of HHS's scheduling recommendation for xylazine.
7. A list of substances, if any, for which the Attorney General departed from the Secretary of HHS's scheduling recommendation for a substance under the Controlled Substances Act and placed the substance on a different schedule. For each such substance, please include the Secretary's scheduling recommendation and the reason for the departure.

Please provide a response to the request within **14 days** of receiving this letter. Should the information or data for an enumerated request not be available by that date, please provide a reason for the delay and the date on which DOJ and DEA will produce the information. Thank you for your prompt attention to this critical matter.

Sincerely,



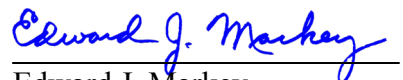
Cory A. Booker
United States Senator



Alex Padilla
United States Senator



Peter Welch
United States Senator



Edward J. Markey
United States Senator

Mazie K. Hirono

Mazie K. Hirono
United States Senator

Elizabeth Warren

Elizabeth Warren
United States Senator

Fentanyl Precursor Chemicals and Control Dates

Chemical	DEA control date	Notes
N-Phenethyl-4-piperidone (NPP)	April 23, 2007	
4-Anilino-N-phenethyl-4-piperidien (ANPP)	June 29, 2010	
Norfentanyl	April 17, 2020	Controlled as a CII substance; immediate precursor to fentanyl
Benzylfentanyl, including it's salts	April 15, 2020	
4-Anilinopiperidine (4-AP), including it's amides, carbamates, and salts	April 15, 2020	Control captured workarounds such as 1-boc-4-AP (<i>t</i> -boc-4-AP; <i>N</i> -boc-4-AP)

Fentanyl-Related Substances (FRS) Identified and Captured under the Temporary Class Control “Fentanyl-Related Substance” is defined in 21 CFR 1308.11(h)(30) Controlled Under the Controlled Substance Code Number 9850

#	Substance	Identification Source; First Identified	Current Status under CSA	Date DEA request scheduling	Date HHS provides recommend	DEA control date	Notes
Substances encountered prior to the Feb 2018 and controlled per the Class-Wide Scheduling of FRS							
1	crotonyl fentanyl	NFLIS-Drug; June 2017	Permanently controlled	Apr 2019	Jul 2020	Oct 2020	CND controlled in 2020
2	phenyl fentanyl	NFLIS-Drug; April 2017	Permanently controlled	Apr 2019	Jul 2020	Apr 2021	
3	thiofuranyl fentanyl	NFLIS-Drug; May 2017	Permanently controlled	Apr 2019	Jul 2020	Apr 2021	
4	4-methylfentanyl (<i>para</i> -methylfentanyl)	NFLIS-Drug; August 2017	Permanently controlled	Apr 2019	Jul 2020	Apr 2021	
5	<i>ortho</i> -fluorobutyl fentanyl	NFLIS-Drug; September 2017	Permanently controlled	Apr 2019	Jul 2020	Apr 2021	
6	fentanyl carbamate	NFLIS-Drug; December 2017	Permanently controlled	Oct 2019	Mar 2021	May 2021	

7	<i>ortho</i> -fluoro acrylfentanyl	NFLIS-Drug; December 2017	Permanently controlled	Apr 2019	Mar 2021	May 2021
8	benzodioxole fentanyl	NFLIS-Drug; January 2017	Temporary control	Apr 2019	Pending HHS	
9	4'-methyl acetyl fentanyl	NFLIS-Drug; February 2016 (NC Office of the Chief Medical Examiner)	Permanently controlled	Apr 2019	Jul 2020	Apr 2021
10	<i>ortho</i> -fluoroisobutyl fentanyl	NFLIS-Drug; September 2017	Permanently controlled	Oct 2019	Mar 2021	May 2021
11	2'-fluoro <i>ortho</i> -fluorofentanyl	CBP communication; 2017	Permanently controlled	Apr 2019	Jul 2020	Apr 2021
12	<i>beta</i> '-phenyl fentanyl	CBP communication; 2017	Permanently controlled	Apr 2019	Jul 2020	Apr 2021
13	<i>ortho</i> -methylmethoxyacetyl fentanyl	NMS Labs communication; January 2018	Permanently controlled	Oct 2019	Jul 2020	Apr 2021
14	hexanoyl fentanyl	CBP communication; October 2016	Temporary control			
15	<i>meta</i> -fluorofentanyl	NFLIS-Drug; October 2016	Temporary control	Oct 2021	May 2022	
Substances defined as FRS and encountered post temporary class control (Feb 2018)						
16	<i>beta</i> -methylfentanyl	NFLIS-Drug; March 2018	Permanently controlled	Apr 2019	Jul 2020	Apr 2021
17	3-fluoroisobutyl fentanyl	NFLIS-Drug; October 2018	Temporary control	Oct 2021	May 2022	
18	<i>ortho</i> -methyl acetyl fentanyl	NFLIS-Drug; October 2018	Permanently controlled	Apr 2019	Jul 2020	Apr 2021
19	<i>para</i> -fluoro furanyl fentanyl	NFLIS-Drug; November 2018	Permanently controlled	Oct 2019	Mar 2021	May 2021
20	<i>para</i> -methoxyfuranyl fentanyl	NFLIS-Drug; January 2019	Temporary control	Oct 2021	May 2022	

21	3-furanyl fentanyl	NFLIS-Drug; January 2019	Temporary control	Oct 2021	May 2022		
22	2',5'-dimethoxyfentanyl	NMS communication; March 2019	Temporary control	Oct 2021	May 2022		
23	isovaleryl fentanyl	NFLIS-Drug; March 2019	Temporary control	Oct 2021	May 2022		
24	3',4'-dimethoxyfentanyl	NFLIS-Drug; April 2019	Temporary control				
25	ortho-fluorofuranyl fentanyl	NFLIS-Drug; July 2019	Temporary control	Oct 2021	May 2022		
26	alpha'-methyl butyryl fentanyl	NFLIS-Drug; August 2019	Temporary control	Oct 2021	May 2022		
27	para-methylcyclopropyl fentanyl	NMS communication; October 2019	Temporary control	Oct 2021	May 2022		
28	para-chlorofentanyl	NFLIS-Drug; September 2020	Temporary control				Under DEA pharmacological testing.
29	ortho-chlorofentanyl	NFLIS-Drug; October 2020	Temporary control				Under DEA pharmacological testing.
30	meta-fluoro furanyl fentanyl	NFLIS-Drug; June 2020	Temporary control				Under DEA pharmacological testing.
31	ortho-methylcyclopropyl fentanyl	CBP communication; August 2018	Temporary control				Under DEA pharmacological testing.
32	beta-methyl acetyl fentanyl	NFLIS-Drug; January 2021	Temporary control				Under DEA pharmacological testing.
33	tetrahydrothiophene fentanyl (tetrahydrothiofuranyl fentanyl)	NFLIS-Drug; November 2021	Temporary control				Under DEA pharmacological testing.
34	para-fluoro valeryl fentanyl	NFLIS-Drug; September 2021	Temporary control				Under DEA pharmacological testing.
35	para- fluoroacetyl fentanyl	DEA-TOX; January 2022	Temporary control				Under DEA pharmacological testing.
36	para-bromofentanyl	DEA-TOX; February 2022	Temporary control				Under DEA pharmacological testing.

Prepared by: DEA/DC/DOE/DOED on 05 July 2022

FENTANYL-RELATED SUBSTANCES

January 2023
DEA/DC/DOE

Introduction:

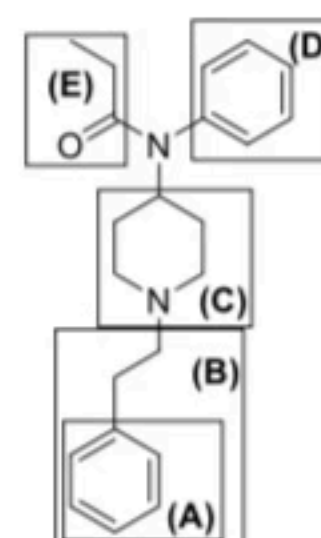
Synthetic opioids, especially those substances related in chemical structure to fentanyl, a potent opioid analgesic with approved medical use, have resulted in an unprecedented number of overdoses in the United States. The recent introduction of synthetic opioids on the illicit market began in 2013 with acetyl fentanyl. The Drug Enforcement Administration (DEA) controlled this substance in schedule I after finding it to be an imminent hazard to the public safety. Following this action, a series of new substances related to fentanyl appeared on the illicit market. From 2015 through February 1, 2018, DEA temporarily controlled 17 substances structurally related to fentanyl in schedule I of the Controlled Substances Act (CSA). During the review process for these 17 substances, information on at least 492 overdose fatalities was collected from a limited number of jurisdictions. Reports¹ from the Centers on Disease Control and Prevention, a component of the Department of Health and Human Services, highlight the increase in mortality attributed to the misuse and abuse of synthetic opioids, to include fentanyl-related substances, in the United States. Following examples of other regulatory authorities expressing public health concerns with the misuse and abuse of synthetic opioids, and in order to protect the public from this accelerating trend, DEA controlled fentanyl-related substances in schedule I as a chemical structural class after finding them to be an imminent hazard to the public safety.

Chemistry:

The term fentanyl-related substance is defined in Title 21 of the Code of Federal Regulations (CFR) § 1308.11(h)(30)(i) as any substance not otherwise listed under another Administration Controlled Substance Code Number, and for which no exemption or approval is in effect under section 505 of the Federal Food, Drug, and Cosmetic Act [21 U.S.C. 355], that is structurally related to fentanyl by one or more of the following modifications:

- (A) replacement of the phenyl portion of the phenethyl group by any monocycle, whether or not further substituted in or on the monocycle;
- (B) substitution in or on the phenethyl group with alkyl, alkenyl, alkoxy, hydroxyl, halo, haloalkyl, amino or nitro groups;
- (C) substitution in or on the piperidine ring with alkyl, alkenyl, alkoxy, ester, ether, hydroxyl, halo, haloalkyl, amino or nitro groups;
- (D) replacement of the aniline ring with any aromatic monocycle whether or not further substituted in or on the aromatic monocycle; and/or
- (E) replacement of the *N*-propionyl group by another acyl group.

The following diagram depicts the regions of the chemical structure of fentanyl described in the definition of a fentanyl-related substance.



Some examples of substances that do not meet this definition are: loperamide (Imodium®), benzylfentanyl, thenylfentanyl, and AT-202.

Licit Uses and Research:

Fentanyl-related substances, as defined in 21 CFR § 1308.11(h)(30)(i), have no accepted medical use in treatment in the United States. As of December 2022, 38 researchers are currently registered to conduct research with fentanyl-related substances through the Schedule I Researcher program, demonstrating class control had minimal effect on research. This program allows for scientific research to be conducted with schedule I controlled substances under the United States CSA.

User Population:

The population likely to abuse fentanyl-related substances overlaps with the population abusing prescription opioid analgesics (i.e. oxycodone, hydrocodone), heroin, and fentanyl. Often, fentanyl-related substances are disguised and sold as more traditional opioids.

Illicit Distribution:

As of December 2022, DEA is aware of 38 new substances that meet the definition of a fentanyl-related substance. Most of these substances were identified in isolated reports, which demonstrates the effectiveness of the chemical structure-based approach of regulating this class of substances. DEA remains interested in toxicology and harm data and welcomes any reporting connected to fentanyl-related substances.

Control Status:

Fentanyl-related substances are controlled in schedule I of the CSA. Public Law 117-328 extended temporary control of fentanyl-related substances in schedule I to December 31, 2024.

Comments and additional information are welcomed by the Drug and Chemical Evaluation Section; telephone 571-362-3249, or e-mail DPE@dea.gov.

¹ <https://www.cdc.gov/mmwr/volumes/67/wr/mm6727a4.htm>
<https://emergency.cdc.gov/han/han00413.asp>

<https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6234a5.htm>
<https://www.cdc.gov/mmwr/volumes/67/wr/mm675152e1.htm>

United States Senate

WASHINGTON, DC 20510

February 5, 2025

The Honorable Pam Bondi
Attorney General
U.S. Department of Justice
950 Pennsylvania Ave. NW
Washington, DC 20530

Derek S. Maltz
Administrator
Drug Enforcement Administration
US Department of Justice
600 Army Navy Dr.
Arlington, VA 22202

Dear Attorney General Bondi and Acting Administrator Maltz:

On January 14, 2025, the Department of Justice (Department) and Drug Enforcement Administration (DEA) sent a response to letters dated January 10, 2024, and July 2, 2024, requesting certain information on the temporary class-wide scheduling of fentanyl-related substances (FRS) and the scheduling of xylazine (see Encl. 1 and 2). The response failed to answer the request in full and was misleading in parts. My office sought additional clarification from the Office of Legislative Affairs on January 23, 2025, which it has not yet provided.

To that end, please provide an answer and clarification for the following items:

1. **DOJ continues to provide inconsistent information about FRS.** The Department's response (see Encl. 3) claims that the "effectiveness of class-wide FRS scheduling is evident from the observed reduction in encounters with new FRS following the February 2018 scheduling action. According to DEA, in the two years leading up to the class-wide scheduling action (January 2016 – January 2018), 31 new compounds considered to be FRS were encountered. Following class-wide control, DEA reports that the number of new FRS encounters steadily declined, with only 2 new FRS encountered since 2022." This conflicts with previous data the Department had provided (see Encl. 4) showing that the DEA had identified 15 FRS between 2016-2018, before the temporary scheduling. Post-temporary scheduling, in February 2018, the Department had identified 20 FRS.
 - a. Please explain the discrepancy between the data set showing 15 FRS identified between 2016-2018 and data that 31 new FRS had been identified during that period.
 - b. Please provide an accurate accounting of the number of FRS that have been identified since temporary class-wide scheduling in February 2018.
 - c. Please provide the analysis conducted to establish that temporary class-wide scheduling was the causal factor for the decrease in FRS identified since 2022.
 - d. If other factors contributed to the decrease, please provide information related to those factors.

2. **Structural similarity does not equate to pharmacological similarity.** Pharmacologically, there are three types of drug analogues, those with (1) chemical/structural and pharmacological similarities, (2) chemical/structural similarities, or (3) pharmacological similarities with no chemical/structural similarities.¹ In its response, the Department states that FRS with structural similarities “would maintain pharmacological activity”, which does not mean that these FRS have similar pharmacological activity. Indeed, a structurally similar FRS could have the pharmacological activity of an *antagonist* that blocks or reverses the dangerous effects fentanyl.
- Please confirm whether the Department’s current definition of FRS encompasses only substances that are structurally similar to fentanyl and have a pharmacological effect, but not necessarily a similar pharmacological effect to fentanyl.
 - Please confirm whether there could be substances that meet the current definition of FRS under temporary class-wide scheduling but could have a pharmacological effect different from that of fentanyl, including the characteristics of an antagonist.
3. **The class-wide scheduling of FRS is wholly unlike the class-wide scheduling of synthetic cannabinoids.** The Department’s response states “that class-wide scheduling is not a new approach. Congress used class-wide scheduling in the past for synthetic cannabinoids under the Synthetic Drug Abuse Prevention Act of 2012[.]” While it is true that Congress used class-wide scheduling for synthetic cannabinoids, this statement omits a critical difference between that statute and the current Congressional proposals for permanent class-wide scheduling of fentanyl analogues, as noted in footnote 6 of the July 2024 information request:

This example, however, only affirms the unprecedented nature of current class-wide scheduling proposals. The [Synthetic Drug Abuse Prevention] Act defined synthetic cannabinoids in such a way as to require laboratory assessment of authentic samples to provide experimental support for presumed pharmacological activity — “The term ‘cannabimimetic agents’ means any substance that is a cannabinoid receptor type 1 (CB1 receptor) agonist *as demonstrated by binding studies and functional assays*” (emphasis added) — whereas current proposals for classwide scheduling of fentanyl analogues would not require similar studies, experiments on authentic samples, or any testing of hypothetical effects.

Please confirm whether any drug analogues have been scheduled as a class, either through the administrative or legislative processes, without establishing that the analogues are agonists “as demonstrated by binding studies and functional assays.”

4. **DOJ will not continue scientific and medical evaluation of FRS under permanent class-wide scheduling if not required to.** The Department’s response states that “class-wide scheduling of FRS does not eliminate the scientific and medical evaluation of FRS, nor does it eliminate DEA’s analysis of the potential for abuse of FRS.” It also points out that the DEA has continued to collect data for novel FRS during the temporary class-wide scheduling period. While it is true that class-wide scheduling would not affirmatively eliminate scientific

¹ Wermuth, Camille G. et al., *Strategies in the Search for New Lead Compounds or Original Working Hypotheses*, The Practice of Medicinal Chemistry (4th Ed.) (2015).

and medical evaluation of FRS, it would not hold in practice. Under permanent class-wide scheduling, there would be no *requirement* for DEA to conduct the scientific and medical evaluation of individual FRS. DEA could choose to evaluate individual FRS, or not. Indeed, officials from the DEA's Diversion Control Division have confirmed that the DEA would not conduct scientific and medical evaluation of FRS if there were permanent class-wide scheduling.²

- a. Please confirm whether the Department will conduct scientific and medical evaluation of all novel FRS pursuant to the eight-factor analysis under 21 U.S.C. § 811(c) if Congress were to permanently class-wide schedule FRS, including those not yet created or identified, as Schedule I substances.

5. **DOJ's failure to provide complete information about FRS scheduling has denied Congress the evidence to assess the necessity for permanent class-wide scheduling.** On December 12, 2022, the Department provided a list of 36 identified FRS (see Encl. 4). For each FRS, the list included its scientific name, the source of identification (e.g., CBP) and date on which the substance was first identified, the current control status, the date of DEA's request to HHS for a scheduling recommendation, the date on which the Secretary returned a scheduling recommendation, and DEA control date pursuant to the scheduling process established by the Controlled Substances Act, 21 U.S.C. § 801 *et seq.* On July 2, 2024, I requested this information for all FRS identified by DEA as of that date; on January 14, 2025, the Department provided incomplete information with only the scientific name, control status, and pharmacology testing status for each FRS.

Please provide an updated list of identified FRS, with the same information provided on December 12, 2022, that includes for each FRS on the list: (1) its scientific name, (2) the source of identification (e.g., CBP) and date on which the substance was first identified, (3) the current control status, (4) the date of DEA's request to HHS for a scheduling recommendation, (4) the date on which the Secretary returned a scheduling recommendation, and (5) DEA control date pursuant to the scheduling process established by the Controlled Substances Act, 21 U.S.C. § 801 *et seq.*

6. **FRS that act as antagonists should not be placed in Schedule I.** The Department's response notes that FDA Deputy Director for Regulatory Programs Dr. Douglas G. Throckmorton supports the class-wide scheduling of FRS; it is not unusual for agency officials to support administration policies. However, my request did not seek Dr. Throckmorton's opinion on class-wide scheduling, it sought information about his Congressional testimony in which he noted that FDA had studied the pharmacology for about 25 of these substances and found that "among that group, there are members of that class, and one in particular that has no activity to turn on the opioid receptor . . . it looks like it would be the blocker of the mu opioid receptor in the way naloxone is a blocker of the mu opioid receptor."³

² DEA Briefing for Senate Judiciary Committee Staff, Oct. 19, 2023.

³ Regulation of Fentanyl-Related Substances: Hearing Before the House Subcomm. On Health of the House Comm. on Energy & Health (Dec. 2, 2021) (Testimony of Dr. Throckmorton at 1:06:31), *available at* <https://www.c-span.org/video/?516433-1/house-hearing-regulation-fentanyl-related-substances>.

- a. Please provide information about the specific FRS that Dr. Throckmorton testified appeared would block the mu opioid receptor, like Naloxone.
 - b. Please provide the current control status of this FRS.
7. **FRS must bind and activate the opioid mu-receptor to have a similar pharmacology to fentanyl.** Permanent class-wide scheduling of FRS eliminates the scientific and medical evaluation to determine whether a substance meets the criteria for Schedule I substances, meaning that substances that are inert or possibly have medical value, may be placed in Schedule I. The Department's response notes that "all identified FRS bind to and activate at least one opioid receptor with varying affinities and efficacies." This is irrelevant to the question of its pharmacological effect. What matters is not that an FRS bind to *any* opioid receptor, but whether it binds to the opioid *mu*-receptor, which is the receptor that causes euphoria, sedations, and decreased respiratory rate.
- a. Please provide the name of the receptor that each identified FRS binds to according to DEA's research contract studies.
 - b. Please provide the activity at the receptor for each identified FRS, for example whether the FRS activates the opioid receptor or does not activate the receptor (e.g., if blocks the receptor like Naloxone).
 - c. Please also explain what "with varying affinities and efficacies" means. Specifically, please provide information about the kind of activity observed at the opioid receptor for each FRS.

The DEA has for the past several years advocated for permanent class-wide scheduling. And I have supported this measure with safeguards to ensure that substances that are harmless or possibly have medical or therapeutic value are eventually identified and removed from Schedule I. Permanent class-wide scheduling though, should not be pursued in a manner that ignores science. Instead, the government needs an approach that promotes public health. We cannot escape America's substance addiction by feeding our addiction to criminalization and incarceration. The solution must fit the problem. Scheduling substances that are inert or even helpful would do nothing to solve the crisis and might compound the problem of mass incarceration. We must therefore craft a class-wide scheduling process that would identify inert or potentially therapeutically beneficial substances and remove them from class-wide scheduling. Please provide the information requested within 10 days of receipt of this letter. Thank you for your prompt attention to this critical matter.

Sincerely,



Cory A. Booker
United States Senator

January 10, 2024

The Honorable Merrick Garland
Attorney General of the United States
U.S. Department of Justice
950 Pennsylvania Avenue, N.W.
Washington D.C. 20530-0001

The Honorable Anne Milgram
Administrator
Drug Enforcement Administration
U.S. Department of Justice
8701 Morrisette Drive
Springfield, VA 22152

Dear Attorney General Garland and Administrator Milgram,

Since February 2018, all fentanyl-related substances have been placed in Schedule I of the Controlled Substances Act in response to the rise in fentanyl overdoses in our country. During this time, the Department of Justice (DOJ) and the Drug Enforcement Agency (DEA) have done a commendable job to stem the flow of fentanyl and fentanyl-related substances into the United States, yet too many families continue to grapple with the devastating effects of opioid use and addiction by loved ones.

On June 28, 2022, I, along with several colleagues, sent a letter to DOJ and DEA requesting certain information related to the Department's identification and scheduling of fentanyl-related substances (FRS). On December 12, 2022, the DOJ responded to the request and provided data for all novel FRS that "have either been evaluated or are undergoing evaluation."¹ This information included the name of each substance; the source of identification and date on which the substance was first identified; the then-current control status for each FRS; and the dates of DEA's request for scheduling, the Department of Health & Human Services' (HHS) recommendation, and DEA control pursuant to the scheduling process established by the Controlled Substances Act, 21 U.S.C. § 801 *et seq.*

At the time of the response, the data indicated that DEA had encountered 36 novel FRS between October 2016 and February 2022, which were in various stages of scientific and evaluative review by HHS and DEA control. Of these 36 FRS:

- 15 were under permanent control; and
- 21 were not yet permanently controlled and were in various stages of review
 - 9 had received a scheduling recommendation by HHS and were awaiting DEA control;

¹ Letter from Department of Justice entitled, "2022.12.09-OUT-Booker-Substances" with "Enclosure (1 of 2)" to Sen. Cory Booker (Dec. 9, 2022).

- 1 was pending HHS review;
- 9 were temporarily controlled and under DEA pharmacological testing (DEA had not yet requested a scheduling recommendation from HHS); and
- 2 were under temporary control without any evaluation.²

On April 13, 2023, the DEA published a proposed rule to place the nine specific FRS that were awaiting DEA control in Schedule I;³ the rule became final on December 7, 2023.⁴

I am encouraged that the Administration has remained faithful to the scheduling process established by the Controlled Substances Act and conducted the scientific and medical evaluation necessary to properly schedule the individual FRS. This process ensures that the government makes sound, evidence-based decisions for scheduling substances. Conducting medical and scientific evaluations to determine a substance’s potential for abuse or accepted medical use before placing it in a category of controlled substances ensures identification of substances that may be harmless or have therapeutic promise, better serving the public health.

To this end, I ask that you provide the following information for all FRS the DEA has identified, new FRS identified post-December 2022, and the 12 FRS described in the DEA’s December 2022 response to the request for information that remain to be placed on a schedule:

1. Please confirm that the 36 FRS listed in the table in “Enclosure (1 of 2)” provided on December 13, 2022, accounted for every individual FRS that the DOJ and DEA had identified as of that date.
2. In testimony before the House Committee on Energy and Commerce Subcommittee on Health during the December 2, 2021 hearing “Regulation of Fentanyl-Related Substances,” Dr. Douglas G. Throckmorton, Deputy Director for Regulatory Programs for the U.S. Food & Drug Administration testified (1) that the DEA had identified approximately 44 fentanyl-related substances, and (2) that the FDA had studied the pharmacology for about 25 of these substances and found that “among that group, there are members of that class, and one in particular that has no activity to turn on the opioid receptor . . . it looks like it would be the blocker of the mu opioid receptor in the way naloxone is a blocker of the mu opioid receptor.”⁵
 - a. Has the DOJ and DEA identified the 8 additional FRS Dr. Throckmorton testified about? If not, why not?
 - b. If the DOJ and DEA have indeed identified the additional 8 FRS, please provide information related to these substances, including the one that appeared to be a blocker of the mu opioid receptor.

² *Id.*

³ Drug Enforcement Administration, Schedules of Controlled Substances: Placement of Nine Specific Fentanyl-Related Substances in Schedule I, 88 Fed. Reg. 22391 (Apr. 13, 2023).

⁴ See 21 C.F.R. § 1308.

⁵ Regulation of Fentanyl-Related Substances: Hearing Before the House Subcomm. On Health of the House Comm. on Energy & Health (Dec. 2, 2021) (Testimony of Dr. Throckmorton at 1:06:31), available at <https://www.c-span.org/video/?516433-1/house-hearing-regulation-fentanyl-related-substances>.

3. According to (1) the information provided in December 2022 about the 36 FRS identified by the DOJ (21 of which had not been permanently controlled), and (2) DEA's subsequent placement of nine of those FRS on Schedule I, there should be 12 FRS that have not been permanently controlled. Please provide updated information about the current control status for each of those 12 FRS, including:
 - a. DEA's pharmacological testing results;
 - b. DEA's request for scheduling;
 - c. HHS's scientific and medical evaluation and scheduling recommendation;
 - d. DEA control; and
 - e. any other relevant information.
4. Data for all fentanyl-related substances that the DOJ and DEA have identified after December 9, 2022 through the current date.
5. Please provide a description of DOJ's and DEA's publication of information about FRS that have been identified and the control status. Specifically, provide:
 - a. Whether the DEA makes public that it has identified a new FRS and the name of the substance, and, if so, when;
 - b. Whether the DEA publishes any information about an individual FRS as it is undergoing the scheduling process (e.g., DEA pharmacological testing, DEA request for scheduling recommendation, or HHS recommendation) and before DEA publishes a proposed rule to permanently schedule in the Federal Register; and
 - c. Any other manner by which information about identified but not yet permanently scheduled FRS would be publicly accessible.

I am eager to continue to work with the Administration to address these issues and find a path forward to effectively combat the fentanyl and fentanyl analogue problem. To that end, please provide the information requested within 21 days of receipt of this letter. Please contact Lynda Garcia (lynda_garcia@judiciary-dem.senate.gov) should you have any questions regarding this request.

Sincerely,



Cory A. Booker
United States Senator

Enclosures:

FRS Information Request DOJ HHS DEA ("FRS Information Request DOJ HHS DEA.pdf")
DOJ Response to Information Request ("2022.12.09-OUT-Booker-Substances.pdf")
Table of Identified FRS ("Enclosure (1 of 2)")

United States Senate

WASHINGTON, DC 20510

July 2, 2024

The Honorable Merrick Garland
Attorney General of the United States
U.S. Department of Justice
950 Pennsylvania Avenue, N.W.
Washington D.C. 20530-0001

The Honorable Anne Milgram
Administrator
Drug Enforcement Administration
U.S. Department of Justice
8701 Morrissette Drive
Springfield, VA 22152

Dear Attorney General Garland and Administrator Milgram,

Since February 2018, all fentanyl-related substances (FRS) have been placed in Schedule I of the Controlled Substances Act in response to the rise in fentanyl overdoses in our country. While we appreciate the Department of Justice’s (DOJ) and Drug Enforcement Agency’s (DEA) efforts to stem the flow of fentanyl and fentanyl-related substances into the United States during this time, too many families continue to grapple with the devastating effects of opioid use and addiction by loved ones. We write now about previous congressional requests for information related to the fentanyl analogues DEA has identified and scheduled so that Congress can consider appropriate policy responses to the opioid crisis. This is especially urgent to analyze current policy proposals to eliminate the scientific and medical evaluation of individual FRS that is otherwise required under the Controlled Substances Act, 21 U.S.C. § 801 *et seq.*

In 2018, in response to the emerging threat of fentanyl-related substances, the DEA temporarily classified all such substances as Schedule I for a two-year period.¹ Schedule I is reserved for the most harmful drugs with no medical use, carrying the harshest criminal penalties and barriers to scientific research.² Congress has extended this temporary classification multiple times, with the latest extension expiring in December 2024. During this extended period, the DEA, presumably, has undertaken the scheduling process required by the Controlled Substances Act (CSA) for individual FRS. This process involves requesting an eight-factor scientific and medical evaluation and scheduling recommendation from the Secretary of Health and Human Services (HHS);³ the “DEA must continue to accord HHS’s scientific and medical determinations significant deference, and the CSA does not allow DEA to undertake a *de novo* assessment of HHS’s findings at any point in the [scheduling] process.”⁴

¹ 83 Fed. Reg. 5188 (Feb. 6, 2018).

² 21 U.S.C. § 841(b).

³ 21 U.S.C. § 811(b)-(c).

⁴ Dep’t of Justice, Office of Legal Counsel, 48 Op. O.L.C. ___ (Apr. 11, 2024),

<https://www.dea.gov/sites/default/files/2024-05/2024-04-11%20-%20AAG%20Fonzone%20-%20Marijuana>

Lawmakers are now considering the permanent class-wide scheduling of FRS by legislation that would in practice eliminate the scientific and medical evaluations of FRS.⁵ This unprecedented legislative proposal would eliminate any analysis of a substance for its potential for abuse or whether it has a medical use prior to scheduling.⁶ Since determining a substance’s danger or therapeutic value is impossible without any analysis, permanent scheduling of FRS risks scheduling harmless⁷ or even beneficial substances.⁸ This would set a troubling precedent in U.S. drug scheduling, potentially leading to severe criminal penalties, including mandatory minimum sentences, based solely on molecular structure—and not the empirical evidence of the harm caused.

Given the potential impacts of class-wide scheduling on public health, criminal sentencing, and scientific research, several Members of Congress sent a letter to the DOJ and DEA on June 28, 2022, requesting specific information related to the identification and scheduling of FRS. On December 12, 2022, the DOJ provided data for all novel FRS that “have been evaluated or are undergoing evaluation.”⁹ This information included (1) the name of each substance; (2) the source of identification and date on which the substance was first identified; (3) the then-current control status for each FRS; (4) the date of DEA’s request to HHS for a scheduling recommendation; (5) the date on which the Secretary returned a scheduling recommendation; and (6) date of DEA control of each substance. (attached as Encl. 1). The data indicated that DEA had, at that time, identified 36 FRS.

[%20Rescheduling.pdf](#).

⁵ See, S.1141–118th Congress (2023-2024), *HALT Fentanyl Act*; H.R. 467 –118th Congress (2023-2024), *HALT Fentanyl Act*; DEA Briefing for Senate Judiciary Committee Staff, February 2024.

⁶ DOJ has suggested that “class-wide scheduling is not a new approach” because Congress placed synthetic cannabinoids on Schedule I under the Synthetic Drug Abuse Prevention Act of 2012 (“Act”). Letter from Dep’t of Just. to Sen. Cory Booker (Dec. 2022). This example, however, only affirms the unprecedented nature of current class-wide scheduling proposals. The Act defined synthetic cannabinoids in such a way as to require laboratory assessment of authentic samples to provide experimental support for presumed pharmacological activity — “The term ‘cannabimimetic agents’ means any substance that is a cannabinoid receptor type 1 (CB1 receptor) agonist as demonstrated by binding studies and functional assays” (emphasis added) — whereas current proposals for class-wide scheduling of fentanyl analogues would not require similar studies, experiments on authentic samples, or any testing of hypothetical effects.

⁷ The Countdown: Fentanyl Analogues & the Expiring Emergency Scheduling Order, Hrg. before the U.S. Senate Comm. on the Judiciary (June 4, 2019) (Responses to Questions for the Record of Kemp L. Chester, Office of Nat’l Drug Control Policy), (“These analogues have a wide variance in potency. Some analogues, like acetylfentanyl, are less potent than fentanyl; others, like carfentanil, are many times more potent; and still others, like benzylfentanyl, are believed to be essentially biologically inactive.”); Regulation of Fentanyl-Related Substances, Hrg. Before the House Subcomm on Health, House Comm. on Energy & Health (Dec. 2, 2021) (Testimony of Kemp Chester, Office of Nat’l Drug Control Policy at 2:35:35) (“[W]e have gathered up an entire class of substances, uncreated, that within that class of substance, there may be substances that either have medical merit or are not the least bit harmful. They’re not any more harmful than water.”).

⁸ Regulation of Fentanyl-Related Substances: Hrg. Before the House Subcomm. on Health, House Comm. on Energy & Health (Dec. 2, 2021) (Testimony of Dr. Throckmorton at 1:06:31) (noting that the FDA had studied the pharmacology for about 25 FRS and found that “among that group, there are members of that class, and one in particular that has no activity to turn on the opioid receptor . . . it looks like it would be the blocker of the mu opioid receptor in the way naloxone is a blocker of the mu opioid receptor.”).

⁹ Letter from Dep’t of Justice entitled, “2022.12.09-OUT-Booker-Substances” with “Enclosure (1 of 2)” to Sen. Cory Booker (Dec. 9, 2022).

DEA's accounting of FRS in December 2022, however, conflicted with other government information. An official record from the U.S. Customs and Border Patrol (CBP) indicates that the federal government had, more than a year prior, identified 44 new FRS.¹⁰ In January 2023, DEA reported identifying 38 FRS, which was considered the most up-to-date information available as of January 2024, per DEA's website. (attached as Encl. 2). DEA more recently, in February of this year, revised the information to reflect that it has only identified 37 FRS substances.¹¹

There also appear to be significant discrepancies in the scientific names of FRS listed in DEA's December 2022 letter and those known in September 2021, with only 16 matches across both data sets. These discrepancies in number and name of identified FRS raise serious concerns, particularly given previous reports suggesting that some substances classified as FRS may not be harmful and could potentially reverse overdoses.¹² Congress should have accurate information before it acts to place an entire class of substances on Schedule I without any requirement to conduct the scientific and medical evaluations that have been conducted for every other drug for the past 50 years. A failure to study and research individual substances all but ensures that some substances that may be harmless or even have medical value are left undiscovered. Moreover, removing scientific and medical experts from the drug control process surrenders any hope of addressing what is at its core a public health emergency requiring a public health response.

To this end, please provide the following information. Please note that several of these requests are outstanding as they were previously submitted in a January 10, 2024 letter:

1. The number of fentanyl-related substances the DEA has identified as of receipt of this letter, and the date on which each was identified.
2. For each fentanyl-related substance that DEA has identified, please provide:
 - (1) the name of each substance;
 - (2) the source of identification and date on which the substance was first identified;
 - (3) the current control status for each FRS;
 - (4) the date of DEA's request to HHS for a scheduling recommendation;
 - (5) the date on which the Secretary returned a scheduling recommendation; and
 - (6) DEA control pursuant to the scheduling process established by the Controlled Substances Act, 21 U.S.C. § 801 *et seq.*
3. For each FRS that DEA has received a scheduling recommendation from HHS, please provide whether the individual substance binds at the mu, delta, or kappa opioid receptor.

¹⁰ U.S. Custom and Border Protection. Laboratories and Scientific Services. *Current Trends from the Bench*. Sept. 2021[Information from Official Use Only Report].

¹¹ Drug Enforcement Administration, Diversion Control Division, Fentanyl-Related Substances, Feb. 2024, https://www.deadiversion.usdoj.gov/drug_chem_info/frs.pdf.

¹² Regulation of Fentanyl-Related Substances: Hrg. Before the House Subcomm. on Health, House Comm. on Energy & Health (Dec. 2, 2021) (Testimony of Dr. Throckmorton at 1:06:31) (noting that the FDA had studied the pharmacology for about 25 FRS and found that "among that group, there are members of that class, and one in particular that has no activity to turn on the opioid receptor . . . it looks like it would be the blocker of the mu opioid receptor in the way naloxone is a blocker of the mu opioid receptor.").

4. The reasons for discrepancies between the FRS reported by the DEA in December 2022 and those reported by the U.S. Customs and Border Patrol in September 2021.

In light of similar efforts by Congress to place xylazine on Schedule III legislatively, before DEA's completion of the administrative process pursuant the Controlled Substances Act, 21 U.S.C. § 801 *et seq.*, please provide:

5. The scheduling recommendation for xylazine that DOJ and DEA received from HHS and the date on which HHS returned its scheduling recommendation.
6. The status of DEA's review and consideration of HHS's scheduling recommendation for xylazine.
7. A list of substances, if any, for which the Attorney General departed from the Secretary of HHS's scheduling recommendation for a substance under the Controlled Substances Act and placed the substance on a different schedule. For each such substance, please include the Secretary's scheduling recommendation and the reason for the departure.

Please provide a response to the request within **14 days** of receiving this letter. Should the information or data for an enumerated request not be available by that date, please provide a reason for the delay and the date on which DOJ and DEA will produce the information. Thank you for your prompt attention to this critical matter.

Sincerely,



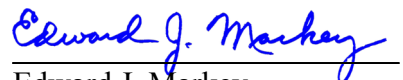
Cory A. Booker
United States Senator



Alex Padilla
United States Senator



Peter Welch
United States Senator



Edward J. Markey
United States Senator

Mazie K. Hirono

Mazie K. Hirono
United States Senator

Elizabeth Warren

Elizabeth Warren
United States Senator



U.S. Department of Justice

Office of Legislative Affairs

Office of the Assistant Attorney General

Washington, DC 20530

The Honorable Cory A. Booker
United States Senate
Washington, DC 20510

Dear Senator Booker:

This responds to your letters to the Department of Justice (Department) and Drug Enforcement Administration (DEA) dated January 10, 2024, and July 2, 2024, requesting certain information on the class-wide scheduling of fentanyl-related substances (FRS) and the scheduling of xylazine.

The United States is in the midst of the worst drug poisoning crisis that our country has ever experienced. The Department believes that class-wide scheduling of FRS, as well as scheduling of xylazine, is essential to protecting Americans from the proliferation of these deadly synthetic opioids.

Fentanyl-Related Substances

Before the February 2018 emergency class-wide scheduling of FRS, DEA had to continually race to schedule fentanyl analogues individually, to try to keep pace with the cartels and drug traffickers who were making new fentanyl formulations, using different precursor chemical compositions specifically to avoid controls. Unfortunately, during that time, it was not uncommon for DEA to encounter a new FRS within weeks of announcing the scheduling of a previously encountered FRS, sometimes associated with a cluster of overdoses. These on-going FRS encounters highlight the need for legislation to combat the introduction and trafficking of new FRS.

The effectiveness of class-wide FRS scheduling is evident from the observed reduction in encounters with new FRS following the February 2018 scheduling action. According to DEA, in the two years leading up to the class-wide scheduling action (January 2016 – January 2018), 31 new compounds considered to be FRS were encountered. Following class-wide control, DEA reports that the number of new FRS encounters steadily declined, with only 2 new FRS encountered since 2022.

Temporary class-wide scheduling of FRS, first effected by regulation promulgated in February 2018 and sequentially extended by Congress (currently until March 31, 2025), was based on a review of over fifty years of research on this class of substances, including a review of hundreds of papers and patents. According to DEA, the definition of FRS is based on structure-activity relationships (SAR) common to this class of substances, which is firmly rooted in science and supported the required findings for Schedule I placement. SAR is a method by which the chemical structure of a substance is quantitatively correlated with biological activity. This means that substances structurally related to fentanyl by one or more of the modifications mentioned in the temporary order, would maintain their pharmacological activity. Furthermore, DEA

reports that it based its FRS class definition on an extensive review of the scientific literature. DEA states that it also supplied data to the Food and Drug Administration (FDA) for evaluation of permanent control.

The class-wide scheduling is not a new approach. Congress used class-wide scheduling in the past for synthetic cannabinoids under the Synthetic Drug Abuse Prevention Act of 2012, and a number of other countries employ class controls to deter diversion and abuse.

It is important to note that class-wide scheduling of FRS does not eliminate the scientific and medical evaluation of FRS, nor does it eliminate DEA’s analysis of the potential for abuse of FRS. In fact, while the temporary FRS class-wide scheduling has been in place, DEA reports that it has continued its collection of data for FRS to further inform regulatory decisions, as they are encountered. When DEA encounters a novel FRS, it collects pharmacological data on the substance through research contracts and other data gathering methods. Once collection of that data is complete, DEA transmits the data and a request to the Department of Health and Human Services (HHS) for a scientific and medical evaluation for control determination and scheduling recommendation. If HHS recommends scheduling, DEA reviews the recommendation and decides in which schedule that substance should be placed.

When DEA moves forward to permanently schedule a substance, the notice of proposed rulemaking (NPRM) to control that substance is published in the Federal Register and is also publicly accessible at <https://www.regulations.gov>.

According to DEA, all of the 38 encountered novel FRS included in class-wide scheduling have either been evaluated or are undergoing evaluation. We are pleased to provide information in the enclosed table about the FRS that DEA has identified.

Fentanyl-Related Substances Encountered/Reported Under Temporary Class Control
(Updated as of January 14, 2025)

FRS Substance*	Control Status under CSA	Pharmacology Testing Status
crotonyl fentanyl	Permanently controlled	complete
phenyl fentanyl	Permanently controlled	complete
thiofuranyl fentanyl	Permanently controlled	complete
4-methylfentanyl (<i>para</i> -methylfentanyl)	Permanently controlled	complete
<i>ortho</i> -fluorobutyryl fentanyl	Permanently controlled	complete
fentanyl carbamate	Permanently controlled	complete
<i>ortho</i> -fluoro acrylfentanyl	Permanently controlled	complete

FRS Substance*	Control Status under CSA	Pharmacology Testing Status
benzodioxole fentanyl	Temporary control	ongoing
4'-methyl acetyl fentanyl	Permanently controlled	complete
<i>ortho</i> -fluoroisobutyryl fentanyl	Permanently controlled	complete
2'-fluoro <i>ortho</i> -fluorofentanyl	Permanently controlled	complete
<i>beta</i> '-phenyl fentanyl	Permanently controlled	complete
<i>ortho</i> -methoxymethylfentanyl	Permanently controlled	complete
hexanoyl fentanyl	Temporary control	ongoing
<i>meta</i> -fluorofentanyl	Permanently controlled	complete
<i>beta</i> -methylfentanyl	Permanently controlled	complete
<i>meta</i> -fluoroisobutyryl fentanyl	Permanently controlled	complete
<i>ortho</i> -methyl acetyl fentanyl	Permanently controlled	complete
<i>para</i> -fluoro furanyl fentanyl	Permanently controlled	complete
<i>para</i> -methoxyfuranyl fentanyl	Permanently controlled	complete
3-furanyl fentanyl	Permanently controlled	complete
2',5'-dimethoxyfentanyl	Permanently controlled	complete
isovaleryl fentanyl	Permanently controlled	complete
3',4'-dimethoxyfentanyl	Temporary control	ongoing
<i>ortho</i> -fluorofuranyl fentanyl	Permanently controlled	complete
<i>alpha</i> '-methyl butyryl fentanyl	Permanently controlled	complete
<i>para</i> -methylcyclopropyl fentanyl	Permanently controlled	complete
<i>para</i> -chlorofentanyl	Temporary control	complete

FRS Substance*	Control Status under CSA	Pharmacology Testing Status
<i>ortho</i> -chlorofentanyl	Temporary control	complete
<i>meta</i> -fluoro furanyl fentanyl	Temporary control	complete
<i>ortho</i> -methylcyclopropyl fentanyl	Temporary control	complete
<i>beta</i> -methyl acetyl fentanyl	Temporary control	complete
tetrahydrothiophene fentanyl (tetrahydrothiofuranyl fentanyl)	Temporary control	complete
<i>para</i> -fluoro valeryl fentanyl	Temporary control	complete
<i>para</i> - fluoroacetyl fentanyl	Temporary control	complete
<i>para</i> -bromofentanyl	Temporary control	complete
<i>para</i> -methyl acetyl fentanyl	Temporary control	complete
<i>ortho</i> -methylfentanyl	Temporary control	ongoing

*Encountered under the FRS temporary class control. Schedules of Controlled Substances: Temporary Placement of Fentanyl-Related Substances in Schedule I, 83 FR 5188 (Feb. 6, 2018). Section 5105 of the American Relief Act, 2025 (Public Law 118-158) extended temporary control of fentanyl-related substances in schedule I to March 31, 2025.

Of those 38 FRS encountered to date:

- 24 have been moved to permanent control under the CSA;
- 14 are under temporary control and are in various stages of review for permanent control;
 - o in October 2024, HHS provided DEA with a scientific and medical evaluation and scheduling recommendation to place an additional 7 FRS under the CSA, and the NPRM is in-process. Recently, in December 2024, HHS provided DEA with another scientific and medical evaluation and scheduling recommendation for 3 more FRS; and
 - o 4 are under temporary control and data collection is on-going.

Regarding the December 2021 testimony of FDA Deputy Director for Regulatory Programs Dr. Douglas G. Throckmorton, DEA regularly coordinates with our partners at FDA to share observations and updates regarding FRS. In his written statement to the Subcommittee, Dr. Throckmorton made clear that he unequivocally supports the class-wide scheduling of FRS, “in light of the harm to the public health observed from many of these rapidly emerging new substances, and because [cartel] chemists can rapidly alter the chemical structures of the drugs to

stay ahead of the efforts to control these substances[.]”¹ According to DEA, the 38 encountered FRS account for all FRS that the Department and DEA have identified which meet the definition of FRS. Based on pharmacological data obtained from DEA’s research contract studies, DEA reports that all identified FRS bind to and activate at least one opioid receptor with varying affinities and efficacies. This pharmacological data confirms that the identified FRS are properly characterized as opioids. DEA is not aware of the identification of any medically useful FRS. Additionally, as of mid-2024, there were 38 active Schedule I researcher registrations for FRS.

Your letters asked about an apparent difference in the number of FRS reported by DEA in December 2022, as compared to the number reported by the U.S. Customs and Border Patrol in September 2021. DEA reports that they believe the variance may be attributed to the reporting criteria of the agencies. A minimum requirement for DEA listing of FRS is confirmatory analysis by analytical methods from U.S. laboratories. Additionally, DEA does not include in the count of 38 the fentanyl analogues that were permanently controlled prior to the temporary class-wide control of FRS in February 2018.

Xylazine

Xylazine is a veterinary drug used to sedate animals and has no legitimate use in humans. However, it is often being found mixed with fentanyl and in the process makes fentanyl even deadlier. As a general matter, DEA is unable to provide non-public details about particular rulemaking processes. In this case, however, it is important to note that a legislative solution is preferable to an administrative action for a number of reasons. For instance, scheduling xylazine by statute could ensure that there is an exception for end users of xylazine, such as ranchers and farmers. It could also ensure that DEA can employ its Automation of Reports and Consolidated Orders System, commonly known as ARCOS tracking, to make sure we have a closed system to identify where xylazine is being diverted for illicit uses.

We hope this information is helpful. Please do not hesitate to contact this office if we may provide additional assistance regarding this or any other matter.

Sincerely,

**MATTHEW
HANSON**

Digitally signed by
MATTHEW HANSON
Date: 2025.01.14
18:24:50 -05'00'

Matthew Hanson
Deputy Assistant Attorney General

¹ The Overdose Crisis: Interagency Proposal to Combat Illicit Fentanyl-Related Substances, Before the H. Comm. on Energy and Commerce, 117th Congress (statement of Douglas C. Throckmorton, Food and Drug Administration), at p. 4.

Fentanyl Precursor Chemicals and Control Dates

Chemical	DEA control date	Notes
N-Phenethyl-4-piperidone (NPP)	April 23, 2007	
4-Anilino-N-phenethyl-4-piperidien (ANPP)	June 29, 2010	
Norfentanyl	April 17, 2020	Controlled as a CII substance; immediate precursor to fentanyl
Benzylfentanyl, including it's salts	April 15, 2020	
4-Anilinopiperidine (4-AP), including it's amides, carbamates, and salts	April 15, 2020	Control captured workarounds such as 1-boc-4-AP (<i>t</i> -boc-4-AP; <i>N</i> -boc-4-AP)

Fentanyl-Related Substances (FRS) Identified and Captured under the Temporary Class Control "Fentanyl-Related Substance" is defined in 21 CFR 1308.11(h)(30) Controlled Under the Controlled Substance Code Number 9850

#	Substance	Identification Source; First Identified	Current Status under CSA	Date DEA request scheduling	Date HHS provides recommend	DEA control date	Notes
Substances encountered prior to the Feb 2018 and controlled per the Class-Wide Scheduling of FRS							
1	crotonyl fentanyl	NFLIS-Drug; June 2017	Permanently controlled	Apr 2019	Jul 2020	Oct 2020	CND controlled in 2020
2	phenyl fentanyl	NFLIS-Drug; April 2017	Permanently controlled	Apr 2019	Jul 2020	Apr 2021	
3	thiofuranyl fentanyl	NFLIS-Drug; May 2017	Permanently controlled	Apr 2019	Jul 2020	Apr 2021	
4	4-methylfentanyl (<i>para</i> -methylfentanyl)	NFLIS-Drug; August 2017	Permanently controlled	Apr 2019	Jul 2020	Apr 2021	
5	<i>ortho</i> -fluorobutyl fentanyl	NFLIS-Drug; September 2017	Permanently controlled	Apr 2019	Jul 2020	Apr 2021	
6	fentanyl carbamate	NFLIS-Drug; December 2017	Permanently controlled	Oct 2019	Mar 2021	May 2021	

7	<i>ortho</i> -fluoro acrylfentanyl	NFLIS-Drug; December 2017	Permanently controlled	Apr 2019	Mar 2021	May 2021
8	benzodioxole fentanyl	NFLIS-Drug; January 2017	Temporary control	Apr 2019	Pending HHS	
9	4'-methyl acetyl fentanyl	NFLIS-Drug; February 2016 (NC Office of the Chief Medical Examiner)	Permanently controlled	Apr 2019	Jul 2020	Apr 2021
10	<i>ortho</i> -fluoroisobutyl fentanyl	NFLIS-Drug; September 2017	Permanently controlled	Oct 2019	Mar 2021	May 2021
11	2'-fluoro <i>ortho</i> -fluorofentanyl	CBP communication; 2017	Permanently controlled	Apr 2019	Jul 2020	Apr 2021
12	<i>beta</i> '-phenyl fentanyl	CBP communication; 2017	Permanently controlled	Apr 2019	Jul 2020	Apr 2021
13	<i>ortho</i> -methylmethoxyacetyl fentanyl	NMS Labs communication; January 2018	Permanently controlled	Oct 2019	Jul 2020	Apr 2021
14	hexanoyl fentanyl	CBP communication; October 2016	Temporary control			
15	<i>meta</i> -fluorofentanyl	NFLIS-Drug; October 2016	Temporary control	Oct 2021	May 2022	
Substances defined as FRS and encountered post temporary class control (Feb 2018)						
16	<i>beta</i> -methylfentanyl	NFLIS-Drug; March 2018	Permanently controlled	Apr 2019	Jul 2020	Apr 2021
17	3-fluoroisobutyl fentanyl	NFLIS-Drug; October 2018	Temporary control	Oct 2021	May 2022	
18	<i>ortho</i> -methyl acetyl fentanyl	NFLIS-Drug; October 2018	Permanently controlled	Apr 2019	Jul 2020	Apr 2021
19	<i>para</i> -fluoro furanyl fentanyl	NFLIS-Drug; November 2018	Permanently controlled	Oct 2019	Mar 2021	May 2021
20	<i>para</i> -methoxyfentanyl	NFLIS-Drug; January 2019	Temporary control	Oct 2021	May 2022	

21	3-furanyl fentanyl	NFLIS-Drug; January 2019	Temporary control	Oct 2021	May 2022		
22	2',5'-dimethoxyfentanyl	NMS communication; March 2019	Temporary control	Oct 2021	May 2022		
23	isovaleryl fentanyl	NFLIS-Drug; March 2019	Temporary control	Oct 2021	May 2022		
24	3',4'-dimethoxyfentanyl	NFLIS-Drug; April 2019	Temporary control				
25	ortho-fluorofuranyl fentanyl	NFLIS-Drug; July 2019	Temporary control	Oct 2021	May 2022		
26	alpha'-methyl butyryl fentanyl	NFLIS-Drug; August 2019	Temporary control	Oct 2021	May 2022		
27	para-methylcyclopropyl fentanyl	NMS communication; October 2019	Temporary control	Oct 2021	May 2022		
28	para-chlorofentanyl	NFLIS-Drug; September 2020	Temporary control				Under DEA pharmacological testing.
29	ortho-chlorofentanyl	NFLIS-Drug; October 2020	Temporary control				Under DEA pharmacological testing.
30	meta-fluoro furanyl fentanyl	NFLIS-Drug; June 2020	Temporary control				Under DEA pharmacological testing.
31	ortho-methylcyclopropyl fentanyl	CBP communication; August 2018	Temporary control				Under DEA pharmacological testing.
32	beta-methyl acetyl fentanyl	NFLIS-Drug; January 2021	Temporary control				Under DEA pharmacological testing.
33	tetrahydrothiophene fentanyl (tetrahydrothiofuranyl fentanyl)	NFLIS-Drug; November 2021	Temporary control				Under DEA pharmacological testing.
34	para-fluoro valeryl fentanyl	NFLIS-Drug; September 2021	Temporary control				Under DEA pharmacological testing.
35	para- fluoroacetyl fentanyl	DEA-TOX; January 2022	Temporary control				Under DEA pharmacological testing.
36	para-bromofentanyl	DEA-TOX; February 2022	Temporary control				Under DEA pharmacological testing.

Prepared by: DEA/DC/DOE/DOED on 05 July 2022

Senate Judiciary Committee Chair Chuck Grassley
U.S. Senate
Washington, DC 20510

Senate Judiciary Committee Ranking Member Dick Durbin
U.S. Senate
Washington, DC 20510

February 3, 2025

Re: Oppose the HALT Fentanyl Act (S. 331), Support Health Policy Solutions

Dear Chair Grassley and Ranking Member Durbin,

My name is Susan Ousterman and I hope you will read my words before you vote on the HALT Fentanyl Act (S. 331). In 2020, I lost my son, Tyler, to an accidental overdose involving heroin, fentanyl, and xylazine. Tyler struggled with anxiety, and like many teenagers, he turned to substances in high school to cope. Unlike previous generations, he had easier access to prescription opioids than less addictive substances, which quickly led to dependence. He didn't want to be dependent and sought help. Instead of finding support, he was met with endless barriers—from bed shortages to inadequate healthcare and a punitive legal system that treated him as disposable rather than someone in need of care. Tyler's death was preventable, and I have dedicated my life to removing barriers to wellness and improving health outcomes to ultimately save other parents from living an incredibly painful life without their children. The HALT Fentanyl Act (S. 331) would make my work more difficult and I urge to reject the legislation when it comes up for a vote in the Senate.

I'll never forget the fear in Tyler's eyes the first time he experienced withdrawal when he realized he was dependent. Desperate for help, he came to me, and on the advice of our family doctor, I took him to the emergency room. Under any other circumstance, what followed would be considered medical negligence.

As we debated whether to send him to the only facility covered by Tricare, more than 400 miles away, Tyler grew sicker by the minute. Feeling like he had no other option, he purchased heroin to ease his symptoms and crashed his car on the way home. The next morning, he was on a flight to what would be his first of many 30-day rehab stays. The only real tool he was given was a single naltrexone injection, which insurance refused to cover once he returned home.

Tyler attempted to access treatment more than a dozen times over six years, only to face barrier after barrier in a system that seemed wholly apathetic to his chance at recovery. He was rarely offered medication, never received the mental health care he desperately needed, and endured excruciatingly long waits for services.

On one occasion, Tyler was denied entry to a detox center because his drug test came back negative. At the time, many facilities did not test for fentanyl, which he had been using. Determined to access care, he left, used drugs to ensure he would test positive, and overdosed in the lobby of the very facility where he had

sought help. He was revived with naloxone—yet in another eye-opening display of the institutional flaws preventing his recovery, Tyler was still sent home due to a lack of available beds.

Tyler was even further harmed by a criminal legal system that punishes people who use substances rather than helping them find healthier coping skills. Being labeled a “criminal” only added to his feelings of shame and hopelessness. He was arrested for possession of an unused syringe—an act of harm reduction that should have been encouraged rather than criminalized. Fast forward two years with a few months of sobriety, he was incarcerated for two weeks due to an outstanding bench warrant after missing a probation appointment because he was undergoing open-heart surgery to treat the life-threatening condition he contracted from reusing syringes (infective endocarditis).

As a condition of his release, he was forced into a county-approved recovery house that prohibited medical cannabis, a tool he found helpful in controlling his long-term opioid withdrawal symptoms. Left with no accessible or effective options, he returned to use shortly thereafter. When he attempted detox once again a couple of weeks later, he discovered that his Medicaid had been (unlawfully) terminated due to his incarceration.¹ Because of his medical cannabis status, an incompetent state official², and conflicts between state and federal policies, he was also denied county funding for treatment. In desperation, we paid cash to a treatment facility, only to find out later it was fraudulent, as I now understand a significant portion of them are.³

Tyler did not want to use heroin. He wanted to heal and make his family proud. He wanted to be a father. He felt no pleasure or “high” when he used. With hopeless desperation in his eyes, these are the frustrations he voiced to me a week later, just an hour before I found him deceased on the floor of a gas station bathroom two blocks from my home.

These are not isolated failures. Tens of thousands of people die unnecessarily each year due to the failures of our medical and legal systems. If we are serious about saving lives, we must shift from punishment to public health, from stigma to science. Child loss is not political—it is a primal injustice. If you truly value our losses and are committed to saving lives, as many of you have stated, then your voting record must reflect that commitment.

I understand you may have heard from grieving parents who support harsher punishments. I have, too. Many blame a dealer, the border, or China for their child’s death. Some say their child was “poisoned by fentanyl.” These beliefs are shaped by decades of failed drug policy that taught parents like me to see our children’s struggles as moral failings rather than a health crises. The lack of bereavement services for families who lose loved ones to overdose leaves many unable to process their grief, and in their pain, they seek vengeance. But once they understand that punitive measures will only lead to more deaths, their views shift.

¹ Learn more about this story at www.spotlight.org/series/turned-away

² A complaint was filed with the PA IG against former Secretary of the PA Dept of Drug and Alcohol Programs, Jennifer Smith in Sept 2021 with no response. Governor-elect Shapiro was made aware of her problematic history and instead of removing her from his administration, she was given a lateral position with OMHSAS and remains in that role today.

³ I reported them to the NJAG and several other law enforcement agencies in Feb 2021. To date, there have been no consequences and they have opened several other facilities under different names, despite a 106 page report featuring them published by the State of NJ Commission of Investigation in February 2024.

My heart goes out to the family of Laken Riley. I know the unbearable pain of losing a child. But in this country, we have created a hierarchy of victimhood, where some lives are deemed more valuable than others. All child loss is a universal betrayal that transcends political agendas. It does not change based on age, race, or manner of death. My child's death was preventable, too—but not at the hands of a "criminal immigrant," not because of bad parenting, and not because he was morally deficient. He, and hundreds of thousands of others, died because lawmakers continue to prioritize punishment over treatment, incarceration over care, and stigma over science.

For decades, the moral failure narrative surrounding drug use has left parents like me questioning whether we did enough. But I no longer question it. I followed the rules society told me to follow, and my son is still dead. My parenting did not fail him. Our policies did. Instead of doubling down on strategies that have failed for generations, Congress must pursue policies that actually improve outcomes, reduce the demand for drugs, and save lives. We need immediate access to detox services and recovery medications, not more incarceration. We need to end discriminatory medical practices against people who use substances, not reinforce stigma. We need to improve the quality of treatment, not impose mandatory minimums and create more barriers to lifesaving research. Above all, we need drug policy rooted in evidence and compassion, recognizing that people use substances for a reason—most often to relieve pain, whether physical or psychological.

I urge you to stop crafting policies based on stigma, false narratives, and political loyalty, and most of all, to stop using our dead children to justify these failed approaches. Harsher penalties for drugs, like those in the HALT Fentanyl Act, do not deter drug use. They only push people into riskier behaviors, increase the likelihood that someone will die rather than call for help, and make our communities less safe. How many more Americans must die before we finally admit that the War on Drugs was a failure? This bill would impose mandatory minimum sentences, block research into potentially lifesaving treatments, and reinforce the very policies that created this crisis in the first place. I urge you to vote against it and instead support evidence-based approaches that prioritize health, safety, and saving lives.

If you have any questions, please do not hesitate to reach out.

Sincerely,

Susan Ousterman
2747 Lafayette Avenue
Bensalem, PA 19020
(267)391-6038
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Schedule I drugs are subject to the most restrictions, including when it comes to research. Examples of Schedule I drugs include heroin, cannabis and psilocybin.

EXPLAINER

How a Drug's Schedule I Status Restricts Research

July 2023

Introduction

From laboratory studies to randomized controlled trials, drug research is essential to elucidate the potential effects—both therapeutic and harmful—of known and novel substances. However, scientists **report barriers** when it comes to studying a particular class of drugs: those that are classified as Schedule I under the **Controlled Substances Act (CSA)**. In fact, the director of the National Institute on Drug Abuse (NIDA), Nora Volkow, explained in an **interview** with *Marijuana Moment* that the multi-level, highly bureaucratic process “detracts [from] researchers who want to investigate because it’s just much more cumbersome than doing studies with other substances.”

What are Schedule I drugs?

The CSA classifies drugs into five progressive “schedules,” according to two primary criteria:

Criteria One

Potential for abuse or dependency (**abuse is undefined**)

- Schedule I* deemed most potential for abuse/dependency
- Risk for abuse/dependency declines as schedule increases

Criteria Two

Degree of established medical utility

- Schedules II-V all have established medical utility

* Schedule I drugs are subject to the most restrictions, including when it comes to research.

Why study scheduled drugs?

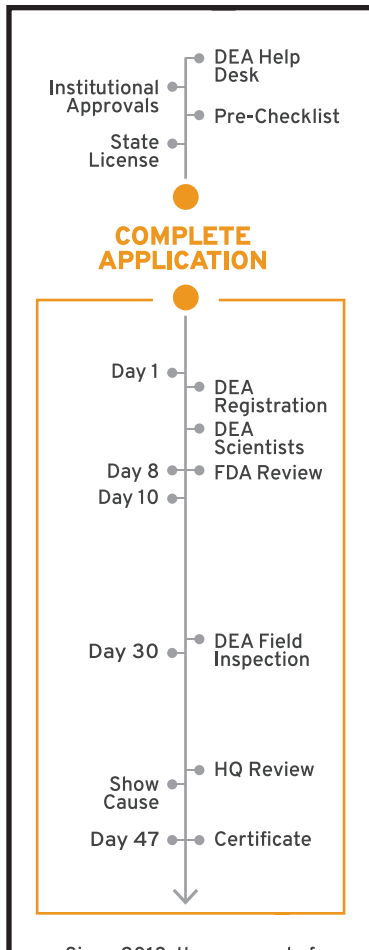
Although Schedule I drugs do not currently have established medical utility, that does not mean they lack medical potential. For example, cannabis and psilocybin are Schedule I drugs, but recent research suggests they **have therapeutic effects**. Studying scheduled substances can also result in discovering new medicines. For example, the overdose reversal drug, **naloxone**, is chemically similar to morphine, which is a Schedule II drug. Another reason to study scheduled drugs is to understand how they affect people without the dangers of adulterants found in the illicit drug supply.

How does Schedule I status affect research?

• Red Tape

Scholars must receive **permission** from their institution, state and the **Drug Enforcement Administration (DEA)** for any research in which they obtain, synthesize or distribute a Schedule I drug. Some studies, such as **clinical trials**, may also require approval through the U.S. Food and Drug Administration. This process can be **time consuming**. DEA approval alone takes several **months**, while institutional review boards often take extra time to evaluate the research ethics of a Schedule I study, and may be **reluctant** to permit the research at all.

DEA Regulatory Timeline



Since 2013, the approval of new applications has been reduced from 161 days.

EXPLAINER

How a Drug’s Schedule I Status Restricts Research

July 2023









- ### Funding Restrictions

The federal government does not fund research that “promotes the legalization of any drug or other substance included in schedule I” unless substantial data already supports its therapeutic value. Non-government funders, on the other hand, often *hesitate* to cover research on Schedule I drugs as they are believed to be “dangerous.”

- ### Substance Access

Schedule I drugs must be synthesized by approved researchers or obtained via NIDA. In the case of cannabis, it must be obtained from a handful of approved growers. Because federally approved growers do not produce the diversity of products available in the real-world supply, this requirement limits the *external validity* of findings.

By the Numbers

 750 lbs The minimum weight of a Schedule I drug storage safe unless it’s attached to the ground or a wall	 \$296 Annual fee for DEA registration in 2023	 250+ The number of Schedule I substances
 750 DEA-approved Schedule I researchers as of 2019	 ~300 Substances listed on schedules II through V combined	 8,079 United States scholars received DEA approval to study them
 95 days Average number of days to approval once complete application is received See DEA Regulatory Timeline	 3-14 months Time that a DEA research license is good for	

Descheduling and Rescheduling Potential

Even if researchers are able to conduct research on a Schedule I substance and show that there are medical uses for the substance, rescheduling or descheduling the drug remains difficult to accomplish. The executive and legislative branches of government have the *authority* to change a drug’s schedule, but the president is bound by the criteria set forth by the CSA, while Congress can change schedules with an amendment to the CSA. Non-governmental entities can also *petition* the DEA to change a drug’s schedule; however, attempts to use this process for cannabis have failed.

Contact us

For more information, please contact:

Stacey McKenna
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February 4, 2025

The Honorable Charles Grassley
Chairman
Committee on the Judiciary
United States Senate
Washington, DC 20510

The Honorable Richard Durbin
Ranking Member
Committee on the Judiciary
United States Senate
Washington, DC 20510

Dear Chairman Grassley, Ranking Member Durbin, and Members of the Committee:

My name is Jeffrey A. Singer. I am a Senior Fellow in Health Policy Studies at the Cato Institute. I am also a medical doctor specializing in general surgery and have been practicing that specialty in Phoenix, Arizona, for over 40 years. The Cato Institute is a 501(c)(3) non-partisan, non-profit, tax-exempt educational foundation dedicated to the principles of individual liberty, limited government, free markets, and peace. Cato scholars conduct independent research on a wide range of policy issues. To maintain its independence, the Cato Institute accepts no government funding. Cato receives approximately 80 percent of its funding through tax-deductible contributions from individuals. The remainder of its support comes from foundations, corporations, and the sale of books and other publications. The Cato Institute does not take positions on legislation.

Fentanyl is just the latest manifestation of what drug policy analysts call “the iron law of prohibition.”¹ A variant of what economists call the Alchian-Allen Effect, the shorthand version of the iron law states, “the harder the law enforcement, the harder the drug.” Enforcing prohibition incentivizes those who market prohibited substances to develop more potent forms that are easier to smuggle in smaller sizes and can be subdivided into more units to sell. The iron law of prohibition is why fentanyl replaced heroin as the primary cause of overdose deaths in the United States.

The Centers for Disease Control and Prevention began seeing fentanyl-related overdose deaths rise in 2012. Drug trafficking organizations added fentanyl to heroin to enhance its potency and make it easier to smuggle and subdivide into a greater number of units to sell. By 2016, fentanyl-related deaths eclipsed deaths from heroin and diverted prescription pain pills. By 2017, fentanyl was found in more than 50 percent of opioid-related overdose deaths. By 2022, it was involved in roughly 90 percent of deaths.²

The Covid pandemic accelerated fentanyl’s prominence among black market drug users. Border closures, lockdowns, and other pandemic policies made it more challenging to transport opium and opium gum to drug dealers to be processed into heroin. Pandemic-related supply chain problems created shortages of the commercial chemical acetic anhydride—used to make cigarette filters, aspirin, and other products—which is necessary to convert the morphine in opium to diacetyl-morphine, which Bayer branded as heroin when it developed the drug in the 1890s.³

On the other hand, fentanyl and fentanyl analogs can be easily synthesized in clandestine labs by modifying its fundamental ingredient, piperidine. Piperidine is a chemical used to make numerous pharmaceuticals and is in abundant supply. And because fentanyl and its analogs are entirely synthetic, drug cartels don't need to rely on growing and transporting opium.

These factors, plus the tighter border controls in response to the pandemic, made it an easy business decision for the drug cartels to switch out heroin for fentanyl. With pandemic policies relaxed, it still makes sense for the cartels to stick with what works for them.

The drug trafficking organizations initially obtained fentanyl precursors from labs in China. However, as the US has pressured China to curtail precursor production, precursors are now coming from labs in India, Myanmar, other parts of Southeast Asia, and even Canada.⁴

With continued law enforcement pressure on fentanyl precursor suppliers, other highly potent synthetic opioids are becoming more attractive for drug trafficking organizations to produce and sell. Recently, the Drug Enforcement Administration has been detecting synthetic opioids called nitazenes, a benzodiazepine derivative, in the illicit drug supply. Benzodiazepines are used to produce various useful medicines, so trafficking in illicit nitazene precursors may be harder to detect.⁵

Another law enforcement intervention of adding as-yet unapproved fentanyl analogs, also called fentanyl-related substances, to the Drug Enforcement Administration's Schedule I is ill-advised. First, many fentanyl analogs are used medically to control pain and assist in anesthesia, including sufentanil, alfentanil, and remifentanil. An outright ban on developing fentanyl analogs will stifle advances in therapeutic research.

Second, placing a drug on Schedule I will not deter drug cartels. Heroin has been listed on Schedule I for more than 50 years, and it has not deterred heroin trafficking or heroin use. Schedule I psychedelic drugs, particularly mushrooms, are gaining popularity, especially in the affluent and well-educated population. And cannabis, on Schedule I for more than 60 years, is now legal in about half the states. In 2023, 40 percent of adults aged 19 to 30 and 26 percent of adults aged 35 to 50 reported using cannabis.⁶ There is no reason to believe that making fentanyl analogs Schedule I will work any better.

The Drug Enforcement Administration added fentanyl-related substances to Schedule I in 2018. It did nothing to curtail the overdose rate, which spiked to 113,000 per year during the COVID-19 pandemic and only now is returning to pre-pandemic levels, still almost 100,000 per year.

Meanwhile, fentanyl analogs continue to appear in the illicit drug supply. On December 5, 2024, the Centers for Disease Control and Prevention reported that carfentanil, an elephant tranquilizer, is re-emerging in the illegal drug market and causing overdose deaths.⁷ The DEA classifies carfentanil as Schedule II because it has accepted veterinary medical uses.

Perhaps more worrisome, nitazenes are threatening to cause the next wave of overdose deaths across the Americas.⁸

Finally, increasing mandatory minimum sentences for possessing or dealing in illicit fentanyl and fentanyl-related substances, or even threatening drug dealers with life imprisonment or the death penalty, is also unlikely to deter the drug trade. Most drug dealers already factor the risk of death into their decision to get into the business and, correctly, have a greater fear of being killed by rival cartels and dealers than by the United States Department of Justice.⁹

In summary, the HALT Act, which continues classifying fentanyl-related substances as Schedule I, is an exercise in futility. It will not deter drug trafficking organizations from developing and trafficking fentanyl and fentanyl-related substances. Still, it may unintentionally hasten the emergence of new and more dangerous synthetic opioids like nitazenes. It will also make it more burdensome for pharmaceutical researchers seeking to develop new and helpful medications derived from or related to fentanyl. And, if the past is prologue, the Act's expansion of mandatory minimum penalties is unlikely to deter traffickers from the lure of easy money selling drugs.

Sincerely,

Jeffrey A. Singer, MD, FACS

Senior Fellow, Cato Institute

¹ <https://filtermag.org/infographic-the-iron-law-of-prohibition/>

² <https://usafacts.org/articles/are-fentanyl-overdose-deaths-rising-in-the-us/>

³ <https://www.unodc.org/documents/data-and-analysis/covid/Covid-19-and-drug-supply-chain-Mai2020.pdf>

⁴ <https://www.msnbc.com/opinion/msnbc-opinion/trump-tariffs-fentanyl-drug-war-china-canada-mexico-rcna181947>

⁵ <https://www.usatoday.com/story/opinion/2024/01/23/synthetic-opioid-nitazene-more-deadly-fentanyl/72245437007/>

⁶ <https://nida.nih.gov/news-events/news-releases/2024/08/cannabis-and-hallucinogen-use-among-adults-remained-at-historic-highs-in-2023#:~:text=Cannabis%20use%20in%20the%20past,increase%20from%20five%20years%20ago.>

⁷ <https://www.cdc.gov/mmwr/volumes/73/wr/mm7348a2.htm>

⁸ <https://www.oas.org/ext/DesktopModules/MVC/OASDnnModules/Views/Item/Download.aspx?type=1&id=1045&lang=1>

⁹ <https://www.pewtrusts.org/en/research-and-analysis/issue-briefs/2018/03/more-imprisonment-does-not-reduce-state-drug-problems> and <https://deathpenaltyinfo.org/policy-issues/policy/deterrence>



U.S. Department of Justice

Office of Legislative Affairs

Office of the Assistant Attorney General

Washington, D.C. 20530

The Honorable Cory Booker
United States Senate
Washington, DC 20510

Dear Senator Booker:

This responds to your letter to the Department of Justice (Department), Department of Health and Human Services (HHS), and Drug Enforcement Administration (DEA) dated June 28, 2022, requesting certain information and expressing concerns about the Biden-Harris Administration’s proposal for permanent class-wide scheduling of fentanyl-related substances (FRS) (Administration FRS Proposal).¹ The Department believes that the balanced approach presented in the Administration FRS Proposal will achieve our core public safety and health imperatives, preserve prosecutorial equities, and send the necessary deterrent message to drug traffickers around the world.

As your letter acknowledges, the United States is in the “midst of the worst overdose crisis that our country has ever experienced.” The Department believes that permanent class scheduling of FRS is essential to protecting Americans from the proliferation of these deadly synthetic opioids. Before the February 2018 emergency class-wide scheduling of FRS, the DEA had to continually race to schedule fentanyl analogues individually, in an effort to keep pace with cartels and drug traffickers who were making new fentanyl formulations, using different precursor and precursor chemical compositions specifically to avoid controls. During the 22-month period between May 2016 and February 2018, the DEA individually scheduled 16 distinct, newly created fentanyl analogues. Unfortunately, it was not uncommon for the DEA to encounter a new fentanyl analogue within weeks of announcing the scheduling of a previously encountered fentanyl analogue, sometimes associated with a cluster of overdoses. The DEA is continuing its thorough work of individually scheduling fentanyl analogues, as they are encountered. Class-wide scheduling allows law enforcement to respond to the manufacturing, importation, and trafficking of those illicitly manufactured analogues of fentanyl that are not yet individually scheduled before they are even produced and distributed by drug traffickers.

Temporary class-wide scheduling of FRS, first effected by regulation promulgated in February 2018 and sequentially extended by Congress (now until December 31, 2022), was based on a review of over fifty years of research on this class of substances, including a review

¹ Our letter responds only on behalf of the Department and DEA. HHS will be responding separately.

of hundreds of papers and patents. The definition of FRS is based on structure-activity relationships common to this class of substances, is firmly rooted in science, and supported the required findings for Schedule I placement.² The class-wide scheduling is not a new approach; Congress utilized class-wide scheduling in the past for synthetic cannabinoids under the Synthetic Drug Abuse Prevention Act of 2012, and a number of other countries employ class controls to deter diversion and abuse. We believe permanent class-wide scheduling for FRS, as outlined in the Administration FRS Proposal, is a thoughtful and balanced approach.

The Department supports the Administration’s approach to reducing the supply and availability of illicitly manufactured FRS, while protecting civil rights and reducing barriers to scientific research. The Administration FRS Proposal will continue to prohibit FRS as Schedule I substances in the United States, which will deter manufacturers and traffickers from attempting to flood our communities with these substances. At the same time, the proposal will address important research and criminal justice concerns.

CLASS-WIDE SCHEDULING APPROACH

The DEA based its FRS class definition on an extensive review of the scientific literature; it also supplied data to the FDA for evaluation of permanent control. A list of references are enclosed. When DEA encounters a novel FRS, it collects pharmacological data on the substance through research contracts and other means. Once collection of that data is complete, DEA transmits the data and a request to HHS for a scientific and medical evaluation and scheduling recommendation. If HHS recommends scheduling, DEA reviews the recommendation and decides whether to permanently schedule that particular substance.

If DEA moves forward to schedule that substance, following publication of a notice of proposed rulemaking (NPRM) to control a substance, scientific or medical evaluations prepared or obtained by HHS or FDA for FRS may be accessed at <https://www.regulations.gov/>. Comments from the public, including interested stakeholders, may be viewed on the comments tab.

All 36 encountered novel FRS have either been evaluated or are undergoing evaluation. We are pleased to provide information about the FRS that the DEA has identified, including whether the FDA has studied those substance. A table enclosed with this letter details the following data items with respect to these substances:

- The name of each substance;
- The source of identification³ and the date the substance was first identified;

² The original temporary scheduling of FRS is located at [83 Fed. Reg. 5188 \(Feb. 6, 2018\)](#). The criteria for placement of a substance in Schedule I is set forth at 21 U.S.C. § 812(b)(1). The criteria are: a high potential for abuse, no currently accepted medical use, and lack of accepted safety for use under medical supervision.

³ “NFLIS” in the table refers to the National Forensic Laboratory Information System.

- The current status of control under the Controlled Substances Act (CSA) (*i.e.*, permanently or temporarily controlled);
- The dates of DEA’s request for scheduling, HHS recommendation, and DEA control; and
- Additional notes (including the nine substances under DEA pharmacological testing).

In expressing the view that DEA’s temporary class-wide scheduling action on FRS was overly broad, your letter refers in two places – page 3 and page 4 – to an assertion that “FDA had studied the pharmacology for about 25 of those substances and found that ‘among the individual FRS for which pharmacological activity has been studied, FDA has identified examples of substances lacking in mu-opioid agonist activity, the presumed pharmacology that would lead to opioid-related harms.’”⁴ It is accurate that DEA has identified examples of substances lacking in

⁴ Your letter referenced the December 2021 testimony of Douglas Throckmorton, MD (“among the group, there are members of that class, and one in particular that has no activity to turn on the opioid receptor ... it looks like it would be the blocker of the mu opioid receptor in the way that naloxone is a blocker of the mu opioid receptor”). In his written statement for the Subcommittee hearing, after a similar observation, Dr. Throckmorton expanded on the FDA’s views and position.

Recognizing the danger posed by fentanyl-related substances, however, we have continued to expeditiously review and recommend scheduling of individual analogues of these substances in support of the work DEA is doing to keep them off the streets. In addition, in light of the harm to the public health observed from many of these rapidly emerging new substances, and because chemists can rapidly alter the chemical structures of the drugs to stay ahead of the efforts to control these substances, we have worked closely with our interagency colleagues on a legislative approach that would control the FRS class while minimizing the impact of the control action on research and drug development by providing for the rapid decontrol of individual members of the FRS class, as appropriate, when new data becomes available.

Under the interagency proposal, the entire FRS class would be legislatively added to schedule I of the CSA based on the presumption that their pharmacology, and therefore their potential for abuse, will mirror that of fentanyl due to their structural similarity. This would provide law enforcement with the tools they need to promptly respond to the trafficking and manufacture of illicit synthetic fentanyl-like products. But because the chemical structures targeted by illicit opioid manufacturers for expected fentanyl-like pharmacological activity may not always demonstrate pharmacology like fentanyl or warrant control as dangerous schedule I substances, we have also proposed a new process by which an FRS could be moved to a lower schedule, or de-scheduled entirely, if the data show it doesn’t belong in schedule I.

The Overdose Crisis: Interagency Proposal to Combat Illicit Fentanyl-Related Substances, Before the H. Comm. on Energy and Commerce, 117th Congress ([statement of Douglas C. Throckmorton](#), Food and Drug Administration), at p. 4 (emphasis added). As this witness stated on behalf of FDA, Executive Branch components coalesced around the elements of the FRS proposal, which address the concerns of FDA and other stakeholders inside and outside of government.

mu-opioid agonist activity, but the mu receptor is not the only one relevant to opioid activity. A substance with limited or no activity on the mu-opioid receptor may still have activity at the kappa or delta opioid receptor types. Based on data obtained from DEA’s contract studies, all studied FRS bind and activate *at least one opioid receptor* with varying affinities and efficacies.⁵ Every FRS for which DEA has pharmacological data is properly characterized as an opioid and DEA is not aware of the identification of any medically useful FRS. As such, there has been no need to deschedule or reschedule substances in the over four years since class-wide scheduling of FRS. Nevertheless, if DEA were to discover an FRS that is not an opioid and that has little or no potential for abuse, the Administration FRS Proposal would permit an “off-ramp” descheduling process.

RESEARCH AND DEVELOPMENT

The letter expresses concern that the Administration FRS Proposal “risks leaving potential antidotes to fentanyl addiction and overdoses undiscovered and unavailable” (at page 2). We are pleased to report that current law permits research of controlled substances, including FRS. As of August 24, 2022, there are over 800 active registrants with a DEA Schedule I researcher registration, the majority of whom are studying marijuana or marijuana constituents. As of June 2022, 40 registrants have added the FRS drug code (9850) to their registration since the temporary class-wide scheduling in February 2018. Three registrants have since retired the drug code, and one registrant let their registration expire. Of the 36 remaining active registrants, 22 were existing Schedule I researchers at the time of application for the FRS drug code, while 14 registrants were new applicants. Also, of these 36 active registrants:

- Six registrants are working to synthesize FRS, which is a necessary step before they can be studied.
- Thirteen are studying detection devices and/or analytical techniques.
- Seventeen, the largest number of registrants, are studying pharmacological effects. Seven of these registrants are conducting DEA contracted studies to evaluate the *in vitro* and *in vivo* effects of FRS. Most of the other studies are for abuse liability and mechanism of action, which are used to write scheduling actions for substances to be potentially controlled by name under the CSA.
- None of the pharmacological studies is for clinical trials; none is specifically studying antagonistic effects of fentanyl-related substances; and none of the research involves

⁵ Study reports received under a DEA–Veterans Affairs Interagency Agreement (2018-2022). Binding and Functional Activity at Delta, Kappa and Mu Opioid Receptors. In Vitro Receptor and Transporter Assays for Abuse Liability Testing; Study reports received under a DEA–Synthetic Opioids Purchase Agreement (2018-2019). Evaluation of synthetic opioid substances using the warm-water analgesia assay. Beardsley/Virginia Commonwealth University); Study reports received under a DEA–Synthetic Opioids Purchase Agreement (2018-2019). Evaluation of synthetic opioid substances using the drug discrimination assay. Walker/Temple University; Study reports received under a DEA–Synthetic Opioids Purchase Agreement (2019-2024). Evaluation of Abuse Potential of Synthetic Opioids Using in Vivo Pharmacological Studies. Gatch/University of North Texas Health Sciences Center (UNTHSC).

development of a pharmaceutical product under an investigational new drug application (IND).

The Department and DEA are unaware of any instances in which researchers have sought to examine whether an FRS is safe and effective for the treatment of a particular condition, but were unable to do so because of class-wide scheduling.

While research is ongoing under the current statutory scheme, the Administration FRS Proposal would expand access to Schedule I research. As discussed below, the Administration FRS Proposal provides for an HHS-initiated “off-ramp” (or descheduling) for FRS that are shown to have little or no abuse liability. In addition, the proposal provides for a simplified process that would, in general, align research registration for all Schedule I substances, including FRS, more closely with the research registration process for Schedule II substances. The streamlining measures are described more fully in the written testimony of the Director of the National Institute on Drug Abuse at a House subcommittee hearing on this initiative.⁶ In summary, they include:

- Alternative registration process for certain Schedule I research funded by HHS or the VA or conducted under an IND.
- Separate registration not required for additional researchers in the same institution.
- Single registration for related research sites.
- New inspection not required if a registered researcher applies to research another substance controlled under the same or less restrictive schedule.
- Continuation of research on substances newly added to Schedule I pending application unless DOJ issues a show cause order to deny the application.
- Treatment of certain manufacturing activities involving small quantities as coincident to research.

These measures to facilitate research on FRS and other Schedule I substances, together with the off-ramp and class-wide scheduling, were developed as part of the interagency consensus that shaped the Administration FRS Proposal.

⁶ *The Overdose Crisis: Interagency Proposal to Combat Illicit Fentanyl-Related Substances, Before the H. Comm. on Energy and Commerce*, (117th Congress Dec. 2, 2021) ([statement of Nora D. Volkow](#), MD, Director, National Institute on Drug Abuse). The streamlining measures are along similar lines to those suggested in testimony by Professor Sandra D. Comer, Ph.D., Public Policy Officer, College on Problems of Drug Dependence, before the Subcommittee on Crime, Terrorism, and Homeland Security, Senate Judiciary Committee, Jan. 28, 2020, cited in your letter at footnote 3, *available at* <https://docs.house.gov/meetings/JU/JU08/20200128/110392/HHRG-116-JU08-Wstate-ComerS-20200128.pdf>.

RESCHEDULING AND DESCHEDULING

The CSA currently provides for a rescheduling or descheduling process if a particular FRS is determined to have little or no potential for abuse or possible medical applications.⁷ Were DEA to identify an FRS that was improperly classified, there are past examples for descheduling an opioid. In the 1980s, the DEA allowed two temporarily scheduled substances to expire. Benzylfentanyl and thenylfentanyl were among eight substances temporarily scheduled effective November 28, 1985,⁸ as they were thought to have morphine-like properties. Six of the eight substances were extended after the one-year limit then in effect for temporary scheduling actions, but benzylfentanyl and thenylfentanyl were omitted from the six-month extension (the extension time period then in effect) and permanent control action because pharmacological and biological testing indicated no evidence of abuse potential.⁹ In May 2020, DEA revisited benzylfentanyl, regulating it as a List I chemical due to its use as a precursor chemical to produce fentanyl.¹⁰ If any medically useful FRS were identified – for example, if FDA brought such a substance to DEA’s attention – existing provisions of the CSA could be deployed similarly to the above examples to deschedule or transfer a FRS to a lower schedule.

While there is no indication that in the four years since class-wide scheduling of FRS has been in effect (first, pursuant to DEA’s administrative scheduling order, then pursuant to congressional extensions) that it has resulted in the over-scheduling of any medically useful and psychoactively benign substance, the Administration’s FRS Proposal nevertheless includes a more expeditious off-ramp process than is currently available under the CSA.

The Administration FRS Proposal process for removing individual FRS from the schedules or moving them to a lower schedule occurs, if, after a scientific and medical evaluation by the Secretary of HHS, they are found not to have a high potential for abuse. If this process leads HHS to conclude that the substance has less potential for abuse than substances in

⁷ 21 U.S.C. § 811 (a)(2).

⁸ Temporary scheduling order for eight substances: “Schedules of Controlled Substances; Temporary Placement of Acetyl-alpha-methylfentanyl, Alpha-methylthiofentanyl, Benzylfentanyl, Beta-hydroxyfentanyl, Beta-hydroxy-3-methylfentanyl, 3-Methylthiofentanyl, Thenylfentanyl and Thiofentanyl into Schedule I of the Controlled Substances Act,” 50 Fed. Reg. 43698 (Oct. 28, 1985).

⁹ Final rule to permanently schedule the six substances: “Schedules of Controlled Substances; Placement of Acetyl-Alpha-Methylfentanyl, Alpha-Methylthiofentanyl, Beta-Hydroxyfentanyl, 3-Methylthiofentanyl, Para-Fluorofentanyl and Thiofentanyl into Schedule I,” 52 Fed. Reg. 20070 (May 29, 1987). Notice of proposed rulemaking is located at Fed. Reg. 43025 (Nov. 28, 1986). Rationale and correction located at, “Correction of Code of Federal Regulations: Removal of Temporary Listing of Benzylfentanyl and Thenylfentanyl as Controlled Substances,” 75 Fed. Reg. 37300 (June 28, 2010) (“Both of these substances were temporarily controlled because they were initially found in street samples with other fentanyl analogues and were most likely unreacted intermediates in the synthesis of the target fentanyl analogues.”).

¹⁰ Designation of Benzylfentanyl and 4-Anilinopiperidine, Precursor Chemicals Used in the Illicit Manufacture of Fentanyl, as List I Chemicals, 85 Fed. Reg. 20822 (Apr. 15, 2020).

Schedule V (the least restrictive schedule under the CSA), HHS would report the conclusion to the Department and provide its analysis, and the Department would be required to remove the substance from the CSA schedules within 90 days. If the process leads HHS to conclude that the substance has a potential for abuse, but less than that of substances in Schedules I and II, HHS would likewise report the conclusion to the Department and provide its analysis, and the Department would be required, within the same time period, to remove the substance from Schedule I and reschedule it in Schedule III. This process, detailed in Section 5 of the Administration FRS Proposal, is designed to reduce the steps and time needed to remove or transfer a substance by providing a streamlined alternative to the eight-factor analysis in the CSA.

ADDRESSING CONCERNS OF CLASS-WIDE SCHEDULING

Your letter expresses the concern that permanent class-wide scheduling of FRS might result in some individuals being prosecuted and sentenced for trafficking substances that turn out to be harmless, with disproportionate impacts on people of color. These concerns are addressed by numerous aspects of the Administration FRS Proposal and borne out by the research into the impact of temporary class-wide scheduling. First, the “off-ramp” discussed above provides a faster path to remove or transfer an FRS to a lower schedule if it is found to have no or limited abuse liability. Second, the Administration FRS Proposal would enable a federal court to vacate or reduce the sentence of a person convicted of an offense involving an individual FRS that is subsequently removed from the controlled schedules entirely, or rescheduled from Schedule I to a lower schedule. Specifically, Section 6 of the proposal provides that in such cases, a federal court may, upon motion of the defendant, the government, or on its own, vacate the sentence or impose a reduced sentence for such a defendant. The Department would expect that the vacatur or reduction of sentences, in the event of the removal or transfer of an FRS from Schedule I, would be handled as a matter of course by the federal courts.

In addition, regarding your concern that permanent class-wide scheduling might have a disproportionate impact on people of color, few defendants have in fact received convictions for trafficking FRS under the current temporary class-wide scheduling authority, and most (if not all) of these also involved other controlled substances. For example, during the 2021 Fiscal Year, we have determined that two defendants were convicted for an FRS, and only one of these defendants was sentenced for an FRS alone (the other was convicted and sentenced for a mix of controlled substances). The small number of FRS cases demonstrates the effectiveness of class-wide scheduling; drug traffickers do not have the same incentive to produce and distribute new FRS analogues that they had prior to class-wide controls. Indeed, since class-wide scheduling, the identification of new FRS has dramatically slowed; the last two new FRS were encountered in February 2022 and January 2022. The low number of FRS cases, the fact that most of those cases also involve other scheduled drugs, and the fact that to date, no benign FRS has been identified, together greatly reduce the risk that a defendant is prosecuted for a class-wide scheduled FRS that later is determined to warrant descheduling or down-scheduling. And the off-ramp and the Administration FRS proposal resentencing provisions provide additional guardrails in case of such an unlikely event.

* * *

Class-wide control of fentanyl-related substances has been a critical tool in the Department's fight against the fentanyl epidemic. The Department believes that the Administration FRS Proposal reflects a balanced approach that will promote public safety and health, deter the proliferation of these deadly substances, enable the Department to pursue FRS trafficking crimes and seek appropriate penalties, and at the same time, guard against unintended consequences in connection with criminal justice and continued research.

We hope this information is helpful. Please do not hesitate to contact this office if we may provide additional assistance regarding this or any other matter.

Sincerely,

CARLOS
URIARTE

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Carlos Felipe Uriarte
Assistance Attorney General

Enclosures