

**THE POISONING OF AMERICA: FENTANYL,
ITS ANALOGUES, AND THE NEED
FOR PERMANENT CLASS SCHEDULING**

HEARING

BEFORE THE

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**THE POISONING OF AMERICA: FENTANYL,
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TUESDAY, FEBRUARY 4, 2025

UNITED STATES SENATE,
COMMITTEE ON THE JUDICIARY,
Washington, DC.

The Committee met, pursuant to notice, at 10:33 a.m., in Room 226, Dirksen Senate Office Building, Hon. Charles E. Grassley, Chairman of the Committee, presiding.

Present: Senators Grassley [presiding], Graham, Cornyn, Lee, Cruz, Hawley, Tillis, Kennedy, Blackburn, Schmitt, Britt, Moody, Durbin, Whitehouse, Klobuchar, Blumenthal, Hirono, Booker, Padilla, Welch, and Schiff.

**OPENING STATEMENT OF HON. CHARLES E. GRASSLEY,
A U.S. SENATOR FROM THE STATE OF IOWA**

Chairman GRASSLEY. Well, we welcome everybody for this very important hearing. Obviously, you know it's on fentanyl and fentanyl-related substances. Before I begin, I want to take a moment to welcome members in the audience. We have about 30 guests, including parents of kids who have tragically died from fentanyl poisoning, as well as law enforcement officers who have a strong interest in this issue. We thank you all very much for your support of this hearing by being here.

Fentanyl accounts for a vast majority of drug overdose deaths in the United States every year. In the last full year for which we have data—that'd be 2 years ago—around 75,000 lives were lost to fentanyl alone, and that happens to work out to be about 200 people dying every day. We titled this hearing, quote, "The Poisoning of America," end of quote, because most Americans don't know that they're taking fentanyl. Many are children who think they're taking something else that turns out to be laced with fentanyl. There are countless families with tragic stories.

One family in Iowa, the Arwine family—Lisbon, Iowa—is one of them. Laurie Arwine sent us a letter that I'd like to introduce into the record, and I'll do that without objection.

[The information appears as a submission for the record.]

Chairman GRASSLEY. Laurie's youngest son, Bailey, was taken on April the 5th, 2022. Twenty-two years old. He was not a drug addict. He did not think he was taking fentanyl, but the pill he took was laced with it.

Laurie wrote, quote, “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, smirking smile, or his twinkling blue eyes. There will always be an empty chair at our family gatherings, whether it’s Thanksgiving, Christmas, Easter, birthdays, dinner parties. His voice and laughter will forever be silenced,” end of quote.

Maybe the saddest part of the fentanyl crisis is that so many parents can tell a similar story of loss. In fact, we have many of them with us here today, including two of our witnesses. I want to tell parents in the audience today, thank you for being here. Thank you for making your voices heard. Thank you for doing what you can do to keep other parents from going through what you’ve gone through.

How long do we have to keep suffering through this attack on our children? This is not an easy problem to solve, but there are certain parts of the problem that are simple to address. For one thing, commonsense border control will help stem the flow of fentanyl. We have no idea how many pounds of fentanyl were carried in the got-aways that will never show up in any statistics. We also have no idea how many surges of illegal immigrants have been used by the cartels as distractions to push drugs through our understaffed ports of entry. Thankfully, the Trump administration is taking this threat seriously.

Another simple thing to address is fentanyl knockoffs. Fentanyl is a substance easily changed by drug cartels to bypass the legal scheduling while becoming even more deadly. That’s why, in 2018, the Drug Enforcement Administration scheduled fentanyl knockoffs as a class, using a formula created by an emergency room doctor. He’s here today, and I thank you for coming. And he’ll tell us more about that problem.

Congress temporarily extended the scheduling, over and over. We’ve played this game for too long. It’s time to make this temporary scheduling permanent, so that the drug cartels do not have the opportunity to flood our country with even deadlier versions of fentanyl. Last week, Senator Cassidy and I introduced a bipartisan bill to do just that. Seven Democratic Senators co-sponsored it. We should pass that bill quickly because of the temporary scheduling that we last passed expires again on March 31.

We must get this done. We must also support President Trump’s attempt to secure the Border and deal with the Mexican drug cartels. America’s children need us to act. And I’m glad to have Senator Durbin speak now, but I’m also glad that he’s sympathetic to what we’re trying to do, because I know you know it’s a problem.

**OPENING STATEMENT OF HON. RICHARD J. DURBIN,
A U.S. SENATOR FROM THE STATE OF ILLINOIS**

Senator DURBIN. I certainly do, Chairman Grassley, and I’m glad you’ve held this hearing. This is a bipartisan issue, as it should be, to discuss fentanyl and the devastating impact that opioid addiction has on America. In just a decade, this synthetic opioid has

emerged as the deadliest drug in American history. All it takes is 2 milligrams—that’s a fraction of the size of a penny—to cause an overdose. It is so cheap that dealers are lacing lethal amounts into street drugs like cocaine and heroin, and their buyers are none the wiser.

There’s an overdose crisis in America, but we’ve learned that evidence-based solutions reduce death. In fact, in 2023, overdose deaths actually decreased for the first time since 2018, going down by more than 10 percent. We need to look at every factor that contributes to this reduction. Counseling and treatment, training for first responders, and naloxone to our hardest hit communities all make a difference.

We must also address how this poison gets in the hands of the most vulnerable people in America, our kids. Too often, fentanyl is peddled in the open on some of the world’s largest social media platforms. Last Congress, the Judiciary Committee advanced several bipartisan bills that would finally hold these companies accountable and demand safeguards be put in place to protect our children. One of the bills is the Cooper Davis Act. Cooper is a 16-year-old Kansas teen who tragically lost his life to a fentanyl-laced pill he bought through Snapchat. This bill would require Big Tech companies to take a more proactive role in stopping drug dealers from using their platforms.

Sadly, Cooper is not the only teen who has lost his life to drugs peddled on social media. Bridgette Norring is here to testify today. Her son Devin tragically died after taking a fentanyl-laced pill he thought was Percocet that he purchased over Snapchat. There’s a lawsuit that she’ll tell us about, from the parents of those victims through Snapchat.

In the coming days, I’ll join Senators Marshall, Shaheen, and others to reintroduce what we call Cooper Davis and Devin Norring Act. I hope the Committee will again advance this critical legislation on a bipartisan basis, and I hope that Congress will finally, finally allow these companies to be sued by their victims’ families so they can be held accountable in a court of law. Enough teens have died due to Big Tech’s deliberate indifference.

We must also acknowledge the role the U.S. has played in arming cartels to the teeth. We send hundreds of thousands of firearms south of our Border in an iron river, and the cartels cash them in. They facilitate the use of violence to traffic fentanyl into the United States.

Both State and Federal law enforcement agencies are in the front lines of protecting our communities from fentanyl and other opioids, but detection is getting more difficult. Fentanyl is so potent and moved in quantities so small that high-value shipments can easily be hidden. As a result, law enforcement need access to technology and resources to quickly and efficiently detect these drugs. This includes expanding nonintrusive inspection capability, making lifesaving naloxone widely available, and adequately funding State and local law enforcement.

The funding freeze which we’re talking about—if it’s going to stop the efforts of law enforcement to combat fentanyl—is a bad idea. The same is true of the recent order diverting Federal law enforcement agents, including from the DEA and ATF, away from

combating fentanyl and firearms traffic by cartels and working instead on a mass deportation effort. As a reminder, the vast majority of fentanyl and other illegal drugs enter the U.S. and are smuggled by American citizens through legal ports of entry.

I'm also gravely concerned about the negative impact of mass removals of senior career law enforcement at Department of Justice and FBI on our ability to hold traffickers accountable, to cut off the supply of fentanyl. The recent actions we've seen distract us from the need to take a comprehensive, bipartisan approach to tackling this crisis, including investing in addiction prevention and treatment; enforcing and strengthening our gun laws; giving Federal, State, and local law enforcement the resources they need to do their jobs effectively. Getting fentanyl off the streets is a herculean task that will require all of us to come together and work across the aisle to make this country healthier and safer. Thank you, Mr. Chairman.

Chairman GRASSLEY. Thank you. I'm going to introduce the Majority witnesses, and Senator Durbin's going to introduce his witnesses. And then I wanted to announce that, at approximately 7 or 8 minutes to 11, I'm going to leave the Committee meeting to open the Senate, and Senator Cornyn will act as Chairman while I'm gone.

Our first witness, Jaime Puerta, is a U.S. Marine Corps veteran; president of an organization, Victims of Illicit Drugs—and that goes by the acronym VOID, for short—which is an organization he founded after he lost his 16-year-old son Daniel to fentanyl. VOID is a nonprofit dedicated to educating parents and children about the dangers of drug use and social media platforms. Mr. Puerta, I think I speak for everyone on this Committee when I say that we're deeply sorry for the loss of your son.

Next, Mr. Tim Westlake is a driving force behind today's class scheduling policy and has fought against the drug epidemic for over 30 years. He's a full-time emergency room physician and a part-time medical regulator in Wisconsin. He also provides medical direction for a statewide peer-to-peer drug recovery program. In the past, Dr. Westlake has served as chairman of the Wisconsin Medical Examining Board and was formerly a member of Wisconsin's Controlled Substances Board.

Finally, Sheriff Don Barnes—thank you, Sheriff—is sheriff-coroner of Orange County, California. He leads around 4,000 employees, operates one of the Nation's largest county jail systems, and manages the Orange County Crime Lab. Sheriff Barnes also serves as the Major County Sheriffs of America's vice president for homeland security and as their chairman of the intelligence commander group. Thank you, all, for once again being here today. I'll turn it over to Ranking Member Durbin now to introduce.

Senator DURBIN. Thank you, Chairman Grassley. I want to welcome Dr. Cecilia Farfán-Méndez, an affiliated researcher with the Institute on Global Conflict and Cooperation at UC-San Diego, an expert on organized crime and U.S.-Mexico security. She co-founded the Mexico Violence Research Project, which provides information, analysis, research, and resources for understanding violence and organized crime in Mexico.

I also welcome Bridgette Norring, who is a survivor parent to her son, Devin, and a social media reform advocate. Ms. Norring founded the Devin Norring Foundation to raise awareness and educate children, parents, caregivers, and communities about the dangers of illicit drugs. She's a member of Parents for Safe Online Spaces, which advocates for online safety for kids. Mrs. Norring, I read your testimony, and the loss of your son was so graphic and so touching. Thank you for sharing.

Mr. Puerta, I read yours, as well. It's just heartbreaking, as you describe those five—or those six days in the hospital before you lost your son. Any of us who've lost a child know exactly what you went through. I'll never forget it. Thank you both for being—thank all the witnesses for being with us today.

Senator CORNYN [presiding]. Mr.—Ranking Member Durbin, I believe you're up first. Well, let's go ahead and hear from the witnesses. Mr. Puerta, would you have an opening statement for the Committee, please?

STATEMENT OF JAIME PUERTA, PRESIDENT AND CO-FOUNDER OF VICTIMS OF ILLICIT DRUGS, AND CO-CHAIR OF PROJECT FACING FENTANYL, SANTA CLARITA, CALIFORNIA

Mr. PUERTA. Good morning, Chairman Grassley, Ranking Member Durbin, and esteemed Members of this Committee. My name is Jaime Puerta, and I am the president and co-founder of Victims of Illicit Drugs, VOID, and co-chair of Project Facing Fentanyl Now. Joining me today are Mr. Steve Filson, a retired police officer and secretary-treasurer of VOID, as well as Ms. Andrea Thomas, chair of Project Facing Fentanyl, and Ms. Gretchen Peters, CEO of Alliance to Counter Crimes Online, and other family members who have endured the profound loss of a loved one due to illicit fentanyl. VOID, a California-based nonprofit organization, was established to educate, advocate, and raise public awareness about the devastating dangers of illicit fentanyl and other synthetic analogues.

Today, I stand before you to give voice to the countless lives lost, including my own son, Daniel Puerta-Johnson. My son was not a habitual drug user by any sense of the word, nor had he been diagnosed with substance use disorder, but he was diagnosed with ADHD and depression. On April 1, 2020, at the very beginning of the pandemic, I walked into my son's room and found him practically lifeless in his bed. In a state of shock and panic, I called 911 first, then his mother. Emergency services arrived at our home and immediately began CPR, and naloxone was administered.

He was then transported to Los Angeles Children's Hospital, where a team of specialty doctors did everything they could to bring our son back but unfortunately were unsuccessful in bringing him out of his catatonic state. His health had become much worse from the day that he had been admitted, and all they could do was to keep him comfortable until his mother, Denise, and I made the agonizing decision to discontinue all life support—all life support efforts. On April 6, 2020, at 3:45 p.m., all life support was discontinued.

His mother, Denise, got into his hospital bed and lay next to him, gently stroking his beautiful head of dark brown hair, and I was

holding his right hand when he drew his last breath at exactly 5:08 p.m. of that April 6 when he quietly passed away. I kissed the bridge of his nose, like I did on most nights when saying goodnight, and left the hospital to go home without my son, utterly broken, devastated, angry, and confused.

After my son's passing, I was contacted by the Los Angeles County Sheriff's Office, and I was told that my son had died due to an overdose. Half a blue pill, which I later came to find out looked exactly like a pharmaceutical-grade blue M30 oxycodone pill, had been found on his dresser. It was sent to the laboratory for analysis and found that the pill, which had taken my son's life, was illicit fentanyl. My son had consumed what he thought was a blue M30 oxycodone pill, but in fact had unknowingly—I repeat, unknowingly—ingested an illicitly manufactured counterfeit opioid made of nothing more than filler, a binding agent, and illicit fentanyl. This was deceptively made to look exactly like a pharmaceutical grade oxycodone pill, and it killed him.

I have shared Daniel's story countless times, yet the problem worsens. Illicit fentanyl remains an insidious threat. So, what can we do? Our organization believes that knowledge saves lives, but we also need legislative action. The HALT Fentanyl Act currently under consideration is a vital tool in this fight. Illicit fentanyl has no medical use and is highly addictive, warranting its classification as a Schedule I substance under the Controlled Substances Act.

For too long, this legislation has stalled, despite clear evidence of its necessity. My son Daniel's death is just one of countless tragedies caused by this epidemic. His story is one of hope extinguished, of a family left broken, but it is also a call to action. No family—no family should have to endure the pain that we have suffered. We have the tools to address this crisis. What we need now is the will to act. I urge you, I beg you, to act decisively and combat this crisis. Thank you for inviting me and my fellow bereaved parents to this esteemed Committee. Thank you.

[The prepared statement of Mr. Puerta appears as a submission for the record.]

Senator CORNYN. Thank you, Mr. Puerta. Ms. Norring?

**STATEMENT OF BRIDGETTE NORRING, SURVIVOR PARENT,
AND FOUNDER, DEVIN J. NORRING FOUNDATION, HASTINGS,
MINNESOTA**

Ms. NORRING. Thank you, Chairman Grassley, Ranking Member Durbin, and Members of the Committee. My name is Bridgette Norring. I am a wife, mother, grandmother, advocate, and founder of the Devin J. Norring Foundation, a foundation I wish didn't even have to be in existence. Today marks another month that my son, Devin Joseph Norring, was taken from my family at the age of 19, well before he ever got the chance to really begin life. You see, Senators, that is how parents like myself now measure time. It goes by the weeks, months, or years it has been since our children lost their lives.

Devin was your average teenager. He had a passion for football, skateboarding, BMXing, and music. He was smart as a whip when it came to anything mathematical. He was his siblings', Hayley and Caden's, biggest protector. He had plans to go to California the

summer of 2022 to look into schools to continue his music education and become the musician he wanted to be. Unfortunately, he never made it.

He had been suffering from blackout migraines and dental pain that he'd been under doctors' care for, and at the height of the pandemic, those appointments were canceled. And we believe Devin was desperate by any means necessary to treat the pain. The morning after Devin and an acquaintance went onto Snapchat and connected with a drug dealer, he was found unresponsive in his bedroom by his then-14-year-old brother, Caden. His bedroom should've been the safest place in the world. And as I held him one last time, I promised my son I would do something.

We later learned that Devin was poisoned by fentanyl: a single pill with enough fentanyl to kill multiple people. I now also know that social media platforms are one of the primary sources which unsuspecting teens buy all types of drugs, with the majority of them containing fentanyl. Senators, this crisis has many facets, and each should be addressed with care, empathy, and courage: education; supply and-demand issues; a lack of accessible, affordable mental health and recovery programs; and holding drug dealers and traffickers accountable for the devastating loss of life are all important issues to address. But we must do more. It is critical that we address social media platforms that facilitate drug peddling to children—platforms which make these connections as a matter of design and then profit from them. We cannot say we are protecting our children until we face this fact and pass legislation to stop it.

In the spring of 2021, myself and several families were invited to meet with executives from Snapchat. Today, that meeting is what drives my fuel for social media reform. Snapchat's executives claim that they had no idea this was happening, even though Snapchat and other platforms have been used for drug sales for years and this has been widely reported by the media. They blamed us, as parents, and told us that, due to Section 230, we had no power to hold them accountable in court. Senators, if someone opened a brick-and-mortar store and sold these drugs to our children out of that store, we would be held accountable. We would be shut down so fast. So I ask, why do the same rules not apply to social media?

Since losing Devin, my family has watched drug dealers continue operating on Snapchat, Instagram, Telegram. And while we got zero justice for Devin's death, I'm proud to say we aided in the indictments of individuals with ties to the Sinaloa Cartel in Minneapolis. I believe there were 19 members of that indictment. I'm grateful to the Hastings Police Department, Dakota County Drug Task Force, and U.S. Attorney Andrew Luger's work on this case.

In speaking about Devin's story with middle and high school students, kids have shared the toll Snapchat takes on their mental health and how, on average, they are spending 26-plus hours a week on these platforms. That's why my family and so many others fight hard to support the Kids Online Safety Act. I thank Senators Blumenthal and Blackburn for spearheading this vital legislation on behalf of our children, because KOSA is the crucial foundation for social media reform.

I am blessed to work with my congressional representative, Senator Amy Klobuchar, and Representative Angie Craig. I want to thank Congresswoman Craig for introducing the Cooper Davis and Devin Norring Act and Senator Klobuchar for acting on her commitment and promise to help parents achieve accountability for Big Tech. Parents like me, Mr. Puerta, Amy Neville, Andrew Thomas, Steve Filson, and thousands of others cannot do this alone. We look to you to pass KOSA and the Cooper Davis and Devin Norring Act. We need you to stand with us and enact these pieces of legislation so that our country's kids have a fighting chance and stop losing their lives. I thank you. I am honored to be here and look forward to your questions.

[The prepared statement of Ms. Norring appears as a submission for the record.]

Senator CORNYN. Thank you, Ms. Norring. Dr. Westlake?

STATEMENT OF TIMOTHY W. WESTLAKE, M.D., FFSMB, FACEP, EMERGENCY PHYSICIAN, PROHEALTH OCONOMOWOC MEMORIAL HOSPITAL, OCONOMOWOC, WISCONSIN

Mr. WESTLAKE. Chairman Cornyn, Ranking Member Durbin, distinguished Members of the Committee, thank you for inviting me to testify and for your leadership. Before I talk science, I wanted to tell you the last time I used Narcan. It was just days ago. It was a quiet night shift in the emergency department, and I was mulling over my testimony for this very hearing when I had to rush out to a car that screeched into the ambulance bay.

It was driven by the girlfriend of a patient who took what he thought was a Percocet. It was actually a lethal dose of fentanyl. He wasn't breathing and was about to go into cardiac arrest. We pulled him out and quickly resuscitated him with Narcan. Within a minute, he went from being blue and pulseless to being wide awake. He went home with his family that night. He was lucky this time.

This is my reality and that of so many emergency physicians across America. We have a problem in this country, and it requires all of us to work together to solve it. First, I'd like to clarify what fentanyl-related substances, or FRSs, are and why permanently scheduling them as a class is a critical policy tool.

FRSs are highly active opioids, almost identical to fentanyl except for a tiny difference in their chemical structure created by changing a single ingredient during synthesis. The result of this tweak is a new, potent opioid with the same deadly effects as fentanyl—and without class scheduling would be legal until it caused numerous deaths. Fentanyls are so toxic and lethal that they can be classified—and have actually been used—as chemical weapons. The lethal dose is merely 2 milligrams, equivalent to 5 grains of sand, meaning that 1 teaspoon can kill 2,000 people. That is what is in this packet of sugar. It could kill 2,000 people if this were fentanyl.

Telling parents—tragically, on more than one occasion, even friends of mine—that their child will never come home is the worst part of my job. In fact, the inspiration for FRS class scheduling arose out of the tragedy of my friend Lauri Badura's son, Archie. Archie was an altar server with my daughters. He started with

prescription opioids, then moved to heroin and, unknowingly, fentanyl. I resuscitated Archie on his second-to-last overdose. At that time, I pulled out a body bag, laid it down next to him, and warned him that that's where he'd end up if he didn't seek help. He stayed clean for 6 months, until illicit fentanyl entered his life. One of the last things my friend Lauri saw of her son Archie was him being zipped up into a body bag.

Motivated to act by hundreds of such deaths, FRS scheduling legislation came together quickly and was enacted unanimously in the Wisconsin legislature in 2017. DEA adopted it as national policy shortly thereafter, but only Congress can make it permanent. Some who oppose point to deaths from illicit fentanyl as proof that it doesn't work, but this is a misunderstanding of the facts. FRS scheduling does not address illicit fentanyl. It was never designed to do so. It only removed the incentive for legal chemical companies to create new FRSs, thus stopping them from ever existing in the first place.

There is no quick and easy solution to the scourge of illicit fentanyl, but the solution to FRSs is a simple legislative fix, one that you have before you right now. At its core, FRS scheduling is not an extension of the War on Drugs or a law enforcement strategy designed to incarcerate. There have been a total of eight Federal prosecutions under the language as of 2021, half of which had already been known to have ties to drug cartels. As well, there has never been a prosecution for a nonbioactive FRS, because there are none. All fentanyl-related substances encountered to date have been found to have potent opioid activity. One of them is 7,000 times more potent than morphine.

However, if Schedule I penalties were removed for FRS trafficking, then it would reincentivize their creation and significantly weaken the law's most powerful, proactive, and preventative effects. There is a time and place for criminal justice reform, but FRS scheduling is not it. Some suggest FRS scheduling would have a negative impact on research. While theoretical, it has been addressed with stakeholder input and is supported by the very agencies and organizations representing academic scientific research, including the NIH, HHS, FDA, and the National Institute of Drug Abuse. The HALT Fentanyl Act would significantly loosen restrictions into studying all Schedule I substances, not just FRSs, and open up promising areas of substance abuse research.

In conclusion, for the past 6 years, FRS scheduling has been Federal policy. As the primary architect of the Wisconsin law, I could not be more pleased. In a few short years, the creation and distribution of new FRSs has ground to a halt. In our battle against fentanyl, the elimination of related substances that had previously escaped our scheduling and devastated communities across the Nation are surely one bright spot, but Congress must take action and permanently close the spigot of FRSs. The fact is you can't die from ingesting something never created, nor can you be incarcerated for trafficking something that does not exist. That's the beauty and simplicity of FRS scheduling. Thanks again for this time, and I look forward to answering your questions.

[The prepared statement of Mr. Westlake appears as a submission for the record.]

Senator CORNYN. Doctor, I'm going to introduce you, but I don't want to get your last name mispronounced. Is it Farfán?

Dr. FARFÁN-MÉNDEZ. Correct.

Senator CORNYN. Okay, good. I guessed correctly. I'd be happy to hear your opening statement.

STATEMENT OF CECILIA FARFÁN-MÉNDEZ, PH.D., AFFILIATED RESEARCHER, INSTITUTE ON GLOBAL CONFLICT AND CO-OPERATION, UNIVERSITY OF CALIFORNIA SAN DIEGO, SAN DIEGO, CALIFORNIA

Dr. FARFÁN-MÉNDEZ. Thank you. Chairman Cornyn, Ranking Member Durbin, and Members of the Committee, thank you for conducting this hearing and the opportunity to explain why saving lives in North America requires productive engagement with Mexico. I appreciate the invitation to participate.

I am an expert on organized crime and U.S.-Mexico security cooperation. As an alumna of the Fulbright program, I am convinced that transnational problems require transnational solutions. To the families who testified today, I acknowledge your grief. There are no actions that can reverse the tragedies you have experienced. My testimony today does not seek to invalidate yours. On the contrary, it is precisely because I have witnessed and collaborated with families on both sides of the Border that have lost loved ones to overdoses, homicides, and disappearances that I am here to offer what I believe is a more helpful and sustainable path forward.

On January 22, Secretary Rubio stated that America's foreign policy must be justified by answering three simple questions. Does it make America safer? Does it make America stronger? Does it make America more prosperous? As a scholar who has dedicated her professional career to studying and working toward constructive U.S.-Mexico relations, it is my strong professional opinion that the United States can only be safer, stronger, and prosperous if its neighbors are afforded the same opportunity.

Suffering on both sides of the Border is inextricably linked. The U.S. is facing one of its worst public health crises due to the availability of illicitly manufactured fentanyl, and Mexico faces its own lethal epidemic, with 70 percent of homicides perpetrated with a firearm. More than 40 percent of Americans know someone who has died from an opioid overdose. Equally important, homicide is a leading cause of death for men ages 25 to 44 and the second cause of death for women ages 15 to 24 in Mexico.

Worryingly, the urgency to save lives is reviving the worst policy failures of the War on Drugs. With thousands of lives at risk on both sides of the Border, it is urgent that the U.S. and Mexico implement policies based on facts. Through their public sectors, civil society, and academia, both countries have developed robust evidence on how to acquire and maintain the health and safety of our communities. Fentanyl and firearms trafficking have changed dynamics in criminal markets. But these changes are not as simple as prevailing narratives of organized crime suggest.

Even though places like Sinaloa, Mexico, have been portrayed as a Shangri-La for criminality, transnational drug trafficking in Mexico to the U.S. is not masterminded by three men hiding in the mountains. There is no special narco-highway connecting the high-

lands of Sinaloa to the streets of LA or Philadelphia. But actors in Mexico and the U.S. that take advantage of legal economies for the advancement of illicit activities. For example, the most recent data from the U.S. Sentencing Commission shows that for Fiscal Year 2023, 86.4 percent of people sentenced for fentanyl trafficking were U.S. citizens.

Serious policy conversations on addressing mortality caused by synthetic drugs cannot be separate from firearms trafficking. Low production costs are often cited as a key reason suppliers moved away from heroin and into synthetic opioids like fentanyl. Overlooked in this conversation is that the same has happened with firearms and ammunition. The ease of acquiring firearms from the U.S. has lowered the cost of perpetrating violence for criminal groups in Mexico.

Even though there are significant variations as to the frequency and ways criminal groups use violence, they all must issue credible threats on their ability to perpetrate this violence. Their businesses depend on it. The newer and the more sophisticated the armament is, then the more credible these threats become. Why intimidate potential victims with a rifle left over from the Mexican Revolution, when your arsenal can include 50-caliber weapons?

This strategy has paid off for organized crime, including those involved in fentanyl trafficking. According to data released by the ATF, of the firearms recovered in Mexico that were submitted for tracing, more than two-thirds were sourced from the U.S.

Today, 74 percent of Mexicans believe criminal groups have more and better weapons than the armed forces. Access to illegally trafficked weapons from the U.S. has allowed Mexican criminal groups to amass both a tremendous capacity for violence and a troubling capacity to intimidate. Simply stated, by failing to address firearms trafficking to Mexico, the U.S. is subsidizing the operating costs of criminal groups. It is as if cartels receive an annual aid package with state-of-the-art technology to carry out the crimes this Congress wants to stop.

Our shared tragedies are two sides of the same coin. The silver lining is that there is no secret solution awaiting to be discovered. Actions available to Congress like the Stop Arming Cartels Act can contribute to stemming the devastating effects of this public health crisis and must be implemented through U.S.-Mexico security cooperation. Thank you for your time, and I look forward to your questions.

[The prepared statement of Dr. Farfán-Méndez appears as a submission for the record.]

Senator CORNYN. Sheriff Barnes?

STATEMENT OF DONALD BARNES, SHERIFF; VICE PRESIDENT OF HOMELAND SECURITY, MAJOR COUNTY SHERIFFS OF AMERICA; AND SHERIFF-CORONER OF ORANGE COUNTY, CALIFORNIA, ORANGE COUNTY, CALIFORNIA

Sheriff BARNES. Chairman Cornyn, Ranking Member Durbin, thank you for the opportunity to testify before you today. I'm here representing the Major County Sheriffs of America, a professional law enforcement association of the 100 largest sheriffs in the Nation, serving more than one-third of our Nation's population. As

sheriff of Orange County, I lead an agency of more than 4,000 men and women serving 3.1 million residents. Orange County consistently ranks as one of the safest in the Nation. But like every community, we have felt the devastating impacts of the fentanyl crisis.

The fentanyl epidemic is one of the most pressing public safety and public health crises to impact our Nation. In just a few short years, nationwide drug-related deaths have tripled, a direct correlation to the prevalence of fentanyl. While we saw a slight decrease in nationwide fatalities in 2023, the numbers remain alarmingly high, with annual deaths still approaching 100,000 annually. In California, we saw fentanyl deaths increase from 239 in 2016 to nearly 7,000 in 2023. Mexico-based cartels taking advantage of the crisis at our Border have flooded our communities with deadly fentanyl.

This is evidenced by the drug seizures made by my department's investigative teams. Over the past 4 years, these teams have seized a total of 1,551 pounds of fentanyl powder and over 3 million clandestine-produced fentanyl pills. What's even more alarming than the sheer volume is the dramatic increase in seizures during that same time period. Since 2021, my investigative teams seized 16,278 pills, whereas in 2024 that number skyrocketed to over 2 million. And that's just my agency, alone.

The fight against the fentanyl epidemic in California is incredibly challenging, given our close proximity to the Border, national drug trends, and our State's permissive drug laws. Proposition 47, passed in 2014, largely decriminalized most drug and property crimes. Our attempts to seek action by the State legislature largely fell on deaf ears. When we first saw the signs of fentanyl 2025, we proposed legislation that would enhance penalties for trafficking fentanyl similar to trafficking cocaine and heroin. This bill failed, year after year after year, while deaths continued to increase. Sadly, in some instances our proposal was met with ridicule by those far too devoted to extreme anti-incarceration policies. We also faced complications due to California sanctuary laws, which limits our communication with our Federal partners.

Despite this grim picture, there is hope. In Orange County, we have seen fentanyl deaths fall from a high of 717 in 2021 to 613 in 2023, while the State continues to rise. This progress is a result of our ongoing multi-faceted strategy that focuses on both supply and demand for illicit drugs. The strategy includes investing dollars in narcotics teams and resources; working with the U.S. attorney to prosecute individuals who sell drugs that result in the death of another; creating a new, innovative drug education program taught in our schools. Since 2016, deputies who carry naloxone have resulted in over 600 lives saved within our community. In our jails we have created SUD step-down units and have a Medication-Assisted Treatment program serving more than 1,300 people every day.

Congress can help this progress by moving forward many of the initiatives authored and supported by Members of this Committee. First and foremost, we must firmly schedule fentanyl analogues as a Schedule I drug. The House is taking up the HALT Fentanyl Act this week. I want to thank Chairman Grassley and Members of the Committee for leading this effort in the Senate.

HIDTA funding increases would be a significant help. Funding for HIDTA has remained static over the last 10 years. MCSA is grateful that Members of this Committee are prioritizing the reauthorization of HIDTA. I look forward to working with you to advance legislation like the HIDTA Enhancement Act, which would have reauthorized the HIDTA program at \$333 million annually.

We need to protect law enforcement tools. MCSA strongly opposes legislation that would restrict or eliminate law enforcement's access to data necessary to investigate fentanyl trafficking organizations. We also advocate for providing law enforcement lawful access to encrypted devices, which is crucial for identifying those responsible for distributing lethal fentanyl.

Last, MCSA supports bipartisan legislation crucial for addressing SUD within the criminal justice system by focusing on continuous care, successful reintegration, and, most importantly, sustained sobriety post release from our jails. I'm honored to be here today, and I'm looking forward to answering your questions.

[The prepared statement of Sheriff Barnes appears as a submission for the record.]

Senator CORNYN. Thank you, Sheriff. I'll start my round of questions, and then we'll turn to Senator Durbin. Mr. Puerta and Ms. Norring, I think it's only appropriate that we should express our condolences for your loss. You know, when things like this happen, I usually try to figure out, well, is there any way we can take something terrible and tragic and hopefully learn some lessons and make things better and save lives in the future? And so thank you for being courageous and telling your story. I know it's not easy, but it's very important for people across this country to understand how this can happen to them and their family.

And having visited with a number of families in Texas, various school districts, I've come to believe that this requires a layered approach, maybe starting at the kitchen table with awareness of our children to the threat, because none of them take these counterfeit drugs knowingly, at least knowing that they're able to take their lives—that it contains contaminated fentanyl. But I do believe it's going to require all of us, from parents, families, school districts, and local law enforcement, the State and Federal law enforcement, and border security.

Sheriff Barnes, it's my understanding that most of the chemicals that go into fentanyl basically have been traced back to China. Is that your understanding, as well?

Sheriff BARNES. Yes, Senator. There is an issue with precursor chemicals transiting from China through our U.S. ports and directly through China. Yes.

Senator CORNYN. And as I understand some of the announcements relating to the tariffs that President Trump has announced, his administration has said this isn't so much a trade policy as it is an anti-fentanyl policy, to finally get the Chinese government's attention, to do something about the precursors that emanate from that country. But then, as you point out, they make their way to Mexico, where the cartels are putting them into pill presses and making them look like relatively innocuous drugs, only to turn out to be contaminated with fentanyl and take the lives of people, unbeknownst to them. Do you believe that, with improved border se-

curity, we can begin to stop some of the flow of the illicit drugs coming across the Border, including fentanyl?

Sheriff BARNES. Yes, Senator. What you describe is a very complex system, almost a supply chain, that starts in China, using transit going to Mexico, the pill presses. It's not doing any one thing—it's doing 12 things simultaneously. So I do believe that addressing this issue is much more complicated than just any one thing. The HALT Act is a great start. You know, when you look at the pill presses pressing pills, that's one issue. The border obviously is going to be the most significant issue, as we shut down the Border and the pathway for those—for illicit fentanyl to make its way back into the United States. But it's that and many other things that have to take place.

Senator CORNYN. So, I heard Senator Durbin's statement, which I disagree with, that says that the vast majority of the fentanyl comes across the ports of entry, transported by American citizens. Is there anybody on the panel who subscribes to that point of view?

Dr. FARFÁN-MÉNDEZ. [Hand is raised.]

Senator CORNYN. Dr. Farfán? Do you think any one of the 1.7 million got-aways during the last 4 years have been transporting fentanyl?

Dr. FARFÁN-MÉNDEZ. One point seven million of—

Senator CORNYN. Well, during the Biden administration, out of the millions of people that were welcomed into the country and released, there were 1.7 million that appeared on various sensors, cameras and things like that, that evaded law enforcement and made their way into the interior of the United States. Do you think any one of those 1.7 million individuals that were evading law enforcement were transporting fentanyl?

Dr. FARFÁN-MÉNDEZ. I mean, to restate what I mentioned in my testimony, data from the U.S. Sentencing Commission shows that 86.4 people sentenced for fentanyl trafficking in Fiscal Year 2023 were U.S. citizens.

Senator CORNYN. And that's not my question.

Dr. FARFÁN-MÉNDEZ. I would also add—

Senator CORNYN. My question is about the people who evaded law enforcement. Is it possible that some of them, or maybe even many of them, were transporting illicit drugs, including fentanyl?

Dr. FARFÁN-MÉNDEZ. As someone who studies organized crime, that would be a really bad business decision. Drug traffickers deal with a lot of—

Senator CORNYN. Sounds to me like a very profitable decision on the part of the cartels, to evade law enforcement and to be able to deliver your drugs, your load, into the United States, only to make a lot of money from it. Why is that a bad business decision?

Dr. FARFÁN-MÉNDEZ. Because from a business point of view, you would prefer to have smugglers who have a legal right to entry into the United States than an immigrant who is uncertain whether or not he or she is going to cross into the United States. So, if you're looking at it from the point of view of, will we turn a profit or not in this particular shipment, putting your shipment in the hands of an immigrant who does not have a legal right to entry into the U.S. is actually a bad business decision.

Senator CORNYN. Sheriff Barnes, do you agree with that?

Sheriff BARNES. I do not. There's two different facets here. You have the trafficking of the narcotic, which is oftentimes in large bulk. And our experience in intervention and interdiction is those are oftentimes residents of Mexico. The distribution of that or sales of it—I think, to Dr. Farfán's point, might oftentimes be carried out by U.S. citizens and the drug trafficking market. So, it's a combination of both. But the vast majority of the large quantities coming across, it has been my experience, are being conducted by Mexican nationals. The distribution and sales inside the continental United States oftentimes is being carried out by U.S. citizens.

Chairman GRASSLEY [presiding]. Thank you. Senator Durbin.

Senator DURBIN. Thank you all for being here. How many of you would this be your first time to see the Senate Judiciary Committee? Would you raise your hand?

[Witnesses' hands are raised.]

Senator DURBIN. A few of our witnesses—and others, the first time. This is an interesting Committee. It represents the spectrum of politics in the United States Senate. We have the most Republican Republicans and the most Democratic Democrats sitting on this Committee. So, you won't be surprised that many times we disagree, and that disagreement sometimes leads to good speeches but very few laws. But there was an exception. Two years ago, we took up this issue and started talking about what we could do to stop the spread of fentanyl and the deadly impact it's having on America. And we actually voted, in this Committee, on a bipartisan basis, unanimously, for five measures that dealt with social media.

Your point, Mrs. Norring—if Snapchat were a store on the corner selling fentanyl-laden Percocets, and it happened one time, and they could be sued, that would be the end of the story. But we learned through Section 230 that social media gets off the hook. Mrs. Norring, you're joining families, I understand, that are trying to hold them responsible for your son's death and other deaths, as well. I couldn't support you more.

Now, let me tell you what happened. We passed bills in this Committee holding Big Tech and social media responsible. Unanimously. Now, there are four or five new Members of the Committee, but every Member of the Committee 2 years ago voted for it. Democrat and Republican, conservative and liberal, all voted for the measure. And what happened as a result of that combined bipartisan effort? Nothing. Nothing. Speeches. That's what happened. We failed, as Democrats in the Majority in the Senate, the Republicans failed, as the Majority in the House, to pass any measure. There, I said it. Democrats bear responsibility and Republicans, as well. We've got to be honest about this.

Why? Why would something as popular and as obvious as that fail before the Congress? Well, because there were powerful forces that have a lot of money at stake and don't want liability, who will piously and publicly say they love this measure, it makes all the sense in the world. And then when the doors close and they get a chance to speak to Members individually, they flip and they take the opposite position, and nothing happens.

Chuck Grassley's my friend. I've gotten in trouble for that. But I'm proud of it. We go back a long ways. I went to him yesterday and said, this time, you're the Chairman. I'm the Ranking Demo-

crat. I'm here to help you pass legislation to do something. I'm sick and tired of excuses being made and people dying as a result of it. And I think it's time for us, on a bipartisan basis, to find things we agree with.

Now, I don't know where the sources are. I think Dr. Farfán makes a valid argument. Sheriff Barnes, I respect very much your responsibility in law enforcement and have a different point of view. We may never resolve that basic question. But I think we can all resolve we don't care where the hell it's coming from—we want it to stop. We want to stop it in China, we want to stop it in Mexico, we want to stop it at our backyards, however it's getting into the United States. So, to those who are familiar with this Committee, this is where it has to start. We won't agree on every aspect, everything as a result of it, but we can agree on some basics that make a difference.

Mrs. Norring, you've testified before about your son and the loss of his life. Senator Klobuchar told me that. And I'd like to ask you what the families are doing, that you've gathered with, to hold Snapchat and others liable?

Ms. NORRING. So, the families and I—Mr. Puerta, Amy Neville, sitting behind me—we filed suit against Snapchat. We are in the process of making it through the courts, as we speak. There's—oh, my God, how many? They have hundreds of cases behind ours. For a while, it was looking pretty grim. I mean, Snapchat has been immune for so long, and it's now making its way through. We just got word that we're going into discovery.

Senator DURBIN. Mr. Puerta?

Mr. PUERTA. Yes, sir. It passed on, to Judge Lawrence Riff, on January 4 of 2023, I believe—

Ms. NORRING. Yes.

Mr. PUERTA [continuing]. Accepted the lawsuit, and—I'm sorry, 2024—not on the basis of free speech but on the basis of product design. That went on to the appellate court in California, and the appellate court favored—ruled in our favor for the lawsuit to go forward. So, right now we are in discovery. No other lawsuit against any major social media company has gotten as far as ours, sir.

Senator DURBIN. I wish you well. I'll close by saying we're dealing with fentanyl and the deadly aspects of that drug, and we're also dealing with sexual exploitation, particularly of children. And a number of Members here have shown real leadership: Senator Blackburn on the Republican side, and Senator Blumenthal on the Democratic side, especially. We all have bills. We can do this. Hold us responsible. Don't just come and leave and think nothing's going to happen. It's our job to make sure it does happen and do the right thing for you and your families. Thank you very much.

Chairman GRASSLEY. Yes. And I thank Senator Durbin for bringing up our conversation that we had yesterday on the floor of the United States Senate, and I suggested to him then—but I want our staffs to know—that our staffs should sit down and see what can be worked out.

Senator DURBIN. That's good.

Chairman GRASSLEY. You bet. Now I'll ask questions, and then I'll call on Klobuchar.

Leading up to this hearing, my office received 58 letters from grieving families who lost loved ones to fentanyl. I want to offer those letters into the record and thank the families for writing them. So, without objection, that will be done.

[The information appears as submissions for the record.]

Chairman GRASSLEY. One mother wrote, quote, “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, unified effort necessary to stop this poisoning of our generations,” end of quote. Many of these letters urge Congress to pass the legislation that goes by the acronym HALT Fentanyl, which would make the class scheduling of fentanyl-related substances very permanent. Mr. Puerta, Dr. Westlake, Sheriff Barnes—in that order—could you each briefly explain why permanent class scheduling is important to tackling this crisis?

Mr. PUERTA. I believe that it’ll increase penalties for trafficking and distribution. It also will streamline prosecution by removing the burden of proving whether a particular fentanyl analogue is harmful. It would be illegal by default. And it would give authorities greater flexibility, as well, to target emerging fentanyl analogues before they flood the market.

Chairman GRASSLEY. Dr. Westlake?

Mr. WESTLAKE. So, I think it goes back to the whole point of me coming up with this idea—was to stop the creation of these. So, what this does is it stops them from existing to begin with. We’ve looked at all the possible bioactive modifications to the fentanyl molecule and surgically scheduled those modifications. And so what it’s done—and it’s proven to be done—so, is it stopped them from existing in the first place.

So, no one’s going to jail for them, no one’s dying from them—because they don’t exist. It’s the perfect form of prevention. There’s a lot of disease—with a disease, the best place to hit a disease is at the beginning. If you can stop a diabetic from becoming diabetic, you know, they’re not going to have the problems of having their leg amputated or being on dialysis later. That’s what this does—is this stops the very existence. It’s one spigot. Illicit fentanyl’s a huge fire hydrant. This is one spigot, but Congress can turn it off, and that’s what they should do.

Chairman GRASSLEY. Thank you. Sheriff Barnes?

Sheriff BARNES. Chairman Grassley, I’ll summarize the two previous speakers this way. First, with the Controlled Substances Act not including it as an analogue, we saw this happen with methamphetamines back in the 90s, where there were analogue knockoffs, and it made it very difficult for prosecution. Most of our States’ laws are tied to the Controlled Substances Act, so preclusion of it would eliminate the probability of prosecuting somebody for it. And I’ll agree with the doctor when he said if we include these now, it will disincentivize the knockoffs of the analogues, because they will be, by default, included, which will solve the previous problem of prosecutions at the State level.

Chairman GRASSLEY. Sheriff Barnes, the Center for Disease Control reported that 100,000 Americans died each year from drug

overdoses. As I've said, 75,000 of those related to fentanyl. And that's been at least over the last 4 years. We've only recently seen a decline. Do you think that we've got a handle on the emergency drug threats? And if not, what do we need to do better?

Sheriff BARNES. Chair Grassley, I don't believe we have a handle on it. I think we're finally responding to it. The CDC first reported back in 2014, just over 10 years ago, 4 percent of the Nation's drug-related deaths were attributed to fentanyl. Five years later, that increased tenfold to 40 percent and almost doubled all over again in the 5 years since. We've seen this coming. We've been non-responsive to it. So, I think that we have seen an emergent trend. We have been playing defense.

As I shared earlier, with my response to Senator Cornyn, I believe it's not doing any one thing, it's doing a dozen things simultaneously that's going to put us in a better position. And first and foremost, as much as people don't want to recognize it, we have to deal with some—we have to deal with the demand side of this issue north of the Border, with our addiction crisis in this country, to get people in sobriety, which would then deal with the narcotics economy on the supply chain side of it by eliminating the need for the narcotics north of the Border. I think that's the most important thing that we can do, as a country.

Chairman GRASSLEY. My last question will have to be to Mr. Puerta. Thank you for sharing your son's story. I said that before, but we can't say it too often. Some folks have said that scheduling fentanyl-related substances as a class creates a system that over-criminalizes drug crimes. What's your response to that?

Mr. PUERTA. I'm Hispanic American. I'm Colombian American. And I believe that a lot, if not the grand majority, of the children who are dying today—The New England Journal of Medicine came out with a report in January of 2024, and it came to the conclusion that in 2020 we were losing 22 nonaddicted children in the United States of America, per week, between the ages of 14 and 18 years of age, mostly driven by illicit fentanyl pills that were deceptively sold to them. Are we to stand back and not do anything because we're going to over-criminalize this?

Every time I get up in the morning, I look in the mirror. I see a brown man. But I see an American man, as well, and I see that the injustice—also, this crisis is decimating, decimating minorities, as well. This does not discriminate on your age. It doesn't discriminate your race. It doesn't discriminate your religion, your socioeconomic status. It doesn't discriminate. It's taking everyone by storm. And we, as a Nation, have to come together, and we have to do something to stop this.

In 2020, with COVID-19, we all knew that we had to stand 6 feet away from each other, that we had to wash our hands, and we had to wear a mask over our faces. Why does the American public not know about this crisis that is a national security crisis, as well, sir? We have a lot to do, but I'm telling you right now, this is taking everyone by storm, and something has to be done.

Senator KLOBUCHAR. Thank you, Mr. Chairman. Ms. Norring, I think everyone was touched by your story and your bravery for coming forward. I've been honored to get to know you, and I want to thank you for everything that you've done. As you said, all the

hopes and dreams we as parents had for Devin were erased in the blink of an eye, and no mom should have to bury their kid. Those were your words, and I know the words of all of your friends there, that stand there to support you and have had their own pain. All he did was buy a pill off Snapchat, thought it was a Percocet.

You were there for that testimony with the Tech executives, and there's a bunch of us here that have had some, you know, battle wounds going after them, when we just want to put some sensible rules in place or get rid of those legal protections that they have, that other companies do not have, as you so well pointed out—but no wounds compared to what you have. You heard their testimony back then, in January 2024. Do you think the social media companies are doing enough to stop the sale of drugs to kids online?

Ms. NORRING. I do not think that they are doing enough. In fact, it's still continuing. I was introduced to two new families just last week, from Minnesota, both with ties to fentanyl, with their children's passing. So, no, they're not doing enough. They could be doing more. I was just informed that Evan Spiegel is in support of the Cooper Davis and Devin Norring Act, and I must ask, then, if you are in such support of it—all these companies are in support of the Kids Online Safety Act—why aren't they implementing those features and doing the job now? Why do we have to come before Congress and make—have you make them do that?

Senator KLOBUCHAR. Good point. Thank you. Mr. Puerta, do you think we should get rid of or reform Section 230 in some way, just to make this very clear?

Mr. PUERTA. Absolutely, Senator Klobuchar. In 1996, as we all know, this legislative body came up with the Section 230(c) of the Communications Decency Act. And what it was meant to do was to protect free speech. But what's happening right now cannot be free speech, when you have a drug dealer selling illicit fentanyl to unsuspecting children. That's not free speech. Or a grown man sending unwarranted pictures to young ladies, sexual exploitation. This is not free speech. This is criminal behavior, and like Ms. Norring said, if it's criminal, if it's a criminal act in the real world, then it should be, as well, in the social media world.

Senator KLOBUCHAR. So, you're looking for that reform, which also I appreciate you bringing up. Senator Cruz and I have this TAKE IT DOWN Act. There's a number of other bills involving pornography, as well. Sheriff Barnes, do you agree that we should—thank you for your testimony and being here. Funding, as we look into this next year—funding for law enforcement—do you think that that is important, to take on this fentanyl crisis, as well as the HIDTA program that helps your deputies get fentanyl off the streets?

Sheriff BARNES. Senator, yes. Thank you for that question. The HIDTA funding has been stagnant, stale for the last 10 years, hasn't grown. If you look at the time value of money, it's about a one-third reduction over the last 10 years. And our costs have gone up, so it's about 50 cents on the dollar. It's not a fully funded program. My HIDTA program is funded at about one-sixth of the costs that we put into it, and mostly it's subsidized through my investment of stabilizing that, as other municipal agencies have withdrawn personnel. So, yes, I think at this, the Nation's worst time

in history, we have to reinvest those moneys. We have to look at the use of those moneys, and I think we have to look at what I call super-HIDTA. The original intent of the gateway HIDTA is to invest on the greatest offense, which is our border HIDTAs, and stop as much of the drugs as we can at the Border, before they make it into the continental United States.

Senator KLOBUCHAR. Thank you. Dr. Westlake, why does class-wide scheduling reduce the incentives for drug cartels to create new fentanyl variants?

Mr. WESTLAKE. So, the incentives were there before, because when they initially created these without—under the normal Controlled Substances Act, they were legal, so they could modify it. Instead of putting an ethyl group in, you could put a methyl group in. It's a legal substance. I was on the Controlled Substances Board in Wisconsin in 2015. We had nine different fentanyl variants, fentanyl-related substances that were killing people. We could schedule them immediately, and then they were illegal.

And when you schedule them and make them illegal, there's no incentive for them to be created anymore. And there's a cookbook of changes that you can do easily, look up the research to find what different chemicals to use. So it literally just stops the incentive. It doesn't stop illicit fentanyl incentive, but it closes the spigot of fentanyl-related substances.

Senator KLOBUCHAR. Thank you. One last point, Ms. Norring, and we'll talk more in this Committee. I am so pleased that Senator Grassley and Durbin will lead this together on some of the social media issues that go way beyond the ones we've talked about now. But you've also embarked on an education campaign, along with a lot of our sheriffs in Minnesota, that I think has been pretty effective: going back in the schools with "One Pill Can Kill." Ten seconds on that, and I'm out of time.

Ms. NORRING. We have to do it, because nobody else is doing it. It falls back on us. If we sit by and say nothing, children continue to die. So, we feel it's our obligation to get out there, educate our community and the children, because, as—mentioned, the conversation really begins at home. It really has to begin at home.

Senator KLOBUCHAR. Okay. Thank you.

Ms. NORRING. Thank you.

Chairman GRASSLEY. Senator Lee.

Senator LEE. Thank you, Mr. Chairman. Thanks to all of you for being here and sharing your insights today. The fentanyl crisis has infiltrated our homes, our schools, our communities, our workplaces, taking lives and destroying lives at an unprecedented rate. In Utah, fentanyl-related deaths are rising, and they've become a devastating reality for far too many families. Seems everyone knows someone—and in Utah, in many cases, almost everyone is related to someone—who has been impacted adversely, if not lost their life, due to this crisis.

From 2014 through 2023, deaths involving fentanyl surged by a staggering 116 percent. In 2023 alone, over 600 times, in Utah, someone returned home to find their son, their daughter, their sibling, their parent had lost their life due to a tragic opioid overdose. This marks a dramatic increase from just 23 deaths in 2014. Now, in 2023, Utah set a record for the most fentanyl pills seized in a

year. Then, by the very next year, just 6 months into the year, by July of 2024, the DEA's Rocky Mountain Field Division had already confiscated well in excess of that, close to 800,000 pills, surpassing the entire year, record-breaking year, of 2023, which recorded 664,200 pills in just 6 months.

The sharp increase in fentanyl-related deaths has significantly outpaced the decline that we've seen in deaths from prescription opioids. So, we took all these steps as the crisis emerged as significant, you know, roughly a decade or so, and then all of a sudden we've seen the number of deaths from the nonprescription-related drugs exceeding those. The number of fentanyl-related deaths more than doubled between 2019 and 2020 alone, and that trend has only gotten worse since then.

The victims of this deadly scourge include our loved ones, our neighbors, our friends. Mr. Puerta and Ms. Norring, thank you for being with us today, in particular, and for sharing your testimonies, and deeply sorry for your loss. No parent should ever have to face that heartbreak, and heartbroken for you, that you have.

President Trump has prioritized securing our borders and prosecuting violent gang members who traffic fentanyl into our country and throughout our communities, and Congress—I hope we can stand with him in his effort to make America safe again. Sheriff Barnes, I'd like to start with you. From October 2023 to October 2024, officials seized roughly 22,000 pounds of fentanyl at U.S. ports, U.S. ports of entry, equaling nearly 1.1 million doses. Now, according to the DEA, ingesting just 2 milligrams of fentanyl can be fatal. Federal officials estimate that, at most, 10 percent of fentanyl crossing from Mexico is actually caught. Do you believe the Biden administration's open border policies contributed to that rapid increase of fentanyl entering the United States illegally? And, if so, what can be done to reverse that now?

Sheriff BARNES. Senator, unequivocally, the crisis at the Border that allowed the drug trafficking organizations, the cartels, opened a gateway, and they exposed our weaknesses and used it against us. So, yes, the open border policy undoubtedly resulted in harms to this country through the trafficking of not just fentanyl but human trafficking and other things that put us at risk, not to mention the 1.4 million got-aways that we have no idea who they are. There's so much greater risks beyond fentanyl that were created as a result of the open border policies.

Senator LEE. Right. I appreciate what you've done in Orange County. It's sparked the creation of all kinds of memes that are, in fact, flattering of your county, of the efforts that you have undertaken there—memes suggesting, for example, that when people cross into your county, they're sometimes shocked to learn the extent to which you're willing to enforce the law. And yet California law, in some meaningful ways, has impeded your ability to enforce the law and make Californians safer. What can you tell us about that and how sanctuary jurisdictions are adversely affecting your work?

Sheriff BARNES. Well, first, as far as laws, in 2014 we had Prop 47 passed. We just had Prop 36 pass, which reversed a lot of the Prop 47 impacts. We're already seeing incarceration rates go up, which is on repetitive crime, so we're seeing some positive results

there with accountability being restored back into California. Regarding the issues—your second question was specific to immigration—

Senator LEE. Sanctuary jurisdictions and California law, whether—

Sheriff BARNES. We—I can speak for myself. I cooperate with our Federal partners to the extent allowable by law. I believe those are creating harms by restricting our ability to communicate. I have to release people back into our communities that reoffend, to come right back. I do not believe they should be allowed to do that. I would support changing that—challenge that law and give us the ability to cooperate with our Federal partners.

Senator LEE. Thank you.

Chairman GRASSLEY. Senator Blumenthal.

Senator BLUMENTHAL. Thank you, Mr. Chairman. And I want to thank you for having this hearing, and the Ranking Member, as well. This cause should unite us across the aisle, and I think today's hearing reflects that kind of bipartisan support for stronger measures to stop social media from spreading and selling and distributing fentanyl and other toxic chemicals. And I've been pleased to work across the aisle with Senator Blackburn on the Kids Online Safety bill, which would dramatically and significantly reduce the threat of these drugs.

And we're going to be reintroducing that bill, I hope again with the kind of support that was reflected in the 91-to-3 vote in the United States Senate, supporting that bill. Been pleased to work with Senator Cruz and Senator Graham on measures that would reduce that threat of social media—and others on the Committee, the Ranking Member, and yourself.

I want to raise an issue first that I think is tremendously relevant to this topic, because it indicates a diminution, an undercutting of law enforcement, which is the mass purges that are taking place among the ranks of our FBI. There's no denying that FBI agents have been fired, have been suspended, and otherwise disciplined for assignments that they took, on orders, in connection with certain criminal investigations. Those massive purges are directly contrary to the assurances we were given by Kash Patel.

He said to us, when I asked him directly, pointedly, all FBI employees will be protected against political retribution. This retribution undermines enforcement by the FBI of drug cases and terrorism and other criminal cases. I ask, Mr. Chairman, that we call back Kash Patel to explain how he could deny that there would be political retribution when, the next day, in fact, these massive purges began.

Likewise, Mr. Chairman, I'm asking questions about the reassignment, apparently, of AUSAs—assistant U.S. attorneys, from drug cases to immigration cases. We need them on the front lines, prosecuting drug cases. We need FBI agents on the front line. We can all agree, I think, on a bipartisan basis, that assistant U.S. attorneys and other Federal prosecutors ought to be at the tip of the spear and that this reassignment poses a threat to law enforcement of exactly the prohibitions and the dangers that bring us here today. And I hope that we can unite around that cause—bring back

Kash Patel for a second hearing and jointly do our oversight, which we are mandated to do, on this topic.

I want to thank our witnesses. Mr. Puerta, Ms. Norring, you have suffered losses that are unspeakable. And all of you who are so deeply engaged, hands on—the story about the body bag, Mr. Westlake, I think I will always remember. I would like to ask Ms. Norring and Mr. Puerta about the Kids Online Safety bill and whether you believe that our leadership here in the Senate and, most importantly, in the House—which was responsible for stopping it after the 91-to-3 vote here in the Senate—should support this legislation, Kids Online Safety Act, which had such strong bipartisan backing here in the United States Senate. Will it make a difference? Do you think the House leadership ought to support it?

Ms. NORRING. Thank you for that question, Senator Blumenthal. I firmly believe that the House should support it. Ninety-one to three, coming out of this Senate body, is something that is so unheard of, and it happened on my birthday last year. It was the first time in years I'd ever felt some sort of peace. I finally felt hopeful that something was going to be done to protect our children. And to see it fail in the House, not even get out of the Committee—it's absurd, because it's putting more children at harm. Not just from fentanyl but all the other harms that are out there. So, I thank you for your continued support on this bill.

Senator BLUMENTHAL. Thank you. Mr. Puerta?

Mr. PUERTA. A lot of the social media companies are driving these harmful algorithms to our children, and many nefarious actors are taking advantage of that. And the Act does exactly that. The Kids Online Safety Act is to try to protect them from all of this nefarious activity and these harmful algorithms that are reaching them on a daily basis. So, yes, I absolutely back that bill and back you in anything that we can do to try to get it over the finish line.

Senator BLUMENTHAL. Thank you.

Chairman GRASSLEY. Before I call on Senator Cruz—when Cruz is done, I'm going to leave for another meeting. Senator Britt is going to take over. So if you'd come over here and sit now, I'd appreciate it. Senator Cruz.

Senator CRUZ. Thank you, Mr. Chairman—soon-to-be Madam Chairman, thank you for hosting this very important debate and this very important hearing. The American people in November issued a clear and unequivocal mandate: The open borders we've had for the last 4 years must be closed. We can no longer allow criminals and cartels and gang members and deadly drugs to stream across our Border. And President Trump has been working every day since he was sworn in to keep his promise to secure the Border. He declared a national emergency on the Southern Border. He reinstated the Remain in Mexico policy. And, just yesterday, President Trump negotiated that Mexico will station 10,000 troops at the Southern Border, to help stop the flow of fentanyl into the United States. President Trump is doing his part to meet the mandate from the voters.

We also, in Congress, must do our part to meet that mandate. That's why I hope that this Committee supports the HALT Fentanyl Act, an Act to permanently classify fentanyl-related substances as Schedule I under the Controlled Substances Act.

Fentanyl and its analogues are extraordinarily powerful and extraordinarily destructive. Congress and the American people don't talk enough about fentanyl's dangerousness. So, I'm going to talk a little bit about that.

Dr. Westlake, you are an emergency room physician. How much fentanyl does it take to kill an adult human being?

Mr. WESTLAKE. Well, this is 2,000—enough to kill 2,000 people, so it's 4 to 5 grains of sand is a lethal dose for an opioid-naive patient.

[Poster is displayed and appears as a submission for the record.]
Senator CRUZ. Two milligrams—

Mr. WESTLAKE. Yes.

Senator CRUZ. Is what it takes. You see on this photograph a penny. We all know the size of a penny. And those couple of flakes there are enough to kill an adult human being. Dr. Westlake, last year approximately how many people died due to fentanyl overdoses?

Mr. WESTLAKE. I believe it was around 70,000.

[Poster is displayed and appears as a submission for the record.]

Senator CRUZ. This means, on average, 6,250 died every single month due to fentanyl. And it's a number that, tragically, has skyrocketed during the Biden-Harris years. Sheriff Barnes, as a law enforcement professional on the front lines of the battle with fentanyl, can I ask you how many pounds of fentanyl were seized by Customs and Border Patrol at the Border last year?

Sheriff BARNES. Senator, unfortunately I can't answer that. I can answer my organization, but I know it was a lot and growing.

Senator CRUZ. It was 2,250 pounds of fentanyl. An astronomical figure.

And let's actually—I want to put this into context. This packet of Sweet'N Low—this packet, if it were full of fentanyl, could kill 500 people. Now take a look at this container. It's a container we're all familiar with. If this were full of fentanyl, it could kill 368,500 people. That's more than the entire population of Corpus Christi, Texas, or Lubbock, Texas.

Now let's look at another pack—something, again, all of us likely have in our kitchen. This single bag of sugar, if it were filled with fentanyl, could kill 905,000 people. Almost a million people. This single bag could take out the entire population of Austin, Texas, the capital of my home State. Now imagine 562 of these bags. That's how much fentanyl came into the United States of America in a single month. And how many lethal doses of fentanyl is in 562 bags, what came in, in a single month, last year? Five hundred and ten million lethal doses. In 1 month, more fentanyl came into America than would be needed to kill every single man, woman, and child in the United States. This is a crisis we have to solve.

Mr. Puerta, Ms. Norring, thank you both for being here. Thank you for your courage. I will say, as the father of two teenage girls, you've lived a nightmare that every parent is terrified of. What I would ask is, what would you say to parents at home? What do parents at home need to know about this? What do teenagers and kids at home need to know about the dangers of fentanyl?

Mr. PUERTA. If you don't think this can happen to you, I'm sorry, but you're—I'm very sorry, but you're very sorely mistaken. This is

taking everybody by storm. That's what I would tell every single parent. Due to the stigma of addiction and overdose, though, most people think that this could not affect their family because either they don't have somebody who's addicted to drugs in their family or somebody who's using drugs on a recreational basis.

But children make mistakes. I do not condone my son Daniel wanting to self-medicate during the height of the pandemic for whatever was happening in his head. I do not condone it. He made a mistake, and the price that he paid was his life. Children are supposed to make mistakes but not die from them. Period. And that's what's happening every single day—22 times a week, in the United States of America. We have to stop this.

Senator CRUZ. Amen. Ms. Norring?

Ms. NORRING. I echo the same thing. You know, that old saying, "Not my kid," take that out of your vocabulary, because it could very well be your kid. We had every conversation with our children about addiction, because unfortunately on both sides of our family we have members that suffer from SUD. But nobody, at the time, was talking about this crisis. So I feel robbed of a conversation I could've had with my son that could've saved his life. So, take that out of your vocabulary. This very well could happen, and it can very well happen.

These dealers are on Snapchat—all platforms, every single one of them. And we've reported them. I know Mr. Puerta's reported them. And 90—I shouldn't put a number out there, but the majority of the time, it comes back as, this does not violate our standards. So, monitor your children's social media accounts. Have the conversation. It could save your child's life.

Senator CRUZ. Thank you for—

Ms. NORRING. Thank you, Senator.

Senator CRUZ [continuing]. Your courage. Thank you.

Senator BRITT [presiding]. Mr. Schiff.

Senator SCHIFF. Thank you all for being here, and I just want to express my heartbreak at hearing about the loss of your sons. I can't imagine what you've gone through. And like every parent of college-aged kids or high-school-aged kids, I've had those conversations with my kids, and I'm grateful that you're here and willing to share experience, which it's so important for us to hear.

I have a couple questions. Doctor, I want to ask you—because one of the concerns I heard about the bill when it was in the House was a concern that it could inhibit research. You made a comment, but you made it too quickly for me to catch, about NIH's view or others. Is there a need to have language to make sure that the research can go on. Or do you feel that is a non-issue for some reason?

Mr. WESTLAKE. No, I—so, this is a compromise bill. The initial language that came out was just pure scheduling language. And then when there was concerns that it could impact research negatively, the scheduling—or the research component was added, and that was supported through the first Trump ONDCP and then through the Biden ONDCP. The research accommodations that were reached significantly open up all Schedule I research, not just into fentanyl-related substances but into all Schedule I, so—and that's why they support it: NIH, HHS, FDA—

Senator SCHIFF. I see. So, that's been incorporated into a new version of the bill?

Mr. WESTLAKE. Correct, in the HALT Fentanyl—yes, in the—
Senator SCHIFF. Got you.

Mr. WESTLAKE. It is in the HALT Fentanyl bill.

Senator SCHIFF. Okay. Thank you. That's—

Mr. WESTLAKE. Yes, sir.

Senator SCHIFF [continuing]. Very helpful. And if I could ask you, Mr. Puerta and Ms. Norring, what do you think is working, in terms of trying to educate families, young people? And what more do we need to do? And I fully agree with the need to make sure that the companies that are using their platforms or allowing their platforms to be used need to be held liable and accountable. But what do you think is working in terms of educating both families but also schools and others about how they should incorporate this into their teaching and have the supplies on hand necessary to deal with emergencies?

Mr. PUERTA. At Stop the VOID, our organization, along with Project Facing Fentanyl, we have a documentary called, "Dead on Arrival." You can find it at stopthevoid.org. It's a 22-minute documentary that we use in junior high schools and in high schools across this Nation. In California, all of Orange County high schools have done it, with Amy Neville presenting the documentary.

I think education awareness is key in abating these senseless drug deaths, because these kids just don't know. They don't know what they're ingesting. They're dying because they've been deceptively sold a counterfeit pill that they think is a pharmaceutical grade oxycodone, for example, and it turns out that it's a fake pill, and they end up dying, first time used. Education awareness is working, but we're just a small organization. We need to do this nationwide.

Mr. Steve Filson says it all the time: With COVID-19, we all knew that we had to wash our hands and have a mask over our faces. Why, on the national or on the Federal level—why have we not had a PSA campaign of sorts, of warning all parents and children of the impending danger of illicit—or, should I say, recreational drug use? I think that's very key, because again, due to the stigma of addiction and overdose, most kids and most parents don't understand the problem of what it is.

I also feel that interdiction is helping a lot, as well as naloxone. This is a three-pronged approach: education awareness, interdiction, and naloxone widely available. Naloxone on college campuses and high schools, I think, is really helping out the situation a little bit, but we need to do a lot more.

Senator SCHIFF. Thank you. Ms. Norring?

Ms. NORRING. I agree. The education and awareness piece is huge, but we face roadblocks all the time with schools that don't want us to come into their schools because they feel that we may basically, in a sense, give kids the idea that it's okay to go do these drugs. And it's so ridiculous. We've shown "Dead on Arrival." I'm a former member of VOID—so we do that, oftentimes. We also show the "Come Back Home" film that the Alexander Neville Foundation produced, which is told from the youth preventative side of things.

And I think when you hear from the youth directly on this crisis, that is so impactful.

We also pride ourselves on going out into the community, doing community events, bringing the community together, doing naloxone trainings, getting that information out there, really reducing the stigma of this crisis, because I say “poisoning”—while so many say overdose. You will never hear me say that my son overdosed, because my son was poisoned. I know that if my son knew that that pill was going to take his life, he would have never taken it. Like Senator Klobuchar said, all of my hopes and dreams for him and his future are gone. But not only that, his dreams erased in the blink of an eye.

So—and I mirror your sentiment. Our Government really needs to step up and start taking the handle on this, because we’re just parents, out there. We’re spending a lot of money out of our pockets. Most of us don’t qualify for public grants or anything like that. Why don’t we have the campaign? Kids are dying. You would think that that would be a priority. And yet, it’s us out there doing the work. And we will do it, because that means potentially a child’s life is saved. Thank you.

Senator SCHIFF. Thank you both, again, for your testimony, and to all the parents who are here representing their children, I want to thank you for your advocacy. Really important for us to see you and to hear you, and thank you for your testimony. I yield back.

Senator BRITT. Couldn’t agree more. I’d like to enter into the record a letter of support from nine organizations that represent the medical community, led by the American Society of Neurosurgeons. Their letter commends our bipartisan leadership in addressing the fentanyl epidemic and notes that the temporary schedule classification is not sustainable. They note that, quote, “continually revisiting its classification creates confusion about the dangers of these substances and hampers efforts to address the crisis comprehensively,” end quote. I ask unanimous consent that the entirety of their letter be entered into the record. Thank you.

[The information appears as a submission for the record.]

Senator BRITT. Thank you. Senator Hawley.

Senator HAWLEY. Thank you, Madam Chair. Thanks to all of the witnesses for being here. Ms. Norring and Mr. Puerta, I want to particularly thank you and thank other parents who I think are in the room today. You’ve highlighted the true crisis that we’re facing. You know, in my home State of Missouri, in 2022 alone, child fatalities from fentanyl doubled, just in 2022. Deaths for children under the age of 5 increased by more than 500 percent in my State, and fentanyl is our leading cause of death now in the State of Missouri. So, the fates that your families have endured are being replicated all over my State, as well, and that’s really a wake-up call, I think, for this body to do something.

And we absolutely do need to seal the Border against those who would traffic illicit drugs into this country, and we need to prosecute those who are doing it. But I want to zero in on something that you both talked about, you in particular, Ms. Norring, where your own children or your child was exposed to these illegal drugs, namely Snapchat and social media platforms. You said a second ago that you have repeatedly reported drug dealers and other illicit

posts on social media platforms, using the platforms' own reporting rules, and I think what you said is, is that most of the time—most of the time, the vast majority of the time, the answer you get back is, well, this is a valid account or they otherwise can't do anything. Did I hear that correctly, Ms. Norring?

Ms. NORRING. That is correct, Senator Hawley.

Senator HAWLEY. So, here you're trying to follow the rules that these companies have set up. They say, oh, well, we'll deal with the problem if you just report it. You and other parents—and I see parents behind you who are nodding—you're out there reporting, reporting, reporting. They're not doing anything. And I noticed that you also—I've read your written testimony. You had a meeting with Snapchat executives—I think you were there for that, too, Mr. Puerta—in the spring of 2021.

Mr. PUERTA. That's correct.

Senator HAWLEY. And they told you—just walk us through that, Ms. Norring, if you would. You reported to them what was going on, on their own platform, and they told you what, exactly?

Ms. NORRING. The first three things out of their mouth was, we had no idea this was happening on our platform; you can't sue us, because we're protected under Section 230; and as parents you should've been monitoring your children better. My son was 19 when he died. Number one, how do you monitor an adult? Number two, how do you monitor a child on an app in which the whole allure to these kids is the fact that the messages disappear? And that was something that I brought up to their attention, and they really had no response. They don't care.

Senator HAWLEY. They don't care, and I think it's interesting they pointed out to you that you can't sue them. What do you think one of the reasons is that they don't really change? I mean, here you are—you're meeting with them. You're reporting these incidents. You're reporting this illicit activity on their platform. They're not doing anything about it. I mean, do you have a guess as to why they don't really ever change their behavior?

Ms. NORRING. There's no incentive to. And even with the in-app reporting feature, that was something that they pointed out to us, like we should've known that this existed. We had no idea that existed, but I can tell you in the weeks and the months and the years after my son passed, multiple teens in our town reported the dealers that allegedly harmed my son, and all that would happen is, they would take down the account.

These dealers would go and get a new burner phone, set up a new account. Snapchat told us they had IP blockers and Wi-Fi blockers to recognize the devices. These dealers are buying burner phones. They're going to—I don't know—your coffee shop, your school. They're going to the library and setting up a new account. Our dealers in the community laughed at Snapchat. They're like, ha ha, they tried to bamboozle us. We're back, baby. Seriously.

Senator HAWLEY. I want to just highlight what you just said, because I want everybody who's watching this and I want every Member of this Committee and every Member of the Senate to understand what you just said, which is that the social media platforms don't change because they don't have any incentive. Which is a very polite way of saying there's no hammer on these people.

They do whatever they want to do because they know nobody can effectively hold them accountable. And they really let the mask slip when you two walked into their offices and told them that they had participated in the killing of your children—because that’s what happened.

They made money off of it, effectively, because they’re making billions of dollars on their social media platforms. They’re killing our kids. They’re exposing them to all kinds of ungodly material, and they won’t do anything about it because we can’t hold them accountable. And I just want to say to Members of this body, that has got to change. It is time to give parents the right to sue these platforms. No company in America has the liability shield that these companies have. They can do whatever they want to our kids, and we can’t do anything about it.

And I say that as the father of three young children. I’m terrified of what my kids might find on social media, for the reasons that you’ve given today. But as a parent, I can’t do a thing about it, if these companies decide to exploit my children. And it is time for that to change. And we know how to change it. The way to change it is, give the parents in this country the right to get into court. Open the courthouse doors and allow them to sue these companies.

[Hearing attendees applaud.]

Senator HAWLEY. It’s time. And until this body takes that action, I just have to say, almost nothing else we do is really serious. You can try to fine them, they don’t care. You can change the rules on reporting, they’ll evade it. You can slap them on the wrist, they won’t do anything. Until plaintiffs can get into court, nothing will change. And so I will introduce legislation this Congress to allow parents—to allow you to go to court and sue these companies. And I call on every Member of this Committee and every Member of this body to support this effort to get justice for your children. Thank you for being here today. Thank you, Madam Chair.

Senator BRITT. Senator Padilla.

Senator PADILLA. Thank you, Madam Chair. Colleagues, I so much appreciate the opportunity to focus on this crisis today, with one caveat. I think it’s a little disappointing to continue to stick to an inaccurate narrative that the fentanyl crisis in America is primarily an immigration problem. The fentanyl crisis in America is a health crisis. It is a public safety crisis. And, as we’ve heard from testimonials today, it’s a life-and-death crisis.

But the fact of the matter is that the vast majority of fentanyl that is smuggled into the United States is brought in through legal ports of entry, mind you, not between ports of entry but through legal ports of entry, by primarily United States citizens. Don’t just take my word for it. Look at CBP data. Now, I know it’s been called into question earlier—the accuracy of it. But even if it was off by half, we’re looking at half and half.

Now, don’t mistake my words here—condoning that anybody attempting to come into the United States unlawfully that happens to be carrying fentanyl should be off the hook. I disagree. We should clamp down on them. But if data is important for driving policy decisions and informing strategic actions, let’s look at the facts. Eighty percent plus of the fentanyl intercepted at the Border is being brought in through ports of entry by United States citi-

zens. So, again, folks coming through unlawfully—I'm not saying ignore them, but let's not ignore where the concentration of the problem is.

I won't ask the witnesses today what recommendations or strategies that we should be implementing through the Department of Justice, through the Department of Homeland Security. I think we're going to have opportunities for other DOJ officials in the coming days and weeks, to do that, and we should. But I will suggest, colleagues, that the recent changes by the administration at the Department of Justice that have resulted in the shifting of critical resources—including from the FBI, including from the DEA, including the ATF—towards immigration enforcement, which, be clear, be honest with ourselves and the public, is not exclusive to violent criminals. It's everybody. Minor offenses, people who haven't committed any offense other than—and as folks—well, if they came illegally, then they're criminals. Horrible, horrible way to think about it. It's doing a disservice to our efforts to crack down on the fentanyl crisis and other illicit drugs that are hurting and killing so many of our kids.

My first question. Dr. Farfán-Méndez, can you explain how diverting law enforcement resources toward immigration enforcement could actually undermine fentanyl investigations and make it harder to disrupt trafficking networks?

Dr. FARFÁN-MÉNDEZ. So, the U.S. has a mechanism called the Organized Crime Drug Enforcement Task Force, and this task force is made up of several agencies—Department of Justice, Homeland Security, Department of Labor, the U.S. Postal Service, and a number of others—the State Department is also included there, putting together criminal investigations that take down trafficking networks. It is a long process. It takes time. It takes interagency coordination. In the best of cases, it also takes international cooperation, including with Mexico.

And so when you distract those resources and allocate them in another task—in this case, for instance, immigration enforcement—effectively what you are doing is undermining long-term efforts to try to precisely bring criminal groups to justice. And so there is—in the world that we have, of limited resources, when you take away from one area, you will definitely impact another, and so there is definitely a concern of weakening this Organized Crime Enforcement Task Force.

Senator PADILLA. And it's okay if you don't know the answer to the following question, but in case you do, I understand that there's only one legal gun store in Mexico?

Dr. FARFÁN-MÉNDEZ. Correct. Mexico only has one legal gun store.

Senator PADILLA. Okay. So, for all of my colleagues who, for years and years, have talked about clamping down on the cartels, the criminal organizations that are arming themselves with weapons trafficked from the United States, folks, according to ATF data—again, I'm not sorry for relying on our own data—up to 500,000 U.S.-sourced firearms are trafficked into Mexico every year, with 70 percent of crime guns recovered in Mexico tracing back to the United States. Dr. Farfán-Méndez, Mexican President Sheinbaum has stated that President Trump agreed to work on re-

ducing the flow of guns into Mexico as part of yesterday's deal to delay the tariffs for a month. What concrete steps should the U.S. take to uphold that commitment?

Senator BRITT. And ma'am, if you can keep your answer short? We're out of time. Thank you so much.

Dr. FARFÁN-MÉNDEZ. Absolutely. I hear this Committee when you say that you want to save lives of American children, and Americans in general. And what I say to you is, the fentanyl market is not an isolated illicit market. It's very much linked to the firearms trafficking market. And so in that conversation that President Sheinbaum and President Trump had, I think for the U.S. to seriously address fentanyl, the conversation also has to be about how you prevent criminal groups to have the firepower that make addressing supply on the Mexican side incredibly difficult. As I say, these are shared tragedies both for Mexico and the U.S. And so, if the crime is transnational, shouldn't the solution also be transnational?

Senator PADILLA. Very well said. Thank you, Madam Chairman.

Senator BRITT. Thank you. I do want to address, before we move to our next Senator, the argument that U.S. citizens bring the most fentanyl into the United States, not illegal immigrants. It has been pointed to today some incomplete seizure and arrest statistics that support that argument. So, with the wide open border policies of the Biden-Harris administration over the last 4 years, we do not know the full scale of drugs smuggled into this Nation. The prosecution's statistics only account for individuals that were actually caught, prosecuted, and sentenced—not criminals who managed to actually evade detection.

The Washington Post says that Federal officials estimate that we're only catching about 5 to 10 percent of fentanyl that is coming in from Mexico. So, do that math. If that's true, then we are only catching—or we're not catching 90 to 95 percent of the fentanyl that is actually coming across our Southern Border. We have to be honest about that. That should alarm every single one of us, and it also shows why border security is an important component to stopping the flow of fentanyl.

Senator Kennedy.

Senator KENNEDY. Dr. Farfán, the president of Mexico, until 2024, was President López Obrador. Is that right? And he ran for president, with respect to the cartels, on the slogan, "Hugs, Not Bullets." Is that right?

Dr. FARFÁN-MÉNDEZ. Well, no, he did not run his campaign—

Senator KENNEDY. Yes, he did.

Dr. FARFÁN-MÉNDEZ.—with that slogan.

Senator KENNEDY. Yes, he did. Now, his handpicked successor is President Steinbaum; is that correct?

Dr. FARFÁN-MÉNDEZ. Sheinbaum.

Senator KENNEDY. Is that correct?

Dr. FARFÁN-MÉNDEZ. Claudia Sheinbaum.

Senator KENNEDY. Right. Am I right?

Dr. FARFÁN-MÉNDEZ. Yes.

Senator KENNEDY. Okay. I love the people of Mexico, and the people of Mexico are good friends. But isn't a big part of the problem that President López Obrador, and now President Shein-

baum—thank you for correcting me, by the way—live in the right front pocket of the Mexican drug cartels?

Dr. FARFÁN-MÉNDEZ. I disagree with that statement.

Senator KENNEDY. I thought you might. You want more task forces.

Dr. Westlake, this represents 400 grams of fentanyl—it'll kill every person in Providence, Rhode Island. If you're a dealer and you get caught with this, you get 10 years, minimum.

This represents 40 grams of fentanyl—would kill every single man, woman, and child in Culpeper, Virginia. If you get caught with this amount, as a dealer, you get a 5-year minimum sentence. This is where it gets special.

This represents 10 grams of PCP. If you get caught with it, as a dealer you get 5 years, minimum. Is fentanyl more dangerous than PCP?

Mr. WESTLAKE. Yes, absolutely, Senator. Fentanyl is classified—can be classified as a lethal weapon. I did a chart on it, and it actually—

Senator KENNEDY. This is 5 grams of meth. That's what this represents. If you're a dealer and you get caught with it, your minimum sentence is 5 years.

Is fentanyl—you get caught with this much fentanyl, 5 year—or 10 years.

You get caught with this much fentanyl, 5 years.

Get caught with this much meth—you can hardly see it—you get 5 years. Does that make any sense to you?

Mr. WESTLAKE. No, sir.

Senator KENNEDY. It's like cell-deep stupid. Isn't it? You don't need a task force to see the illogic of that. I've got a bill, it's called the Fairness in Fentanyl Sentencing, I've reintroduced.

[Poster is displayed and appears as a submission for the record.]

Senator KENNEDY. This bill will lower the 5-year mandatory minimum for 40 grams of fentanyl to 2 grams of fentanyl. It'll lower the 10-year mandatory minimum from 400 grams of fentanyl to 20 grams of fentanyl. This bill won't punish addicts. It'll help. It's not going to help until President López Obrador and President Scheinbaum get out of the pockets of the drug cartels. But it's a start. This bill will punish dealers. Thank you, Madam Chairman.

[Hearing attendees applaud.]

Senator BRITT. Senator Whitehouse.

Senator WHITEHOUSE. Thank you, Madam Chair. Welcome, to all the witnesses. We have real problems in this country with opioid addiction. I was the lead Democrat author of the Comprehensive Addiction and Recovery Act, which both changed the nature of the response to this with a lot more emphasis on recovery and prevention and also opened up significant funding that has flowed through to States to help the groups that are helping people through their addiction and through their recovery.

At this point, as best I can tell, the Trump funding freeze is blocking dollars that would otherwise be flowing to treatment and recovery groups around the country. In some cases, it's not so much that they are being told no, it's that they can't get a straight answer. And the confusion could well be just a deliberate fog to obscure the freeze. The lawsuits that are proceeding will help clarify

that. But in the meantime, I think it's notable, when we're dealing here with this issue, to understand that the Trump administration has unilaterally frozen funds that flow through to this problem.

Our community health centers in Rhode Island are seeing funds similarly either blocked or fogged so that they can't get an answer that the funds are cleared. And it's through community health centers that a lot of people get their treatment, as they deal with addiction and recovery issues. So, I hope that we can get this freeze issue resolved, now that two courts have found that it is illegal. In the same way that the Trump administration doesn't seem to respect the power of the purse in Congress, it is not clear that they respect the power of the courts to decide what the law is. So, we will have to see. But we are clearly outside of constitutional bounds at this point, and people who count on addiction and recovery services are in the target hairs of this.

We agreed, I think, as a Committee—and we've done some pretty good work together as a Committee, Republicans and Democrats alike—to try to put pressure on drug sales that come via the internet and through social media. So, it's disturbing to me that President Trump pardoned an individual who ran a drug-selling dark website. He also had some murder-for-hire accusations, just to add a little bit of color to what a decent person he was.

I think the place where we can make the most progress, as Ranking Member Durbin mentioned earlier, is with Section 230. I applaud the litigation that is going forward. I applaud the lawyers who've been able to negotiate the various hurdles that Congress has erected to the American system of justice having its role in dealing with these deaths and with these tragedies. I think there's bipartisan support for repealing Section 230. I am on for that, and I think the sooner we do that, the better we are.

It is simply wrong for these enormously powerful social media entities to have rights to do harm to Americans without accountability that no other entity shares. So, they've blown any excuse to maintain that privileged position, with their behavior, in my view. So, let's go for 230. And with respect to enforcement, reassigning FBI, DOJ, and DEA agents off this task I don't think is a good idea. We'll find out more about how many were reassigned. Cutting FinCEN dollars, I think, is a big mistake.

And I'll close with a question to Dr. Farfán. It's been my experience as a prosecutor for many years that we put a lot of attention into interdicting distribution networks for drugs. By comparison, we put a very small effort into interdicting the financial return of that money, the hiding of that money in international accounts and international dark money banking and covert other systems. What more should we be doing to get after the financing of these cartels? And is the gun traffic back to them part of the payment to them for the drugs that we try to interdict coming in?

Senator BRITT. And we are out of time, so if you can keep your response brief. Thank you.

Senator WHITEHOUSE. Well, customarily, as long as the question is asked before the clock runs out, the witness gets to answer it.

Dr. FARFÁN-MÉNDEZ. Thank you. So, in terms of the illicit flows, certainly there's—because money laundering takes place across jurisdictions, it requires also cooperation. So, the best cases that we

have seen between, for instance, Mexico and the United States of this money laundering operations had to do with working together between the two governments. Now, I understand this is not easily done, but these are the most effective cases of money laundering. Certainly, firearms trafficking is part of that.

There's a clear notion that drugs normally come from the south, and firearms and money flow from the United States to Mexico. And again, there's a linkage between these criminal markets. And if we want to save lives by tackling the fentanyl supply, then there should also be paying attention to money and firearms.

Senator WHITEHOUSE. Thank you, Chairman. I appreciate your courtesy.

Senator BRITT. With regards to social media, I appreciate the work that's been done on this Committee—and certainly Senator Blumenthal and Senator Blackburn and the work that they have done in a bipartisan way to address this. As a mom of a 14- and a 15-year-old who knows that Snapchat is used to tell people which color uniform they're supposed to wear that day, or they use it to figure out where friends are going to meet, you'd think that this can happen—to your point, too—anyone, anywhere. And I am so grateful for you both using your voice to speak up and speak directly into this issue. So, thank you.

I do want to address complaints about the brief pause on grant funding. It's important to know that this was temporary. It was a temporary pause, and to the extent permitted by law. Law enforcement grants aren't handed out during this time of year. Our constituent needs will continue to be taken care of while President Trump delivers on the job voters elected him to do. Voters asked him to grow our economy, protect our communities, and ensure that taxpayer dollars are used wisely. Examining spending is part of that. President Trump has always backed the Blue, just like Chairman Grassley, and just like myself.

Additionally, one more thing before we move on. I'd like to enter into the record a letter of support from 11 law enforcement organizations for HALT Fentanyl, including the National Narcotic Officers' Association, which is in town for its annual conference.

[The information appears as a submission for the record.]

Senator BRITT. I am pleased that we have several of their members here today as guests of Chairman Grassley. These organizations represent constituents from each of our States and a significant portion of our Nation's Federal, State, and local law enforcement communities. As their letter says, for the sake of public safety, we must pass HALT Fentanyl Act. Senator Blackburn.

Senator BLACKBURN. Thank you so much, Madam Chairman. Mr. Puerta, I am so sorry for your loss. I noted that you said your son had an ADHD diagnosis. And I was looking at figures last week from our TennCare, which is our Medicaid program in Tennessee, and there are over 400,000 children in our State of 7 million people that have an ADHD diagnosis. I know that we have so many times seen kids that, to deal with the pain, would try to get something, and my heart breaks for you. And I hope we take a deeper dive and that, if confirmed, that Robert F. Kennedy will take a deeper dive into how we medicate children and work on these issues. And thank you for the good work that you are doing.

Ms. Norring, thank you for your support of KOSA. I appreciate that, and we share your heartbreak. I stepped out of Committee to go speak to a group of children that are here for Wired Human and are working on this issue. And the work that you and other parents have done has encouraged these children to stand up and be a resource to their peers and to help them through this issue. So, I thank you for that good work that you are doing.

Sheriff Barnes, I want to talk with you about HIDTA. I know that, in 2022, we had 134 criminal organizations that were dismantled by HIDTA. We had over 8,700 kilograms of drugs that were removed nationally. And in Tennessee, our TBI director, Director Rausch—every time he sees me, he says, we have to reauthorize HIDTA, because it is effective. And the Appalachia HIDTA Task Force operating in Tennessee was responsible for moving \$51 million street value of drugs off the market. So, talk for a minute about why it is crucial that HIDTA be reauthorized for law enforcement officers like you.

Sheriff BARNES. Thank you, Senator Blackburn, and thank you for the reauthorization of HIDTA. It's very important. And Director Rausch is a good friend. It's—

Senator BLACKBURN. He's a good man.

Sheriff BARNES. I will summarize it this way. At this time in our Nation's war history—the worst time of our narcotics trafficking and deaths, this is not the time to disenfranchise or divest from the HIDTA program. HIDTA programs are national. They rely on local law enforcement task forces and contributions. The HIDTA funding doesn't really fully fund the HIDTA programs. It offsets those contributions from locals. And right now with our municipal agencies having hiring problems, they're stepping away from the HIDTA programs. Keeping them staffed is very difficult. So, that reauthorization's very critical, to keep the glue together to keep the HIDTA programs running.

Senator BLACKBURN. I have talked to—and I want to stay with you, Sheriff—talked to some of our law enforcement agencies, and they have talked about sanctuary city policies. And I know that Senator Lee brought this up with you. But it seems that in a sanctuary city, to go after these traffickers, that it is more difficult, that sometimes you have to find workarounds. And I would love for you to talk for just a minute about what we can do that would help you all, as you try to deal with these sanctuary cities, to get these drugs off the streets.

Sheriff BARNES. Senator, it's even worse for me in California because of Senate Bill 54, passed about 6 years ago, that prohibits my dialogue with Federal partners on immigration issues. I have the ability to turn over high-level offenders only to ICE. They don't always pick them up, which requires me to release them back in the communities, in which they reoffend, oftentimes with the communities that they preyed upon.

I'm a supporter of abolishing that SB 54 movement. We have to be able to cooperate with our Federal partners. And I think if we hold these criminals accountable—this isn't about the general public. Those who are entrusted to my care, in my jail, in the safest environment, to transfer them over to ICE's custody will keep our

community safe, especially the immigrant communities, from them returning to prey upon them.

Senator BLACKBURN. And, you know, so many people will say, when they get back out, you know, when they evade law enforcement in these sanctuary cities, that they really return even more committed to abuse people in those communities where they have been trafficking those drugs— to pick up the pace of selling the drugs. And I look at these sanctuary city policies, and I think how difficult it makes your job, when you're trying to keep our communities safe. And we thank you for the work that you're doing. We thank each of you for being here today. Senator Blumenthal and I are going to continue to push KOSA, to get, as you said, Ms. Norring, that foundational law that will allow—allow us to hold social media to account. Thank you all. Thank you, Madam Chair.

Senator BRITT. Thank you. Senator Schmitt.

Senator SCHMITT. Madam Chair, two hearings, and you're chairing the Committee. This is—wow, it's amazing.

Senator BRITT. Thank you.

Senator SCHMITT. Thank you for recognizing me.

First of all, as a parent of three young children—or, no, they're not so young, now, teenage girls, and my son, Stephen, who's 20—thank you for being here and sharing your stories. I can't imagine how difficult it is to do this, and—but it is incredibly effective, I think, when you do show up and you share those stories. It humanizes something and an issue that can very often become about different things other than the actual human impact.

And, you know, from my perspective, the job I had before this, I was an attorney general in the State of Missouri and actually served with Senator Moody, and we went down to the Border and learned a lot about the activity and how the cartels—and it's not just the drugs. And there are, obviously, the drugs. But the value of the human trafficking alone, and this was a few years ago, was \$100 million a week. A week. That is not—we're not even talking about the value of the drugs that they're moving and the zones of influence that they have into the interior of the United States.

This is a serious crisis, and obviously it's killing, you know, too many of our young men and women in this country and communities all across the country. Every—and, you know, it gets over-used now, but every State truly is a border State when it comes to this. And, sort of, in that vein, about the cartels, I do want to ask you, Doctor, in your view, is Mexico doing enough from a law enforcement perspective, as it relates to the cartels?

Dr. FARFÁN-MÉNDEZ. I think both countries need to do more—

Senator SCHMITT. No, I—yes, Mexico. I'm asking about Mexico. Listen, there's a lot we need to do, but I want to ask specifically—I mean, part of the reason you're here is to speak to that relationship between the U.S. and Mexico, but from your view, are they doing enough?

Dr. FARFÁN-MÉNDEZ. I think there is definitely more that can be done by Mexico.

Senator SCHMITT. And what would that be?

Dr. FARFÁN-MÉNDEZ. I think it's working closer with U.S. counterparts. I think it is also having this diagnosis of this connection

between these criminal markets, arms trafficking, drug trafficking, to really benefit communities on both sides of the Border.

Senator SCHMITT. Do you feel like—and there's been testimony. This isn't just, you know, in some high-profile cases, including in the El Chapo case, there's been testimony from witnesses who were once members of the cartels that there is pretty widespread corruption at high levels of the Mexican government that are preventing them from actually doing what they should do to crack down on the cartels. Do you share those concerns?

Dr. FARFÁN-MÉNDEZ. I would not necessarily align myself with the testimony of potentially a criminal witness from a case like that. I understand there are concerns about corruption within Mexico, and I understand there's questions about needing to address that. Having said that, I think general accusations about corruption of the entire government, those are not necessarily productive for good U.S.-Mexico engagements—

Senator SCHMITT. Well, I guess what I'm getting at is that there are people—and I get the complexities of some testimony, but it's not just a one-off example. And I think the concern I have is that there's just very little being spent, quite honestly, on law enforcement, writ large, in Mexico. And I just don't know that this has been given the attention, over the last, at least, 4 years, that it should. And hopefully that dynamic is changing. I do think the cooperation between the U.S. and Mexico is really important on this. There's no doubt about that.

But I want to, I guess, sort of turn my attention, Sheriff, to you, because—with my limited time. You do have sort of one arm tied behind your back, given, I guess, the laws in the State of California, the sanctuary status, which isn't—I don't pretend to understand it at all. It's a mess.

But when I was AG in Missouri, we had some pretty unique partnerships where we would deputize some people in our office to work in the U.S. attorney's office, to go after some violent crime that maybe at a local level they weren't—they were choosing not to pursue. Is that kind of where, if you've sort of got your arm tied behind your back, maybe that's a way forward—is you actually have to have more Federal agents working with the U.S. attorneys to go after these folks, because at a local level that's harder to do?

Sheriff BARNES. So, there's two parts to that question. Under California law, I'm prohibited from cooperating with ICE in any manner, including housing of individuals within my jails. I cannot hold ICE detainees in my jails. Regarding Federal task force or designating task force officers or those who are attorneys to prosecute on behalf of the U.S. attorney's office—that is being done in California, but not specific to immigration, specific to the issues of fentanyl directly.

Senator SCHMITT. Okay. All right. Well, thank you. And again, to the witnesses, thank you for being here today. Thank you.

Senator BRITT. Thank you. Before we move on, I'd like to enter into the record a letter of support from CADCA, the premier prevention association representing over 7,000 coalition members across the country, in strong support of the HALT Fentanyl.

[The information appears as a submission for the record.]

Senator BRITT. CADCA coalitions support millions of high school and middle school students across this Nation and have proven effective in reducing youth substance abuse and use. We thank them for their support of HALT Fentanyl. Senator Hirono.

Senator HIRONO. Thank you very much, Madam Chair. Thank you for coming and testifying, and, of course, my sympathies to Mr. Puerta and Ms. Norring. Obviously, this is a complicated question in the sense that we have disagreements on who is bringing in fentanyl—into our country. But we all know that it is creating, basically, havoc. And I particularly was interested in noting how we can prevent young people from getting access to fentanyl. At the same time—and their analogues.

At the same time, we need a Justice Department that is stable. Right now, there is chaos as this administration tries to eliminate anybody who can stand up to them. And, in addition, when they want the names of everyone who had anything to do with the January 6 investigations and prosecutions, we are talking about potentially thousands of FBI agents, so you can imagine the chaos that is going on in that Department.

For Mr. Puerta, I know you mentioned the “Dead on Arrival” as a documentary that is shown. I mean, what age do you think that the children should be when they are alerted to, for example, not buying anything on the internet? And this goes for Ms. Norring, too, in terms of prevention. What—

Mr. PUERTA. They—

Senator HIRONO [continuing]. Is an age? And then—

Mr. PUERTA. Thank you for the question.

Senator HIRONO [continuing]. Does a documentary like the one you mentioned—does it really impact the young people? If not, what does, in terms of education?

Mr. PUERTA. “Dead on Arrival,” again, is a 22-minute documentary that we use in junior high schools and high schools across the Nation. We just started, also, with fifth and sixth graders, as well. We started that in Lake County, California, where Mr. Filson, who’s behind me here, went up there and saw more than 5,000 students. Ms. Hirono, I have a stack of letters from high school students, junior high school students, elementary school students who have seen this documentary, that had absolutely no idea of the impending danger and had no idea that buying illicit fentanyl was as easy as ordering a pizza—

Senator HIRONO. Mm-hmm.

Mr. PUERTA [continuing]. Through Snapchat. That’s how easy it is.

Senator HIRONO. And the danger of this drug is, though, they can die on first use.

Mr. PUERTA. According to the New England Journal of Medicine, 22 children per week died in the year 2022, between the ages—nonaddicted children between the ages of 14 and 18 years of age, due—mostly driven by illicit fentanyl pills. Twenty-two a week.

Senator HIRONO. So easy to obtain on the internet, and that’s why there are a number of us on this Committee who have raised the issue of very dramatically limiting the Section 230 immunity for the social platforms, because of what parents, particularly, have to go through just to hold these entities accountable. It shouldn’t

be that way. And so there are a number of us who are on that page.

Ms. Norring, I believe you mentioned that there are some schools that do not want to provide this kind of education for fear of something. I mean, could you go over a little bit more why that is? And also, for both of you, what can we do at the Federal level to really support the kind of prevention efforts that you both, I believe, are engaged in?

Ms. NORRING. Thank you, Senator, for that question. I feel that this education needs to be taught as early as elementary school.

Senator HIRONO. Elementary.

Ms. NORRING. I believe, you know, just from my own experience back home and studies done back home and surveys done back home with our students, 12-year-olds are the start of where they're beginning with the vapes and the THC vapes. So, the earlier we can reach them, definitely the better. Back home, the schools that—it's just—it's multiple roadblocks. They don't want it in their schools; there's not enough time in the school years; there's a stigma that it could create more kids going out there and being exposed to these. We've seen a decline in the D.A.R.E. programs, for that reason.

Senator HIRONO. Short of requiring this kind of education to be available, what can we do at the Federal level to promote and to support your efforts?

Ms. NORRING. Well, I know that was a big thing with families like mine, pushing to get our schools to carry naloxone. And as part of our legalizing marijuana bill, in the year 2025, schools now have to require—they are required now to provide fentanyl poisoning education. It's kind of—and with the legalization of that, it's kind of hypocritical, you know, to have that education piece tucked into that bill, in my opinion, because now we're saying it's okay to do one drug, but these drugs—stay away from these ones.

Mr. PUERTA. Most of these nonprofits are all made up of bereaved families that would come together and—because they failed—like, the Government wasn't doing enough, and we felt that we just couldn't sit idly by and watch these children die on a daily basis. So, I think one of the things that could really be helpful from the Federal Government is granting—giving us grants—

Senator HIRONO. Mm-hmm.

Mr. PUERTA [continuing]. To community organizations like ourselves, because we don't really fall into a certain category where we can get grants to do this. We're self-funded, actually, and it's really difficult to do that, especially when we're traveling across the Nation and doing the work that we do.

But we don't charge any money for what we do. We charge zero dollars to go to a school. We take time out of our days, out of our weeks. And like I said, Mr. Filson was up in Lake County, California, up there for a full week, educating 5,000 students on the dangers of illicit fentanyl. But community grants for our specific, I guess, niche, for a lack of better words, would be really great.

Senator HIRONO. I think that is something that we can do, provided that we had an administration that isn't going to put a blanket hold on all grants to entities such as yours. Thank you very much for your testimony and your suggestion.

Senator BRITT. Thank you. As been discussed here today, in 2024, CBP seized approximately 22,000 pounds of fentanyl at U.S. ports of entry on our Southern Border and our Northern Border, as well as coastal and interior ports. That's nearly 1.1 billion lethal doses. That averages out to approximately 3 doses for every person residing in the United States. And perhaps of even greater concern, it's been estimated, as I mentioned earlier, that only 5 to 10 percent of the fentanyl crossing the Border is actually being interdicted.

The flow of drugs across our borders is ravaging communities around our country, including in my home State of Alabama. In 2023, the Annual Report of the Alabama Opioid Overdose and Addiction Council discussed the alarming increase in fentanyl-related overdose deaths and poisonings in Alabama between 2018 and 2022. In 2022, Alabama's SBI seized a total of 8,300 grams of fentanyl, which is equivalent to 8.3 million lethal doses—enough to kill everyone in the State of Alabama plus 3 million more. In FY 2024, that number was up to 12,400 grams of fentanyl.

So, let's be clear. These numbers increasing actually represent more devastated families and more deaths. I have sat across from far too many parents—in my short time in the United States Senate—that are grieving, just as you two are. And I just want to say, again, thank you for sharing your story. I'm going to have our team clip your testimony, put it together, so that we can help begin that PSA.

You are changing lives. You're here today not only to see change in law but to make sure that we save lives and that no one else has to go through what you did. So, thank you for sharing your story, and I can promise you with every ounce of me, we're going to do everything possible to elevate it, to ask parents to watch your testimony today, to ask parents to listen to what you're saying so that they do not have to go through the unthinkable that you have. And we are just so grateful for your willingness to be here.

What I'd like to know, Sheriff Barnes—you have testified regarding this issue before. But can you tell us, from your perspective of a local law enforcement officer, why you think the Federal Government needs a more effective strategy in place than we've seen over the last 4 years, at our Southern Border in particular? And what elements of the strategy should look like? And how Congress can work with the President to actually implement these types of things, moving forward?

Sheriff BARNES. Yes. Thank you, Senator. I have testified to this before. And I think if you look just from post-9/11, where we are today, the threat horizon's much broader than it was back 24 years ago, and it's encompassing all these other categorical crimes: cyber, fentanyl, human trafficking. They're all on the same platform.

So, specific to fentanyl, we have to work laterally and vertically. And that means with our vertical, with our Federal partners, our State partners, and our local partners; laterally with all the different efforts being put forth on the trafficking entities that are disparately addressing this issue, but we're not synergizing those efforts very well. I believe that we have a problem with communications.

Senator BRITT. Okay.

Sheriff BARNES. If we're going to do a great offense, we have to communicate with our Federal partners to the Border, find where their efforts are, how we can pivot around those to get the end around from the cartels, and, most importantly right now, be aware of probably the maritime issues we'll undoubtedly face going forward. Because of the closure at the Border, they will pivot around on the waterways.

Senator BRITT. Thank you. Dr. Westlake, first I want to thank you for the incredible work that you've done as a medical professional and as an advocate working to protect Americans from the dangers of illicit drugs, like fentanyl. In my view, we need to be as bold as possible when it comes to taking steps to protecting American children and families from the scourge of fentanyl. That's one of the reasons I am a Co-Sponsor of the HALT Fentanyl Act. Given your work on the issue, can you comment on the impact that FRS class scheduling has had on the enforcement landscape over the last several years and if there are any myths about class scheduling that you would like to dispel?

Mr. WESTLAKE. Thanks for the question, Senator Britt. Yes, so the myths that were there were initially that there would be people that were incarcerated from it, unduly incarcerated. It's already proven, through the DEA report and since then, that people aren't being incarcerated for it, for the same reason that people aren't dying from it—is because it doesn't exist. And that's what it does. This is—I don't envy the job that you have up here on the dais of addressing, you know, one of the things you address is the illicit fentanyl scourge. But one thing that's the lowest hanging fruit you can address is just permanently scheduling fentanyl-related substances.

There's, you know, there's no impact on criminal justice that's negative. It saves people's lives. It's a proven strategy. It's a win. It's bipartisan, 70 votes in the House, last session—probably more this session. So, I encourage that to happen.

Senator BRITT. Thank you. And thank you all for your time today. I am going to recognize Senator Moody, and also—this is the fastest rise to the top ever—you will be chairing this Committee as I go to vote.

Senator MOODY [presiding]. And it is appropriate, because this has been one of my priorities as attorney general, and I am honored to be here today among all of you. If you are a family member who has lost a loved one or a law enforcement official who has stood by that family and worked with someone who has lost a loved one, will you stand up?

[Some of the hearing attendees stand.]

Senator MOODY. I just wanted this hearing to reflect the power of Americans coming together under such tragic loss, to get something done. Thank you so much. This was one of—

[Hearing attendees applaud.]

Senator MOODY. Thank you, Katie Britt. This was one of my priorities as attorney general, but not because I was the attorney general. It was because I worked alongside so many people who had lost loved ones, law enforcement. I am a mother of a teenager. I am the wife of a law enforcement officer. This is the number one killer of working- and fighting-age Americans. Period.

So we have a lot to deal with, a lot on our plates, as leaders in this Nation. This is the number one killer of working- and fighting-age Americans right now. It has been. And if I sound upset about the fact that we have not moved faster on this, that is justified. I want to commend Chairman Grassley, who called this hearing. The last 4 years, this Committee has not held one hearing on fentanyl. And again, I will repeat, this is the leading killer of working- and fighting-age Americans. And whether you are a lab in China, whether you are a cartel in Mexico, whether you are an organization that is sitting by while your company or your platform is being used to facilitate the trafficking of fentanyl and fentanyl-related substances, this is happening on purpose.

This is intentional. No one can say that it is not. Because things can be done, like, I don't know, start with a hearing to talk about fentanyl. Bring family members that have lost loved ones, law enforcement that is working on the front lines. Thank you for taking the time to be here. I'm glad this is one of my first hearings. So, I want to thank Chairman Grassley for doing this, because the last 4 years, we should've had a hearing on this in this Committee, and we have not. I'm the newest Member here. I sit at a kids' table, if you can see. I'm not even attached to the real bench.

[Laughter.]

Senator MOODY. But we're going to talk about it, moving forward. I can assure you that. I just spoke with Joni Ernst. She said when she got here, she pledged to be a squealer on budget issues. I'm going to be a squealer on the loss of life. Because this weakens us as a Nation. Weakens us. And I know all of you know that. I also want to thank a great President who has done a lot in the first 2 weeks in office.

[Hearing attendees applaud.]

Senator MOODY. You know, in the last 4 years, I said repeatedly, as AG, we need to declare the cartels as foreign terrorist organizations. He got that done. I said, we need to do that so we can send military to the Border to secure it. He got that done. Oh, and by the way, when I pointed out, as Ms.—I should say Dr. Farfán said, transnational problems require transnational solutions—when I pointed out that the Mexican president at the time said, “Fentanyl's not our problem. I'm a Mexico-first president. Fentanyl's an American problem”—soon thereafter, our Commander-in-Chief said that Mexico was a great partner.

I am so glad that we have a President now that, within the first 2 weeks, leveraged terrorists, that now Mexico and Canada have both pledged resources and bodies to help shut those borders and stop the flow of fentanyl. That's how you get stuff done. It can happen, if you have people committed to it. Transnational problems do require transnational effort, and I'm glad we have a Commander-in-Chief holding feet to the fire and getting it done.

There's been a 350 percent increase in fentanyl deaths among our teens in the last 3 years, 4 years. I want to just say, as a mother, I could barely hold it together when I was listening to your testimony. I have a teenager right now.

I cannot imagine the indescribable, overwhelming, traumatic pain that you have suffered. But I want to thank you for being here, for sharing your stories—most importantly, for sharing your

children's stories, so that we could not only honor Daniel and Devin, remember them, but bring meaning to what you have gone through, so that other parents—I want to say I and you and other parents right now of teenagers—we're about the first generation of parents having to deal with this mess. We're learning as we go. You are on the front lines in this fight, helping us, leading the way, shining the light. We've got your back, but we need you showing us where to go, and I want to thank you for that.

I want to start with you, Ms. Norring. What platform did your son obtain a counterfeit pill that contained a lethal dose of fentanyl?

Ms. NORRING. Snapchat.

Senator MOODY. And I'd like to move to you, Mr. Puerta. What platform did your son find a counterfeit pill that contained a lethal dose of fentanyl?

Mr. PUERTA. Snapchat.

Senator MOODY. Snapchat has become a vast online drug market. There is no doubt that it facilitates drug sales to vulnerable children, many who think they're buying Xanax or Percocet or Adderall, when in reality it is a pill that has a lethal dose of fentanyl. Seven out of ten counterfeit pills now have a lethal dose of fentanyl. Many of these one-pills can kill four adults. That is what is out there lurking for our children. The National Crime Prevention Council estimates 80 percent of teen and young adult fentanyl poisoning deaths can be traced to social media.

And I know we're talking about Snapchat because that is what brought tragedy upon your lives. But there are other social media platforms where children, vulnerable populations, are obtaining access to drugs. Teens can now get drugs so easily, the cartels think of these social media platforms as their Uber Eats, for quick delivery right into the hands of our children. I agree with you, Mr. Puerta and Ms. Norring. The bedroom is where we always thought our children could go upstairs, shut their door, and they would be safe. And that is no longer the case, which presents challenges to parents like we have never seen before.

The DEA has warned Congress that cartels are now targeting young Americans through platforms fueling the fentanyl epidemic. Every week, the equivalent of a high school classroom's worth of students dies from fentanyl overdose deaths. This is an incredible statistic. If we saw this with any other product, there would be Federal law shutting down these products, to make them safe before they could go back on market.

And we saw this time and time again in the automobile industry, when we started losing people to faulty automobiles. There was a stop sale order. They had to become safe before they could be sold again. Why can't something similar be applied to social media platforms, especially when the death toll is so egregious? I mean, you can look at the deaths from some of these automobiles, and that was over years. The Pinto was 89 deaths, or 180 deaths. The too-fast Toyota was 89 deaths. Oh, what did I say? Pinto, 180 deaths. Ford Broncos, 823 deaths.

We lose way more than that, just in kids overdosing from fentanyl, every single year. We have got to get going. We have got to get stuff done. And so I would just say this. This is what hap-

pens when you're the junior Senator and you're last. If you could tell us, Congress, after we pass the HALT Fentanyl Act, which deals with the—changing the chemical compound to get around the laws, right—after that, what is the most important thing we can do to stop the death toll on our children here in the United States?

Ms. NORRING. I would say, Senator, passing the Kids Online Safety Act, the Cooper Davis and Devin Norring Act. The social media reform really needs to take the front line. Section 230 reform needs to be done, because you cannot continue having these platforms have that kind of power over the parents and be allowed to kill our children, in a sense.

Senator MOODY. Mr. Puerta?

Mr. PUERTA. Well, there's a lot that we can do. Definitely have to schedule the fentanyl and all of its analogues, illicit fentanyl, into the Schedule I drug. I would also say, though, that we have to target the supply chain. We have to strengthen border security. We have to crack down on the chemical supply. We have to destroy the cartel infrastructure. We have to increase intelligence sharing between both countries, support Mexico security forces, expand sanctions and designations.

We have to cut off their finances. TD Bank was just fined \$4 billion because they were caught laundering all of this money from the cartels. Why is nothing happening to the American banks, here in this country, who's laundering the money? There's so much that we can do. I, as a parent, shouldn't have all this information. I'm just a small business owner from Santa Clarita, California. Why do I have all this information? Because I had to study this. Because I don't want more kids to die.

We have to go after these bank—we have to go after the launderers. We have to go after—to target corrupt officials on both sides of the aisle—not on the aisle but in Mexico and here in the United States. We have to seize assets. We have to also reduce the demand for drugs here in the United States. There're a lot of people who are addicted to drugs here in the United States, and we have nothing for them. Nothing. We have Medi-Cal, maybe, that gives them 30-day rehabilitation, and then you're out on your own. We've got to get them help, as well.

We have to expand addiction treatment and recovery. We have to increase penalties for distributors. We have to hold Mexico accountable—pressure the Mexican government to do more, obviously. We have to leverage trade and diplomatic tools. Military intervention is a last resort. Mr. Trump, Donald Trump, our President, just designated them as a—all criminal cartels as FTOs, as a foreign terrorist organization. I think that's wonderful. I think that's needed. But we have the same problem here in the United States, as well. So, I think that it has to be bilateral, it has to be bipartisan, and there's a lot that needs to be done. If not, more kids are going to die. But definitely the first and most important aspect of this is getting this scheduled as a Schedule I. We have to do it, because if not, more kids are going to continue dying.

Senator MOODY. Thank you for being here.

Mr. PUERTA. Thank you.

Senator MOODY. Thank you for your advising us, and Devin and Daniel certainly will be remembered in this Committee, and you've

made sure of that. Thank you so much. At this time, I get the honor of recognizing Senator Tillis.

Senator TILLIS. Well, what a rise. You're already Chair.

Senator MOODY. So they tell me.

Senator TILLIS. I think that what we just heard is really the mood of Congress, in general. Ms. Farfán—first, to the—I've spoken with too many families who are suffering through what you've suffered through. We have to change things.

Ms. Farfán, I was here for the opening testimony, and you wanted to focus on the southern migration of weapons. I believe that's a serious concern. But you said something that concerned me, and it had to do with the will of the Mexican government. See, and I want you to—first, I should say, I do believe that we have to hold the social media platforms accountable. But make no mistake about it, these thugs that run the cartels will find another way to get this poison here. If we don't dampen—if we don't do things that reduce the demand and if we don't disrupt the supply, it'll just be a different way for the snakes to get this poison into our country. So, we need to be smart and not high-five if we do something with 230 that gets it off social media platforms. These disgusting murderers and poisoners will find a way. So, we have to look at this like a multivariable equation and maybe come up with some solutions.

But, see, I want your perspective on this. I feel like the cartels in Mexico are reaching an almost co-equal branch of government in Mexico. I don't—I can't reconcile your opening statement with the reality that today the plazas on the northern border of Mexico are run by the cartels. The people trying to cross the Border pay a fee. They are making more money off of human trafficking than they are drug smuggling. The Sinaloa Cartels have what they call the Sinaloa Air Force, who come and drop fentanyl in ultralights and go back home.

The Mexican government does not have control over the situation. There are precursors coming into Mexican ports, and they are being transferred to cartels, who are manufacturing methamphetamine and fentanyl at scale and finding ways to get it into this country, not—in many cases with American citizens being the mules coming across the Border—I get that, certainly more American citizens responsible for the distribution to these children and adults of all ages who are dying.

So, how—it's interesting to me that President Trump was criticized for putting a potential tariff on Mexico. Everybody said it was going to be horrible, it's going to kill the economy. The only thing that it did, over the course of a few days, is prompt the now-current president of Mexico to deploy 10,000 troops to the Border. Well, if there's no problem, if there's no problem with them being an equal partner to the difficulties we have at the Border, why would they do that? Because they're just afraid of a tariff? Or are they recognizing that we're shedding light on a situation at the Southern Border that they have simply not made a priority? Why would they do that?

Dr. FARFÁN-MÉNDEZ. Well, I cannot speak on behalf of the Mexican government. I do not work—

Senator TILLIS. Well, let me just back up, then, because you're a smart person. I just absolutely reject out of hand that this is—we've got to deal with the illicit trade and guns going across the Border. I agree with that. In fact, I got in trouble with some gun—Second Amendment advocacy groups, because I agree that we've got to fix that problem. But—and maybe just for the record, you can suggest to me why you think Mexico has done everything they have to play their part in preventing this poison from being manufactured.

China, in plain sight, is sending precursors. The Mexican—whoever's running the ports and who are allowing supply chains to occur are allowing it to occur at scale, and over 100,000 people are dying every year in this country, many of them as a result of fentanyl or opioids. More people die in North Carolina as a result of overdoses for fentanyl or opioids than people die on our highways. Most of this—most reasonable people—unless, for the purposes of QFRs, you can send me evidence—that Mexico needs to wake up and be a partner and a friend to our south and address this as the problem that it is, and it's happening in plain sight among the Mexican authorities and among the cartels who have organized the plazas at the northern border, and they are running it.

There is no way that Mexico sends 10,000 to their northern border if they don't think they've got a problem that President Trump has illuminated. Thank you, all, for being here today. But please understand that some of the things you've asked for are all just steps in the right direction. But this is far more complicated than any one thing we can do, and I look forward to continue and engage with you. Thank you.

Senator MOODY. Thank you, Senator Tillis. Senator Graham.

Senator GRAHAM. Thank you very much. Sheriff Barnes, you've been involved in this space for quite a while, right? How would you describe the role of China in the fentanyl problem America faces?

Sheriff BARNES. China is the first domino that tips in contributing to the fentanyl crisis. They're the contributor of the vast majority of the precursor chemicals, and if we deal with that, that would be the first—a great first step in dealing with—

Senator GRAHAM. When they say they're not, they're lying, right?

Sheriff BARNES. I would say they're not being truthful. Yes.

Senator GRAHAM. Yes. I would say they're lying. So, there's a 10 percent tariff on China. One of the things that President Trump would like to accomplish is to protect our country from fentanyl poisoning. Sheriff Barnes, what you say, the DEA echoes. Without China, this couldn't happen. China is an essential ingredient in the poisoning of America by fentanyl.

To the Chinese Communist Party: You either change, or there will be consequences coming from the Trump administration and the Congress. We're not going to sit by any longer and watch you enrich yourselves, different companies in China, at the expense of America. So, be on notice, you either change your practices regarding supporting drug cartels in Mexico, China, or you will pay a heavy price. And that's not too much to ask. Do you agree, Sheriff Barnes?

Sheriff BARNES. I do, Senator.

Senator GRAHAM. Doctor, how do you say your last name, ma'am?

Dr. FARFÁN-MÉNDEZ. Farfán.

Senator GRAHAM. Okay. Do you think the drug cartels should be foreign terrorist organizations under U.S. law?

Dr. FARFÁN-MÉNDEZ. I'm going to comment on the impact that this could have on U.S.-Mexico secured cooperation—

Senator GRAHAM. No, I didn't ask that. I just said, do you think they're deserving of the designation?

Dr. FARFÁN-MÉNDEZ. I believe it would really hinder the notion of shared responsibility that is the cornerstone—

Senator GRAHAM. No, that's not the question. I mean—

Dr. FARFÁN-MÉNDEZ [continuing]. Of U.S.-Mexico—

Senator GRAHAM [continuing]. I think—

Dr. FARFÁN-MÉNDEZ [continuing]. Cooperation.

Senator GRAHAM [continuing]. I think they've earned it a thousand times over. And to our friends in Mexico, we want to work with you, but we're not going to sit on the sidelines any longer and watch drug labs right below the Southern Border manufacture out in the open fentanyl and other drugs to kill Americans. We want to work with you. Sheriff Barnes, do you believe that in many ways Mexico has lost sovereignty over this issue?

Sheriff BARNES. I believe the Mexican laws have failed, domestically, and I believe that that has had down-range effects on U.S. lives.

Senator GRAHAM. So, to our friends in Mexico, we appreciate you sending the soldiers, but that's just a first step. As Senator Tillis said, we need to put the drug cartels on notice, you cannot thrive and survive the way you're doing today. Why are they in the drug business? Because the return on investment is large, and the risk is small. They'll get out of this business when some of them get killed or go to jail. Do you agree with that, Sheriff Barnes?

Sheriff BARNES. I do agree with that. I think it's a complex issue. But they're one component of it, obviously, as the manufacturers. There's lack of accountability, and until we address the issues on both sides, the addiction issue north of the Border and the supply issue south of the Border and many other things that have to happen—

Senator GRAHAM. Well, I'm talking about the drug cartels. They're in this business because it seems to be a good business.

Sheriff BARNES. They are the equivalent of Amazon, a Fortune 100 company. They operate in scale.

Senator GRAHAM. I can't say it any better. And they're making money at the expense of us. Two families, Ms. Norring and Mr. Puerta—how do you say your last name, sir?

Mr. PUERTA. Puerta. Puerta. It's okay, though. I understand.

Senator GRAHAM. Okay.

Mr. PUERTA [continuing]. If you can't roll the Rs, it's okay.

Senator GRAHAM. Yes, I have a lot of problems speaking, at times. But I don't have any problem understanding what you're telling me. Both of you are telling me that your loved ones paid the ultimate price because of failed policies. Do you both agree with that?

Mr. PUERTA. Yes, Senator.

Ms. NORRING. I agree, Senator.

Senator GRAHAM. Okay. If you want to deal with this, we need to repeal Section 230. You should be allowed to sue.

Ms. NORRING. I agree, Senator.

Senator GRAHAM. Snapchat should be sued.

Mr. PUERTA. Absolutely.

Senator GRAHAM. All these companies should be sued, because they're fostering an environment that is killing people. They are a dangerous product. It's the only companies I know of in America that there is no government agency really regulating their behavior—and you can't sue them. And there are really no laws on the books that control their behavior, empower consumers. So if you feel hopeless out there, as a parent, and helpless, there's a reason you feel that way, because there's not a damned thing you can do about it. That needs to change. I wish you well in your lawsuits, and I will, until my last breath, here, try to repeal Section 230. Thank you all very much.

Senator MOODY. Thank you, Senator Graham—senior to me, Senator Graham. You know, a lot can be done besides just allowing people to sue. I mean, we, as the Federal Government, can enact laws to stop this from happening in our country. It's abhorrent that more has not been done to stop this. And I wanted to just touch on a few things I was confused by and hope that we can get some enlightenment on that. You know, I'm the wife of a law enforcement officer. I was a Federal prosecutor, myself, going after transnational criminal organizations and drug traffickers. And it was not uncommon that those wishing to push poison into our United States were not U.S. citizens.

In fact, many actions taken against cartel members, or otherwise, were against foreign nationals. In fact, it was confusing to me that I heard a question about DEA participating in trying to help and assist with removing those here illegally committing crimes, especially those committing drug trafficking crimes while we're in the middle of a drug crisis—why that would be confusing or even suggested that that might be a waste of resource when, in my experience, and certainly in my husband's experience, many of his cases, especially involving drug trafficking, dealt with foreign nationals. It's not surprising to me that they would enlist the Drug Enforcement Administration to assist. So, I would like to ask Sheriff Barnes, could you speak to the claim that most prosecutions for fentanyl trafficking is being done against U.S. citizens?

Sheriff BARNES. Yes. I think that data that was said—first you have to look at this in the population that we're dealing with. You have the trafficking component, which is a large-scale, en masse bringing across the Border narcotics, and then you have the distribution and sales part of that. And that oftentimes includes Americans on both sides. But those American citizens participating have a direct nexus to or are acting on behalf of the cartels. They have been compensated by the cartels for their actions and their trafficking. They're not operating independent of that.

Senator MOODY. Generally speaking, Sheriff Barnes, once you have the upper echelons of cartels start pushing distribution down into the United States and others in the United States, that takes multiple people. Correct? Thousands, in fact?

Sheriff BARNES. Yes. It's a very organized marketing, distribution network, but the profits, proceeds, and actors are all tied to the cartels. The drugs coming across have a nexus to cartels, regardless of citizenry. The distribution is on behalf and behest of the cartels, and the profits are either laundered domestically, to hide that in the continental United States, or are transited back across the Border to the profit of the cartels.

Senator MOODY. Recognizing the extent of the damage inflicted on our Nation and our vulnerable populations from this crisis, and recognizing that so little has been done in the last 4 years, does it surprise you that a cross-agency effort to reel back some of the damage is being put into place?

Sheriff BARNES. No, I do not think that's surprising. I think it's necessary to collaborate across not just different agencies but different layers of government, down to the local level. I think it's also necessary to synergize those efforts in a very coordinated fashion, or else we're just playing whack-a-mole with the cartels. It's not any one thing. It's doing 12 things simultaneously in a very coordinated fashion that's going to, I think, hinder the cartels and start making a difference.

Senator MOODY. And in your opinion, the cooperation and partnership of State and local law enforcement is necessary to start having an effect, to reel back in some of what's happened over the last 4 years?

Sheriff BARNES. I think that even before 4 years ago, and even more now, it's necessary to collaborate, develop partnerships—in a vertical fashion, with our Federal, State, and locals, and horizontally across those same planes, Federal agency to Federal agency, State to State, local to local—and have the more intentional conversation and, quite honestly, a collaborative, coordinated effort to be on the offense rather than playing the defense. We've been on the defense too long in responding to the cartels. They're going to pivot around us. We need to be ahead of their next move, to outmaneuver them and anticipate what they're going to do next.

Senator MOODY. A devastating crisis certainly requires strong actions to solve it. When we first started using the term, "Just Say No"—I say we, although I was very young at the time. I don't know about you all, I was very young. When Nancy Reagan first just said, "Just Say No," we were in a crisis of overdose deaths in our Nation. We lost a little over 3,000 nationwide a year. We now lose 110,000 Americans every year. And I think it's important, when we use the word, "crisis," over and over so that we don't become immune to that, and that we recognize the magnitude of what we are dealing with, that we remember what we used to frame as a crisis is now a national travesty. And if anyone says that this hasn't kneecapped the strength of our Nation, they do not know what they are talking about.

And so I want to thank, again, Chairman Grassley for calling this hearing. Again, just to put it in perspective, we're in the 119th Congress. This is our first non-nomination hearing in this Committee, and it was on fentanyl, the number one killer of working-age Americans. You were a part of this. This is a big deal, moving forward. And hopefully the energy that not just our witnesses today brought but the energy of everyone in this room,

especially those that stood up and have felt this for so long and have directed that passion and that emotion toward change and progress, the 119th Congress hears you. We see you.

And I'm going to be a squealer, to make sure that they take action and move forward. So, we appreciate you being here today. We appreciate all the witnesses for being here today. I used to be a judge before I went into this crazy, chaotic world of politics. I'm feeling back at home. The meeting is adjourned. Thank you so much.

[Whereupon, at 1:24 p.m., the hearing was adjourned.]

[Additional material submitted for the record follows.]

SENATOR BOOKER'S REMARKS FOR THE RECORD

I'd like to thank Chairmen Grassley and Ranking Member Durbin for holding this hearing and thank each of the witnesses who came forward to share their expertise and with great courage, their family stories.

America's opioid epidemic is a national tragedy. American families must have policies that will end the opioid epidemic and that help loved ones who struggle with drug addiction.

I have always supported permanent scheduling combined with scientific and medical testing as a vital part of a public health approach to combatting fentanyl and fentanyl analogues in our communities.

I believe in a comprehensive approach to this crisis. FRS have been scheduled as Schedule I substances since 2018. Yet from 2018 through 2022, rates of overdose deaths involving synthetic opioids other than methadone—a classification including fentanyl and fentanyl analogues—*increased*. Subsequent decreases in rates occurred without additional scheduling changes to instigate them.

Given the devastation this epidemic has wrought it would be irresponsible not to use every tool in our arsenal to address the problem. This is why I've worked to comprehensively address this critical issue wherever, and however, I can.

One of the ways to reduce this staggeringly high number of deaths is to encourage the use of drug test strips that can detect the presence of fentanyl, xylazine, and other adulterants in various types of drugs and forms. My bill, the *Expanding Nationwide Access to Test Strips Act*, would expand access to and decriminalize drug test strips nationwide to prevent drug overdoses and deaths.

Research shows that fear of police involvement and the possibility of facing criminal charges is cited as one of the most common reasons people avoid calling 9-1-1 to get assistance when they experience or

witness a drug overdose. To address this problem, over 40 states have enacted Good Samaritan laws to provide limited criminal immunity to those who call emergency assistance to save an overdose victim. However, there is currently no federal Good Samaritan statute or substantial government investment in raising awareness about these laws. Senator Kennedy and I wrote the bipartisan *Samaritan Efforts to Ensure Key Health Emergency and Life-saving Protections Act* or the *SEEK HELP Act*, which would provide legal protections to individuals who administer naloxone or other FDA-approved opioid reversal drugs to save a life in the event of an overdose.

Finally, the *TEST Act* that I led in the 117th and 118th Congresses would, class-wide, schedule all FRS while creating a streamlined testing process for the Drug Enforcement Administration to research the substances and reschedule those that could have a medical use or that are not harmful. To excuse the federal government from ensuring that our drug policy is firmly rooted in science and medicine is to ignore that drug use is a public health issue.

I stand ready to work with anyone and everyone to comprehensively address this problem and save lives. Only by taking a comprehensive approach toward addressing this endemic problem can we adequately address it and provide the American people the response they deserve.

Statement for the Record by

Sheriff Don Barnes
Orange County Sheriff's Department (California)
Major County Sheriffs of America's Vice President responsible for Homeland Security

Hearing Before the United States Senate Committee on Judiciary
"The Poisoning of America: Fentanyl, its Analogues, and the Need for Permanent Class Scheduling"

February 4, 2025

Chairman Grassley and Ranking Member Durbin, thank you for the opportunity to testify before you today. I am here representing the Major County Sheriffs of America (MCSA), a professional law enforcement association of the largest Sheriff's offices across the country. Our members serve more than one third of the United States population. Our membership is comprised of Sheriffs Offices serving counties with a population of 400,000 or more and employing over 700 personnel.

As Sheriff of Orange County, I lead an agency of more than 4,000 men and women who provide exceptional public safety services to 3.13 million residents. Our county consistently ranks as one of the safest in the nation, but like every community, we have felt the devastating impacts of the fentanyl crisis.

The fentanyl epidemic is one of the most pressing public safety and public health crises to impact our nation. In just a few short years, overdose deaths have skyrocketed nationwide, largely because of the prevalence of fentanyl. While we saw a slight decrease in nationwide fentanyl-related deaths in 2023, the numbers remain alarmingly high, with annual deaths still approaching 100,000.

Examples of the Problem: Deaths and Seizures

In California, fentanyl-related deaths have surged from 239 in 2016 to 6,850 in 2023 (*Source: California Department of Public Health*).

Mexico-based cartels, taking advantage of the crisis at our border, have flooded our communities with this deadly drug. This is evident by the drug seizures made by the Orange County Sheriff's Department investigative teams. Over the past four years, these teams have seized a total of 1,551 pounds of fentanyl powder and 3.13 million clandestine produces pills containing fentanyl. What's even more alarming than the sheer volume is the dramatic increase in seizures during that period. In 2021, investigators seized 16,278 pills, whereas in 2024, that number skyrocketed to more than 2 million pills.

The potency and ease of fentanyl production have significantly contributed to its wide distribution. Additionally, traffickers are increasingly using social media platforms to target teens and young adults, creating a dangerous open marketplace for illicit drugs. While not the main focus of this hearing, the use of social media for drug trafficking underscores the urgent need for stronger accountability measures for social media companies to curb illegal activity online.

California Challenges

The fight against the fentanyl epidemic in California is incredibly challenging given our proximity to the border, national drug trends, and our state's permissive drug laws.

One of the most harmful reforms was Proposition 47, a voter approved initiative that passed in November 2014. Despite its misleading title, the "Safe Neighborhoods and Schools Act," Proposition 47 reduced the two most prominent categories of crime, property theft and narcotics violations, from felonies to misdemeanors. This change severely limited our ability to help addicts seek treatment and fully address drug trafficking. Over the past decade, the consequences have been disastrous: drug-related deaths have skyrocketed and quality of life in major urban cities like San Francisco and Los Angeles has been eroded.

Proposition 47 is the most infamous, but not the first deceptive ballot initiative that made our state less safe. In December 1996, one of my predecessors, Sheriff Brad Gates, testified before this same committee following passage of Proposition 215, which decriminalized medicinal marijuana and paved the way for ballot initiatives decriminalizing recreational use of marijuana. Sheriff Gates warned of deceptive drug initiatives and their potential health impacts. Unfortunately, these concerns have proven valid. We know that Proposition 215 and subsequent initiatives have been harmful to the health of Californians, particularly our youth. A study from the *Journal on Studies of Alcohol and Drugs* found that adolescents in California are more likely to use marijuana than they were prior to decriminalization in 2016. The study showed an 18% increase in the likelihood of lifetime use and a 23% increase in past-30-day use.

The emergence of fentanyl in this policy environment is especially tragic, as policies that could have mitigated the crisis were blocked. For example, in 2016 when California experienced 239 fentanyl deaths, my department sponsored a state bill to enhance penalties for trafficking and distribution of fentanyl, making them comparable to those for cocaine and heroin. The bill was introduced annually but failed each time due to the Legislature's resistance to criminal sentences.

In 2018, I testified in support of another bill we sponsored to increase penalties for those trafficking pure fentanyl into our communities. At the time, members of the California State Senate Public Safety Committee dismissed the legislation, claiming that no one was dying from fentanyl and that it was always trafficked mixed with other narcotics, such as heroin and cocaine. Those outlandish statements were wrong then, and they certainly are not true now. Additionally, the California Legislature rejected the bipartisan proposal, Alexandra's Law, which would have required a statewide admonishment to those convicted of selling fentanyl. The proposed

admonishment would have made clear that selling fentanyl leading to death could result in homicide charges.

We also face complications due to California's sanctuary law which limits communication with our federal partners. In 2024, we attempted to pass legislation that would have allowed communication with federal agencies to enforce fentanyl laws. Unfortunately, this proposal was rejected. Given the close ties between the fentanyl crisis and the border crisis, this decision was shortsighted, counterintuitive, and places lives unnecessarily at risk.

Orange County Successes in Addressing Fentanyl Overdose Crisis

While the fentanyl crisis remains a significant challenge, there is reason for hope in Orange County. Fentanyl-related deaths have fallen from 717 in 2021 to 675 in 2022 and 613 in 2023. While the numbers are still too high, we are encouraged by the downward trend. This progress is the result of our ongoing multi-faceted strategy that focuses on both supply and demand for illicit drugs.

Key solutions we've implemented include:

- We have made a strategic decision to invest in our narcotics teams. We supply 60% of staff for our local High Intensity Drug Trafficking Area (HIDTA) team and local dollars fund 73% of the total budget. While this investment has meant making sacrifices in other public safety priorities, we have made the decision to address the influx of drugs head-on.
- Recognizing deficiencies in state law, we have partnered with the US Attorney's Office to prosecute individuals who sell drugs that result in death of the user. In December 2023, we secured the conviction of a man responsible for supplying fentanyl linked to teenage overdoses. The individual was sentenced to 17 years in federal prison.
- To address demand, we created a new innovative drug education program, *Above the Influence*, which is taught by deputies to 5th and 6th graders in over 40 schools. The program has been well received by students and educators, reinforcing making healthy life choices and the critical message that "one pill can kill."
- All our deputies and investigative personnel carry naloxone, both in patrol and custody settings. Since its introduction in 2016, we have saved more than 600 lives. We have also worked with healthcare partners to expand naloxone distribution throughout Orange County.
- We have invested in a step-down unit and implemented a Medical Assisted Treatment (MAT) program in the Orange County Jail, where approximately 1,200 people entrusted to our care receive MAT treatment daily.

Furthermore, recent voter approval of Proposition 36 has the potential to improve the state's public policy environment. This measure adds fentanyl trafficking enhancements and creates a pathway for drug users to be compelled into treatment in lieu of felony penalties. Proposition 36 passed with nearly 70% of the vote statewide and gained majority support in all 58 counties.

While there is still much work to be done, these efforts show promising progress in the fight against fentanyl addiction and overdose deaths in Orange County.

Action Needed by Congress to Support Local Efforts

Congress can further support the progress we've made by advancing key initiatives authored and supported by many members of this Committee. The following actions are critical to enhancing our local efforts:

- **Fentanyl Scheduling.** First and foremost, we must permanently schedule fentanyl analogues as Schedule 1 drugs. The temporary scheduling has been vital in saving lives by curbing the emergence of new fentanyl variations designed to bypass the Controlled Substances Act and evade law enforcement and prosecution. In 2016 and 2017, there were 7,058 reports of fentanyl analogue encounters that were not covered by DEA Scheduling. After the temporary class-wide scheduling in 2018, those encounters dropped to 787.

The House is taking up the *HALT Fentanyl Act* this week. Thank you Chairman Grassley and members of the Committee for leading this effort in the Senate.

- **HIDTA Funding.** Over the past five years, funding for the HIDTA program has remained relatively flat, with Orange County receiving approximately \$1.3 million annually. This represents only 17% of the budget for the county's HIDTA program (RNSP). Over the past seven years, staff assigned to RNSP has dropped by nearly 20%, from 43 members in 2017 to a projected 35 in 2025, though the Orange County Sheriff's Department has maintained the majority of personnel, 25.

We appreciate members of this Committee for introducing legislation to reauthorize the HIDTA program and increase resources. An increase would empower us to adopt new strategies to address the fentanyl crisis effectively.

I urge this Committee to reauthorize the HIDTA program at a higher baseline level and ensure that the administration of the program stays within the Office of National Drug Control Policy.

- **Protect Law Enforcement Tools.** MCSA strongly opposes legislation that would restrict or eliminate law enforcement's access to critical data and investigative tools necessary to

investigate fentanyl trafficking organizations. While privacy controls are essential to protect civil liberties, we must ensure these restrictions do not compromise our ability to keep our communities safe.

We also advocate for providing law enforcement with lawful access to encrypted devices, which is crucial for identifying those responsible for distributing lethal fentanyl.

- **Medicaid Inmate Exclusion Policy (MIEP) Reform.** MCSA is prioritizing efforts to eliminate the Medicaid Inmate Exclusion Policy through bipartisan legislation. This includes the *Due Process Continuity of Care Act*, which would enable pre-trial detainees to receive Medicaid benefits and the *Reentry Act*, which would allow Medicaid coverage for services for up to 30 days pre-release. These bills are crucial for addressing substance use disorders (SUDs) within the criminal justice system, ensuring continuity of care, and supporting successful reintegration for individuals returning to their communities.

These measures are essential to strengthening our efforts in combating fentanyl and ensuring that law enforcement and public health systems have the resources and tools they need to address this crisis effectively.

We stand ready to work with the Committee on efforts to address the fentanyl crisis. Many members of this Committee have been actively involved in tackling this issue, and we appreciate your strong commitment to taking meaningful action this year. The new Administration's steps to secure the border will make a significant impact, and the work this Committee leads in 2025 will be crucial in turning the tide against the epidemic. I look forward to your questions.

**The Poisoning of America:
Fentanyl, its Analogues, and the Need for Permanent Class Scheduling**
Written testimony submitted by Cecilia Farfán-Méndez, Ph.D.¹
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I. Our Shared Tragedies: Homicides, Disappearances, and Overdoses

Chairman Grassley, Ranking Member Durbin, and Members of the Committee, thank you for conducting this hearing and the opportunity to explain why saving lives in North America requires productive engagement with Mexico. I appreciate the invitation to participate.

I am an expert on organized crime and U.S.-Mexico security cooperation. As a scholar of U.S.-Mexico relations and alumna of the Fulbright program, I am convinced that transnational problems require transnational solutions.

To the families who testified today, I acknowledge your grief. There are no actions that can reverse the tragedies you have experienced. My testimony today does not seek to invalidate yours. On the contrary, it is precisely because I have witnessed and collaborated with families on both sides of the border that have lost loved ones to overdoses, homicides, and disappearances that I am here to offer what I believe is a more constructive and sustainable path forward.

On January 22, Secretary Rubio stated that America's foreign policy must be justified by answering three simple questions: Does it make America safer? Does it make America stronger? Does it make America more prosperous?ⁱⁱ Based on extensive research, I can assure you the United States can only be safer, stronger, and prosperous if its neighbors are afforded the same opportunity.

Suffering on both sides of the border is inextricably linked. Today, more than 40 percent of Americans know someone who has died from an opioid overdose.ⁱⁱⁱ Synthetic drugs are the number one killer of Americans ages 18 to 45.^{iv} Equally important, homicide is the leading cause of death for men ages 25 to 44 and the second cause of death for women ages 15 to 24 in Mexico.^v Painfully, while families who have lost loved ones to overdoses or homicides may find some degree of solace in visiting their graves, this remains a dream for the thousands of family members who search for the more than 121,000 Mexicans who have disappeared.^{vi}

The U.S. is facing one of its worst public health crises due to the availability of illicitly manufactured fentanyl and Mexico faces its own lethal epidemic with 70% of homicides perpetrated with a firearm.^{vii} Worryingly, the urgency to save lives is fueling xenophobic discourses and reviving the worst policy failures of the war on drugs. With thousands of lives at risk on both sides of the border, it is urgent that the U.S. and Mexico implement policies based on facts. Through their public sectors, civil society, and academia, both countries have developed robust evidence on how to acquire and maintain the health and safety of our communities.

II. Interconnected Criminal Markets: Illicitly Manufactured Fentanyl and Firearms

Low production costs are often cited as a key reason suppliers move away from heroin and into synthetic opioids like fentanyl. Overlooked in this conversation is that the same has happened with firearms and ammunition. The ease of acquiring firearms from the U.S. has lowered the costs of perpetrating violence for criminal groups in Mexico.

Even though there are significant variations as to the frequency and the ways criminal groups use violence, they all must issue credible threats on their ability to perpetrate this violence.^{viii} Their businesses depend on it. The newer and the more sophisticated the armament is, then the more credible these threats become. Why intimidate potential victims with a rifle left over from the Mexican revolution when your arsenal can include everything from semi-automatic pistols to .50 caliber weapons?

This strategy has paid off for organized crime, including those involved in fentanyl trafficking. According to data released by the ATF, of the firearms recovered in Mexico that were submitted for tracing, more than two thirds were sourced from the U.S.^{ix} Today, 74 percent of Mexicans believe criminal groups have more and better weapons than the armed forces; access to illegally trafficked weapons from the U.S. has allowed Mexican criminal groups to amass both a tremendous capacity for violence and a troubling capability to intimidate.^x Simply stated, by failing to address firearms trafficking to Mexico, the U.S. is subsidizing the operating costs of criminal groups. It is as if cartels received an annual aid package with state-of-the-art technology to carry out the crimes this Congress wants to stop.

III. A Call to Action

Overdoses, homicides, and disappearances are preventable tragedies.

What to Stop

- 1) **Accusatory statements.** Language matters. The U.S. and Mexico have a complicated history on security cooperation. It is one of the most challenging areas of the bilateral relationship. Accusatory rhetoric, on either side of the border, stalls bilateral action to the detriment of communities in Mexico and the U.S. Equally important, statements based on xenophobia and racism will not improve the safety and health of our communities. Policies based on evidence will.
- 2) **Drug induced homicide laws.** Decades of evidence show that mass incarceration does not save lives, nor does it reduce the supply of illicit substances. On the contrary, these laws weaken communities and set in motion long-term structural inequalities that can reproduce lethal and non-lethal forms of violence.

What to start

- 1) **Support the Stop Arming Cartels Act.** Effective actions to reduce supply of synthetic drugs such as illicitly manufactured fentanyl can only be accomplished by reducing the firepower capacity that criminal groups have.
- 2) **Develop mutually accepted vetting mechanisms for exchanging information.** Best practices from other parts of the world show that weakening and precluding the activities of organized crime requires trusted partnerships across countries. Successful operations that take out entire management structures, instead of just one alleged kingpin, can take years to develop. As long as Mexico and the U.S. lack these mutually accepted vetting mechanisms, bilateral cooperation will be hindered.
- 3) The **Bipartisan Safer Communities Act (BSCA)** is an important step in addressing straw purchasing and trafficking. However, **successful implementation requires resources for prosecutors and the ATF.** The BSCA also provides an opportunity for seeking meaningful cooperation with Mexican counterparts.^{xi}
- 4) **Provide funding and support research for improved metrics of border security.** In 2025 it is unacceptable that the indicators for border security are detentions and seizures. Recording how many people were stopped or how many drugs were seized hardly builds a smart border. There is significant room for improvement. These metrics should be developed in partnership with civil society, the private sector, and academia. The bottom line is that we can help but the government needs to share data.
- 5) Work with the government of Mexico to **start a naloxone distribution pilot program along the U.S.-Mexico border.** This will save lives and stop excess mortality for both countries.

References

ⁱ This testimony is based on the testimony presented by the author on September 10, 2024 before the House Judiciary Committee. The full text can be accessed here: <https://judiciary.house.gov/committee-activity/hearings/biden-harris-border-crisis-victim-perspectives-0>

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ⁱⁱⁱ Secretary Anthony J. Blinken at the 67th Session of the United Nations Commission on Narcotic Drugs. March 18, 2024. <https://china.usembassy-china.org.cn/secretary-antony-j-blinken-at-the-67th-session-of-the-un-commission-on-narcotic-drugs/>

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Testimony of Bridgette Norring
United States Senate Committee on the Judiciary Hearing on
The Poisoning of America: Fentanyl, its Analogues, and the Need for
Permanent Class Scheduling

WRITTEN TESTIMONY

Thank you, Chairman Grassley, Ranking Member Durbin, and members of the committee. My name is Bridgette Norring. Today, it is a great honor and privilege to be seated before you. I am a wife, mother, grandmother, advocate, and founder of the Devin J. Norring Foundation, a foundation I wish didn't need to be in existence.

Today marks another month that my son, Devin Joseph Norring, was taken from this earthly world—well before he ever had a chance to really start his life. You see, Senators, parents like myself no longer measure our time by upcoming holidays or the changing seasons. We measure our time by how many weeks, months, or years since our children lost their lives.

April 4th will mark five years since Devin's life was cut short by fentanyl poisoning. That day, my family was turned upside down by a crisis we had no clue existed until it was far too late to prevent Devin's passing.

Devin was your average teenager. He had a passion for football, skateboarding, bmx'ing, and music. He was smart as a whip when it came to anything mathematical. He was his siblings'—Hayley and Caden's—greatest protector. Devin had plans to go to California over the summer to check out the schools there, schools that would help him fine-tune his love for music.

Unfortunately, he never made it. Devin died at the height of the pandemic.

My son had been suffering from blackout migraines and dental pain. He had been under a doctor's care, an MRI had been ordered to investigate his migraines, and he was put on a treatment plan for his cracked molar. When those critical appointments were canceled, we believe that Devin was desperate to relieve his pain.

One evening, unbeknownst to my husband and I, Devin and a young man he was with signed into Snapchat and were connected to a drug dealer selling to local teens via the platform. When things took a turn for the worse, the other young man who knew Devin was in need of medical attention chose to leave without saying a word or calling for help.

My youngest son, Caden, who was only 14 at the time, found his older brother unresponsive after picking the lock on Devin's bedroom door to try and wake him the following morning. His bedroom should have been the safest place in the world. As I held him one last time before the medical examiner took him, I made a promise to Devin that I would do something so that his death would not be in vain.

In the weeks that followed, we learned that Devin was poisoned by fentanyl. That one pill he took had enough fentanyl in it to kill multiple people. I now also know that social media platforms are one of the primary sources for children, teens, and young adults to purchase all types of drugs, and while most of them are not sold as fentanyl, the majority of them contain fentanyl. Teens and young adults continue to lose their lives to these deadly counterfeit pills simply because they don't know the pills may be lethal.

Senators, this crisis has so many facets to it, and we need to address each and every one with care, empathy, and courage. From educating our youngest children and families to addressing supply and demand issues to a lack of access to affordable mental health and recovery programs to providing treatment programs to those suffering from substance use disorders in our jails to holding dealers and traffickers accountable for the devastating loss of life—we must work towards all of these goals. However, critical to solving this crisis is addressing the fact that social media platforms are not just facilitating the peddling of drugs to our children; the platforms make these connections as a matter of design, and they are profiting from them. We cannot say we are protecting our children until we face this fact and pass legislation to stop it.

In the Spring of 2021, I joined Mr. Puerta, Amy Neville, and several other families who had been invited by Ed Ternan to meet privately with executives from Snapchat. Senators—that meeting is, to this day, what fuels my drive to continue this fight for social media reform.

During that meeting, Snapchat's executives tried to claim they had no idea this was happening on their platform until the Ternans brought it to their attention. Lies. Drug sales have been a growing problem on Snapchat and other social media platforms for years. This fact was widely reported in the media and known to these companies.

In my opinion, Snapchat is the largest open-air drug market there is. On Snapchat, cartels lie in wait to sell their poison through any means necessary because they know that the platform will help them find new customers. Snapchat recommends children become friends with drug dealers, rewards kids for connecting, and makes sure that there is very little risk of getting caught and charged with a crime.

After denying that they knew drugs were being sold on their platform, Snapchat's executives then told us that, as parents, we should have been monitoring our children better, and due to Section 230, we had no power to hold them accountable in court. They looked at parents whose children had died, heard our stories, and then lied about what they knew. Instead of trying to help make sure this never happens to another family, their focus was making sure we knew there was nothing we could do because they were immune from any legal action. They told us that they are untouchable.

Senators, if someone opened a brick-and-mortar store and then encouraged and facilitated the peddling of drugs to kids in that store, they would be held accountable. Why do the same rules of right and wrong not apply to these Big Tech companies?

Senators, how do we as parents monitor our children on social media products when those products have been designed to lure kids and teens in with the temptation of disappearing messages and other addictive features? Especially when virtually every teenager, or teenager's sibling or friend, has a smartphone. And even if we took all the phones away, every school gives kids access to screens and social media for educational purposes. Parents do not stand a chance at being able to protect our kids on our own.

Snapchat's executives made it seem as if we should've known about their in-app reporting feature, as if a reporting feature somehow made the rest of what they are doing okay. And yet, I cannot count how many times my family and I, and the teens in my small town, reported the dealers that killed my son using Snapchat's in-app feature. In some instances, the accounts were shut down. In many others, we were ignored or told that the offense did not go against their standards.

My husband and I are no different than every American parent doing the best we can to protect our kids from the constant threat that social media poses. We did our due diligence in spot-checking our children's accounts when they were minors. We preached constantly about internet safety and etiquette. None of that stopped Snapchat from allowing my children to open multiple new accounts to avoid our scrutiny. It did not stop them from pushing products designed to addict and exploit America's young people. It did not stop them from blaming parents when our kids died. And it is no different than when opioid companies created a product they knew was extremely harmful and addictive, told the public that it was safe, and then blamed the parents when kids died as a result.

The same things happen on Facebook and Instagram. These companies ignore egregious violations of law, harm children, and shirk all responsibility even while staring right at the proof. At this point, in my opinion, these companies have no qualms when it comes to disregarding the promises made to Americans about what they are doing and will do to keep our kids safe. They ignore their own rules to the point where they probably no longer know what the rules are. They prioritize their profits over our children's safety.

For years, Senators, my family and Devin's friends watched these dealers operate on Snapchat, Instagram, and Telegram. We watched for years as these dealers use Snapchat's filters to indicate which city they were in, a calling card advertising their deadly pills. For years, we provided the Hastings Police Department and the Dakota County Drug Task Force with pictures of these dealers taken from multiple devices because, as you may know, taking a screenshot on Snapchat will notify the sender. That is another feature specific to Snapchat that, in my opinion, serves no purpose other than making it hard for our children to protect themselves.

While we got zero justice for Devin's death, I am proud to say that we have aided in the indictment of more than a dozen individuals with ties to the Sinaloa Cartel and the Minneapolis street gangs who were traveling to the Arizona/Mexico border and bringing these pills back to our community and neighboring communities. And again, to be clear, they were doing this and are able to do this again because of a product being made, sold, and distributed right here in the U.S. I am grateful to US Attorney Andrew Luger's office for their work on this case; one of many in my state.

In speaking with students from 7th-12th grade, sharing Devin's story, explaining what fentanyl is, and teaching them everything we wish someone would have taught our children, we make it a point to discuss Snapchat and the role that social media plays in this crisis. It breaks my heart to say that every single hand goes up when we ask if they know someone lost to fentanyl poisoning. When discussing Snapchat, they tell me about the toll it takes on their mental health; the anxiety to keep their Snap streak going, constantly checking their phones, loss of sleep, and bullying. On average, they are spending close to 26+ hours a week on social media. When asked if they could go without social media, primarily Snapchat, the answer is always no. That is where all of their friends can be found, and the social stigma of not being on it creates a level of anxiety and depression most teens cannot withstand.

I have come to DC multiple times now to meet with many of you and your staff. My family fights hard alongside other families hurt by social media to support the Kids Online Safety Act. I thank Senators Blumenthal and Blackburn for spearheading this vital legislation on behalf of our children. KOSA is the crucial foundation on which all social media reform must stand.

Last July, on my birthday, I heard the amazing news that the Senate passed KOSA by a vote of 91-3. That vote speaks volumes. It tells me that you can come together and do what is right with the power you each hold to protect our children. It was the first birthday since losing Devin where I felt a sense of peace, though that peace was short-lived.

Parents in this country have fought for years to pass KOSA with broad support only to watch it die in the House when Big Tech's demands were made more of a priority than our kids.

The Kids Online Safety Act would provide a duty of care, something that our children—social media's most vulnerable of users—deserve. It would set parental controls to the highest of settings by default, give our children options to better protect their private information, turn off addictive product features, and opt out of the algorithms these companies use to target children and keep them online for as long as possible. It would give the power back to the user and the parents, finally recognizing that social media companies—like every other industry in the world—have a responsibility to, at the very least, not knowingly put our children in harm's way as a matter of product design. It would hold them accountable not for the actions of others but for their own.

I am blessed to work closely with Congresswoman Angie Craig, who represents my district. It is an honor and a privilege that my family and I do not take lightly. I proudly serve on Congresswoman Craig's Mental Health & Substance Use Disorder Committee with fellow bereaved parents, medical professionals, and law enforcement officials.

Last July, she introduced in the House the Cooper Davis & Devin Norring Act. My family is honored and sincerely thanks Cooper's family for allowing Devin's name to be placed beside Cooper's. Both of these young men should still be here and could still be here had social media companies taken any responsibility for the rampant harm being caused by their products.

Last fall, families were invited to the DEA's National Family Summit. I encourage all of you to visit the DEA Headquarters and view the thousands of faces lost to fentanyl poisoning. The pictures of babies—our children—alongside famous musicians line the walls of two entire buildings.

It was at the DEA Summit that we were informed that China is shipping the chemicals to ports on the East Coast. From there, they are often then shipped to Mexico, where fentanyl is created. I was angry hearing that. In simple terms, we are aiding in the poisoning of our own people. That is unacceptable.

Last year, DEA labs reported that 7 out of 10 pills contained a deadly dose of illicit fentanyl. According to former DEA Administrator Anne Milgram, it has since

gone down to 5 out of 10 pills. That brings me zero comfort. When Devin was killed, it was 3 out of 10 pills.

What this signals to me is that the cartels are watching how we respond to this crisis. They see parents scrambling to educate the public on the dangers of these pills, and they are responding to that. They are changing their "business model". Methamphetamine use is on the rise where I live; xylazine, nitazines, parafluorofentanyl, ISO, and carfentanil have infiltrated the drug supply. Every drug is tainted with fentanyl. The emergence of these pills containing multiple drugs, such as fentanyl, xylazine, and methamphetamine, is becoming far too common.

I have fought alongside other families like mine to get fentanyl rescheduled into a Schedule 1 drug in Minnesota. We were told by medical professionals that the problem is that one slight change to the composition creates a new strain that no longer falls under that scheduling. This means that a slight change makes it a low-level drug offense.

On November 12, 2024, Business Insider published an article titled, "Iran has likely developed fentanyl-based chemical weapons". The article goes on to say, "Pharmaceutical-based agents, or PBAs, are essentially weaponized medicines that incapacitate or kill their victims depending on the exposure. Iran may have given PBAs to its proxies, such as Hezbollah, which could use them to kidnap Israeli troops and civilians." (See here: <https://www.businessinsider.com/iran-chemical-fentanyl-pharmaceutical-based-weapons-2024-11>.) This in itself is a threat to our great nation, a threat that should not be overlooked.

I want to say a special thank you to Senator Klobuchar, who represents my state. Three years ago, after she came to Dakota County to speak on the opioid crisis, I was able to speak with her directly. At the time, the public's focus was on TikTok. I expressed that while the focus was heavily on TikTok, kids in my community were still dying from lethal pills being obtained on Snapchat. She made a promise that she was going to take on Big Tech, and to this day, she has kept her word. I thank her for that. I wish the same energy spent focused on TikTok was applied to other companies like Snap, Meta, and Google.

Big Tech has proven over and over again that they will not responsibly police themselves. That is where you all come into play. The Kids Online Safety Act, the Cooper Davis & Devin Norring Act, and the HALT Fentanyl Act bills are all valuable and pertinent tools in the toolbox to hopefully put an end to this crisis so that not one more parent loses their child and not one more family loses their loved one in a situation that could and should have been avoided.

I support the HALT Fentanyl Act, as I do not believe these precursors have any true benefit being in the hands of the public. I am not a medical professional, but I do believe that these precursors should be open to medical research only. These chemicals have no business being sold to any unlicensed medical professional.

I look to all of you this session to come together to protect our children and the people of this great country. I look to you to pass the HALT Fentanyl Act, KOSA, and the Cooper Davis & Devin Norring Act. I look to my government to come together and tackle this crisis by treating it as the public health crisis that it is.

Parents like myself, Mr. Puerta, Amy Neville, Andrea Thomas, Deb Schmill, and so many others cannot do this alone. Each of us is doing as much as we can to get the word out there in our communities and across the country, but we need you to stand with us and enact these pieces of legislation so that our country's kids stop dying.

Thank you for your time.

Senator Hirono Questions for the Record for the February 4, 2025, Hearing in the Senate Judiciary Committee Entitled “The Poisoning of America: Fentanyl, its Analogues, and the Need for Permanent Class Scheduling.”

QUESTIONS FOR Bridgette Norring

Education in Schools on the Dangers of Fentanyl

During the hearing, I asked what role organizations like the Victims of Illicit Drugs (VOID) and the Devin J. Norring Foundation can provide in educating children in our schools about the dangers of illicit drugs. I appreciate your answer during the hearing, and would like to hear more about your views on the subject.

QUESTIONS:

1. Could you elaborate on what impediments organizations such as yours have experienced in educating children about the dangers of illicit drugs, and how the federal government could support the prevention efforts of organizations such as yours?

Thank you, Senator Hirono, for allowing me to expand upon my answer to your question from the Honorable Senate Judiciary Committee’s Hearing: The Poisoning of America: Fentanyl, its Analogues, and the Need for Permanent Class Scheduling.

Senator Hirono, you asked me why schools are reluctant to allow education to be taught in the classroom concerning the fentanyl crisis that has claimed far too many teens and young adults. I cannot speak for others across the country. I can only speak from my experience in working with the schools.

My family and I began working with our local and county law enforcement officials, local recovery centers, community members, churches, and the Hastings United Way shortly after Devin died in 2020. We launched the One Pill Can Kill Campaign and brought our community together for numerous evening events.

When sitting down with our former Superintendent, law enforcement, and fellow planners, we were given a long list of excuses as to why we were not welcome into the schools during the school day. They are as follows:

- Parents may not want their children to have this education. They may believe that their children would never experiment or use drugs.
- Parents are doing a good enough job at home having preventative conversations with their children.
- Parents don’t believe what happened to Devin could happen to their children.
- We see something, say something, now what? What comes next? The conversation ends and nothing changes.
- Awareness and educational events should be done in the evening so parents can be involved.
- When asked about extra credit being given to encourage evening attendance with students, we were informed that doing so would violate Board of Education rules.

- Board of Education dictates the curriculum for the school year, and they do not leave enough room to fit this in.
- The presentations are given by people who have no background in education; lived experience is not considered educational.
- They did not want to create fear-mongering amongst the students – even though 8 teens and young adults had lost their lives at this point.
- There is a huge distrust amongst the community and members of law enforcement.
- Students may not relate to the presentation given since it does not affect them, their families, or peers.

Senator Hirono, I was invited to the first DEA National Family Summit on Fentanyl three years ago. We were informed by the DEA that they would love to connect with our schools. We were encouraged to connect our school officials with our DEA Outreach Coordinator. I did all that. For over a year, Senator Hirono, we tried to get our schools here in Hastings, Minnesota to present their One Pill Can Kill presentation to students.

We were eventually told by school staff who at one point in time that the DEA did come to our local school and met with the faculty. The DEA presented to the school faculty their One Pill Can Kill presentation. We were told off record by several teachers that ONE person, a DEI Coordinator spoke for the entire school by saying that the presentation is not welcome in the school because “it would create Chinese and Mexican hate towards those students”. Senator Hirono, our DEA if they had been notified of this concern assured my family that they could remove all mention of China and the Mexican Cartels involvement from the presentation. Senator Hirono, in speaking with a now former law enforcement official and explaining this concern to him, said something that will forever stick with me. He said, “Do you mean to tell me that the DEA is willing to come into our schools and talk to the kids and the Superintendent and this one person are keeping them out?” I replied, “yes”. He then stated that the Dakota County Drug Task Force “had been begging for the last five years to be allowed into the schools to have this vital conversation. A conversation that would’ve educated my oldest daughter, Hayley. A conversation that would’ve educated Devin, and in turn would’ve brought this topic to my radar much sooner rather than after it cost Devin his life. A conversation that could’ve potentially saved Natalia, Tyler, and the other teens who died after Devin.”

Senator Hirono, I can continue, but all these excuses hold no water in my book. An educated student, in my opinion, is better equipped to make positive life-saving choices when and if they are ever placed in a situation in which these lethal substances are placed in front of them. We owe it to our children to give them this life-saving knowledge so that they can live their best life and not end up in an early grave like my son and countless others.

Senator, we have lost so many teens here in Minnesota. I know that it is the same in your state as well. Children as young as 12 have lost their lives in Minnesota to something that could’ve been prevented if our law enforcement, people with lived experience, and educators were allowed to share this information.

Senator, we are still losing children and we will continue losing more lives until there is some reform where these social media apps are concerned. We are still hearing parents AFTER it is

too late and their children are gone, that they had never heard of fentanyl – let alone knew that their children were able to obtain the lethal substance that took their lives off of social media apps, primarily Snapchat.

It is crucial Senator Hirono that we begin these conversations at an early age. It is crucial Senator that our kids and parents know the risks and dangers that are out there not just in their communities, but also on apps like Snapchat, Facebook, Instagram, and other platforms.

Thank you for your time and for allowing me to expand upon my answer.

Respectfully,
Bridgette Norring
Devin J. Norring's Mom – Forever 19

Statement of

**Jaime Puerta
President and Co-Founder of V.O.I.D.**

**Before the Committee on the Judiciary
United States Senate**

**Hearing on
“The Poisoning of America: Fentanyl, its Analogues, and the Need for Permanent
Class Scheduling”**

February 4, 2025

Good morning, Chairman Grassley and Ranking Member Dick Durbin. My name is Jaime Puerta, and I am the President and Co-Founder of VO.I.D. “Victims of Illicit Drugs”, and Co-Chair of “Project Facing Fentanyl Now” and a Marine Corps Veteran as well as a small business owner in Santa Clarita, California. Accompanying me today are Mr. Steve Filson a retired Police Officer who is Secretary/Treasurer of V.O.I.D., as well as Ms. Andrea Thomas, Chair of Project Facing Fentanyl, and family members who have all lost a loved one to this illicit Fentanyl scourge.

V.O.I.D., Victims Of Illicit Drugs” is a California-based nonprofit, which was formed to bring to the public 's attention through education, awareness and legislative advocacy, the immediate danger of sudden death associated with the use of illicit fentanyl, and other emerging synthetic analogues. Today, I speak on behalf of our loved ones and hundreds of thousands more from across our nation who are no longer able to do so due to their untimely passing due to fentanyl poisoning.

Of those who are no longer able to speak for themselves is my 16 ½ year-old son, Daniel Puerta-Johnson. My son was not a habitual drug user by any sense of the word, nor had he been diagnosed with substance use disorder, but he was diagnosed with ADHD and depression.

On April 1st, 2020, at the very beginning of the pandemic, I walked into my son's room, and found him practically lifeless in his bed. In a state of shock and panic, I called 911 first, then his mother. Emergency services arrived at our home and

immediately began CPR and Naloxone was administered. He was then transported to Los Angeles Children's Hospital, where a team of specialty doctors did everything they could to bring our son back but unfortunately were unsuccessful in bringing him out of his catatonic state. His health had become much worse from the day that he had been admitted, and all they could do was to keep him comfortable until his mother Denise and I made the agonizing decision to discontinue all life support efforts. On April 6th, 2020, at 3:45 p.m. all life support was discontinued. His mother, Denise, got into his hospital bed and laid next to him, gently stroking his beautiful head of dark brown hair and I was holding his right hand when he drew his last breath at exactly 5:08 p.m. when he quietly passed away. I kissed the bridge of his nose like I did on most nights when saying good night and left the hospital to go home without my son utterly broken, devastated, angry, and confused.

After my son's passing, I was contacted by the Los Angeles County Sheriff's Office, and I was told that my son had died due to an overdose. Half a blue pill, which I later came to find out looked exactly like a pharmaceutical grade Blue M30 oxycodone pill, had been found on his dresser. It was sent to their laboratory for analysis and found that the pill which had taken my son's life was illicit fentanyl. My son had consumed what he thought was a blue M30 Oxycodone pill, but in fact, had unknowingly, I repeat, **UNKNOWINGLY** ingested an illicitly manufactured counterfeit opioid made of nothing more than filler, a binding agent and illicit fentanyl. This was deceptively made to look exactly like a pharmaceutical grade oxycodone pill, and it killed him.

When criminal organizations manufacture a pill that looks exactly like a pharmaceutical grade, OxyContin, Percocet, Xanax, Vicodin, Norco, Valium, Adderall, or worse yet, add illicit Fentanyl to Cocaine, Heroin or Methamphetamine without the end-user's knowledge or consent, and a man, woman, or child consumes any one of these drugs without knowing that they are consuming a lethal dose of fentanyl, and dies, this is not an overdose, but a poisoning!

While the dangers and risks of illicit fentanyl contamination of traditionally non-lethal drugs and the existence of counterfeit prescription pills are very well known in the substance use community, these dangers are not well known among those outside the substance use community, which puts the public and our children at grave risk.

According to a report that was published by UCLA Health on January 23, 2024, quote, “an average of 22 adolescents 14 to 18 years of age died in the U.S. each week in 2022 from drug overdoses, raising the death rate for this group to 5.2 per 100,000-- driven by illicit fentanyl in counterfeit pills, new research finds”, but we know for a fact that these statistics are flawed because not every death has been classified as a death caused by “drug toxicity”, and for the first time since World War II, the average life span of every single American, between the ages of 18 and 45, have actually dropped.

If Mothers, Fathers, School Administrators, Teachers, Counselors, or our Mental Health professionals or our society is not scared of illicit fentanyl yet, they should be! What everybody fails to realize is that their non addicted children, loved ones, students, or employees, could be affected by a one-time fentanyl use! Let that sink in for a second. People from all walks of life that are out there who want to study just a little bit harder and take what they think is a pharmaceutical Adderall, or are out Friday or Saturday night and want to have a little bit more fun, or are stressed out because of finals, or are having trouble with their relationships and just want to relax and take a Xanax, or are suffering from either emotional or physical trauma, can fall victim to this insidious poison! Any pill that is not prescribed by a licensed physician and purchased at an accredited pharmacy, is a counterfeit and there is no question about that. According to the DEA, all pills purchased through any social media app like Snap Chat, are counterfeit and last year they stated that 5 out of 10 pills are now potentially lethal; whereas years before that, it was estimated that 7-8 out of 10 pills were potentially lethal. Since there is no quality control in making these pills, there is no way to calculate how much illicit Fentanyl or a “Fentanyl Related Substance” is in each pill or batch made; therefore, it’s like playing “Russian Roulette” and it’s anyone’s guess of what is in it. One pill can truly kill a loved one, or someone you know. What’s worse yet, illicit Fentanyl has now been found in cocaine, black market cannabis, gummy bears, vapes, and wax pens.

This is why, it is imperative, that we educate our children on the dangers of any kind of drug use due to the lethality that can come with any kind of experimentation or self-medication, and we must have specific fentanyl education introduced to all our schools as soon as possible; otherwise, more children will surely die.

My son Daniel has not been the only one to die due to this scourge. His death is but a drop in the ocean compared to all who have lost their lives in this country due to Acute Fentanyl Poisoning, and what has truly fueled this epidemic of drug death are Social media platforms such as Snap Chat, Instagram, WhatsApp, or WeChat, etc., who actively allow low level drug dealers to sell their poison to unsuspecting victims, with absolute impunity due to protections afforded to them under Section 230 (c) of the Communications Decency Act of 1996.

Snap Chat, in my humble opinion has been the #1 driving force for the fastest growing and least recognized demographic for drug related deaths not only in Southern California where I live, but the rest of the nation! According to an article that was published in the Santa Clarita Signal on April 2, 2024, a group of math students from West Ranch High School from Santa Clarita, were named finalists in the "Modeling the Future Challenge", when the findings of their research project found that Snap Chat was a source of illicit fentanyl dealing and that by the year 2030, 90% of all illicit fentanyl related deaths in California would be directly linked to Snap Chat. This is an incredible finding.

On top of the harms and risk that social media platforms pose to our loved ones, in today's day and age, we have smugglers who are using "The De Minimus" loophole, in bringing in illicit imports of illicit fentanyl, pill presses and all sorts of "FRS's", avoiding American duty and regulatory regime. This, in and of itself is a massive problem for our National Security. The loophole incentivizes overseas vendors to avoid the tried and tested system of regular imports, which allows Customs and Border Protection to inspect packages and enforce our laws. Congress needs to close this loophole as soon as possible.

The US government needs to launch an all-out narco-war against the Mexican drug cartels who are manufacturing and trafficking illicit drugs, along with their Chinese Triad organized crime syndicate partners, and the Mexican government by levying heavy tariffs on every product imported into the United States from Mexico, tax every single remittance that is wired to Mexico from the United States, as well as intervene the banks that are laundering all the proceeds from this criminal enterprise between the Mexican Cartels and their Chinese counterparts, such as Banamex and BBVA. The scale and scope of the laundering activity inside our borders is huge, constituting the largest money laundering scheme in world history. Billions upon billions of drug dollars are being invested in illegal marijuana grows

here in the United States, real estate and other ventures and they need to be stopped. Statutes like RICO are tailor-made for enforcement against the Cartels and crime groups at the heart of this crisis, as well as complicit banks, communication and payment means such as WeChat, Snap Chat and Chinese money-brokers. We must also sanction the Chinese companies engaging in illicit exports of Fentanyl precursors as well as those financial actors engaged in laundering the drug proceeds for the cartels.

You are here today in reconsideration of a tool that will aid in the enforcement of laws surrounding the Controlled Substances Act, by placing Illicit Fentanyl into the classification it deserves. Illicit Fentanyl is a substance that has earned a place in the Schedule I category. It has no legitimate medical use and is highly addictive. As to the ability for continued medical research, the Acts language provides for that. For the past five years, we have listened as this legislation has been brought up for consideration in each session of Congress, only to be passed on to permit enforcement through a continuing resolution. We speak of governmental common sense and common sense needs to prevail in the consideration of this Act.

This is my opinion on some of the efforts that we can do to abate these senseless drug deaths. Dr. David Asher from the Hudson Institute said it best when he stated, quote: "China is engaged in a reverse Opium war against the West, with its top target US society. Defeating the Chinese in that war won't be easy, but it's far better to try, than to do nothing serious and accept the deaths of a hundred thousand children a year". Thank you for your time today and thank you for giving me the opportunity to testify.

RESPONSES OF JAIME PUERTA TO QUESTIONS SUBMITTED BY SENATOR HIRONO

Nonprofits like V.O.I.D. often face significant challenges when trying to educate students about the dangers of illicit fentanyl and recreational drug use. Several factors contribute to this difficulty:

- 1). Bureaucratic Red Tape & School Policies – Schools have strict regulations regarding external organizations speaking to students. Approval processes can be lengthy, requiring sign-offs from school boards, district administrators, or parent-teacher associations.

- 2). Fear of Liability & Legal Concerns – Schools worry about potential legal repercussions if students or parents object to the content. Some fear that discussing fentanyl explicitly could either be seen as fear-mongering or, conversely, inadvertently encouraging curiosity.

- 3). Resistance to 'Scared Straight' Approaches – Many school districts have moved away from abstinence-based or fear-based drug education programs, believing that harm reduction strategies may be more effective. This creates a conflict with organizations emphasizing prevention and the dangers of first-time use.

- 4). Competing Educational Priorities – Schools are under pressure to meet academic benchmarks, and administrators may feel there isn't enough time to dedicate to drug education outside of existing health classes.

- 5). Political & Ideological Barriers – The fentanyl crisis is a politically sensitive topic, and some decision-makers hesitate to allow discussions that could be perceived as a critique of broader drug policies.

- 6). Misinformation & Underestimation of the Crisis – Many school officials and parents do not fully grasp the severity of the fentanyl crisis. Some mistakenly believe overdoses only happen to habitual drug users and fail to see the risk posed to students experimenting for the first time.

7). Influence of Other Drug Education Organizations – Some schools already partner with programs like D.A.R.E. or public health initiatives and may resist incorporating additional organizations, even if they lack a strong focus on fentanyl.

8). Pushback from Certain Advocacy Groups – Some groups promote harm reduction strategies over abstinence messaging, arguing that students need to be taught how to use drugs "safely." This conflicts with V.O.I.D.'s message that there is no such thing as safe recreational drug use in the era of fentanyl.

Potential Solutions:

Stronger Parental Advocacy: Parents who have lost children or are concerned about fentanyl poisoning can pressure school boards to allow these presentations.

Legislation Mandating Fentanyl Education: Laws requiring fentanyl-specific education in schools would help remove bureaucratic resistance.

Collaboration with Public Health Departments: Partnering with health officials may lend credibility and increase acceptance.

Customizing Presentations: Tailoring messages to align with existing drug education policies may make schools more receptive.

The resistance from schools is frustrating, especially given how many young lives could be saved with proper awareness. Persistence, education, and grassroots advocacy remain key to breaking through these barriers.

At V.O.I.D., we know for a fact that our presentations are powerful and have saved lives. There is no better tool than our documentary, "Dead On Arrival" followed up by a short PowerPoint presentation, followed up by Q & A. We have had some success in some school

districts due to our partnership with school resource offices or health class teachers, but we need to reach much much more.

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**STATEMENT
OF
TIMOTHY W. WESTLAKE, M.D., FACEP
FORMER WISCONSIN MEDICAL EXAMINING BOARD CHAIRMAN
FORMER WISCONSIN CONTROLLED SUBSTANCES BOARD MEMBER**

**BEFORE THE
COMMITTEE ON THE JUDICIARY
UNITED STATES SENATE**

**THE POISONING OF AMERICA: FENTANYL AND IT'S ANALOGUES,
AND THE NEED FOR PERMANENT CLASS SCHEDULING**

FEBRUARY 4TH, 2025

RELEASE UPON DELIVERY

Dear Members,

Thank you for the opportunity to testify at this hearing and contribute to the discussion on this topic.

THE ISSUE

What Congress Can Do

As Congress grapples with how best to address opioid poisoning deaths, it should start by making permanent a proven strategy to eliminate the creation and supply of all new deadly fentanyl related substances (FRSs) by passing the SOFA Act or HALT Fentanyl Act. After FRS Class Scheduling was enacted in Wisconsin in 2017, the U.S. Drug Enforcement Administration enacted temporary FRS class scheduling federally in 2018, authorization of which has been extended multiple times since, and was passed in the US House of Representatives in May of 2025 in a bipartisan manner with 74 Dem votes. In short, these efforts have resulted in shutting down the creation and flow and very existence of new fentanyl related substances into the U.S. It's why Congress must act to finally make permanent this temporary policy.

The fact is, no one can die from ingesting something never created or be incarcerated for trafficking something that does not exist.

Background on Fentanyl Class Scheduling Legislation

By design, FRS class scheduling is preventative, not punitive. As the primary architect of current FRS class scheduling policy, my goal has always been to stop the creation and spread of deadly new fentanyl related substances from legal chemical companies and transnational drug trafficking organizations. It was not to incarcerate people with substance use disorder, or anyone for that matter- it was to keep them alive.

I am a full-time emergency physician and recent part-time medical regulator in Wisconsin. I've provided medical direction for a statewide peer-to-peer recovery program that provides naloxone training and I also prescribe medication-assisted treatment when needed. I'm past Chairman of the Wisconsin Medical Examining Board and a former member of the Wisconsin Controlled Substances Board (responsible for controlled substance scheduling at the state level) and was principal architect of the State of Wisconsin prescription opioid reform strategy. Since 2015, I have testified six times before the US House of Representatives and Senate in hearings focused on opioid reforms.

As well, I have been on the front lines in the opioid battle for more than 30 years. One of the most heartbreaking aspects of my job is to inform parents and other family members that their loved one is never coming home due to an opioid poisoning. Inspiration for the fentanyl class scheduling reform arose out of the tragedy of my friend Lauri Badura, whose son Archie died of an overdose. Archie was an altar server with my daughters. He got hooked on prescription medicine and then snorting heroin. I was able to resuscitate Archie on his second to last overdose. On that occasion, I showed him a body bag and warned he would end up in it if he didn't accept help. He attended rehab and stayed clean for six months. Sadly, fentanyl caught up with him once more. One of the last memories my friend Lauri has of her son Archie is his lifeless body being zipped up into a body bag.

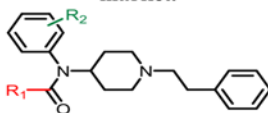
At the time I originated FRS class scheduling legislation over eight years ago, doctors and other health care professionals -- in Wisconsin alone -- were battling more than nine nearly identical fentanyl variants. While each was responsible for dozens or more poisoning deaths in our state and across the U.S., they were still considered "legal" substances, having not yet been scheduled federally by the DEA or at the state level by the Controlled Substance Board (CSB). In Wisconsin, when deaths result from new novel substances, the CSB can use its emergency scheduling authority. It was like a lethal game of "Whack a

Mole". We literally had to wait for the body count to pile up before we could find and schedule new fentanyl variants individually.

I knew something had to change, thus my idea to selectively schedule likely bioactive fentanyls as a class and remove the incentive foreign transnational drug trafficking organizations and chemical/drug manufacturers had in modifying the fentanyl molecule. Knowing these entities could simply add or change one minor chemical group and stay ahead of U.S. scheduling, my calculus was simple: stop the drugs at their source. If we could get it done in Wisconsin, we could then scale it nationally and internationally, thus impacting global production, with the end game of stopping it overseas in China and elsewhere where these lethal fentanyl variants have largely been legally manufactured.

Working with the DEA, FRS class scheduling language was created. In part, the Stopping Overdoses of Fentanyl Analogues (SOFA) Act, or Wisconsin Act 60, which passed unanimously in the state legislature, memorialized Archie Badura. It was named after the Saving Others For Archie organization (SOFA) that his mom Lauri created after his death to help other families in crisis. State Senate Leader (now US Congressman) Scott Fitzgerald (R-WI) shepherded the bill through the state process. It was signed into law on November 9, 2017. Within its first week on the books, the DEA published its intent to use emergency scheduling powers to temporarily schedule FRSs as a class federally. This took effect February 2018. US Senator Ron Johnson (R-WI) first introduced the law federally as the SOFA Act in 2017 before it was law in Wisconsin, and has introduced it every Congress since (now it's 5th time). The results have been incontrovertible: the creation of new fentanyl related substances has ground to a halt internationally.

Table 1. Examples of recent structural modifications to fentanyl observed on the illicit market.



Substance	R ₁	R ₂
fentanyl ¹⁴	-CH ₂ CH ₃	H
acetyl fentanyl	-CH ₃	H
butyryl fentanyl	-CH ₂ CH ₂ CH ₃	H
furanyl fentanyl	-furan-2-yl	H
4-fluoroisobutyryl fentanyl	-CH(CH ₃) ₂	<i>para</i> -F
acryl fentanyl	-CH=CH ₂	H
<i>ortho</i> -fluorofentanyl	-CH ₂ CH ₃	<i>ortho</i> -F
tetrahydrofuranyl fentanyl	-tetrahydrofuran-2-yl	H
methoxyacetyl fentanyl	-CH ₂ OCH ₃	H
cyclopropyl fentanyl	-cyclopropyl	H
valeryl fentanyl	-CH ₂ CH ₂ CH ₂ CH ₃	H
isobutyryl fentanyl	-CH(CH ₃) ₂	H
<i>para</i> -chloroisobutyryl fentanyl	-CH(CH ₃) ₂	<i>para</i> -Cl
<i>para</i> -methoxybutyryl fentanyl	-CH ₂ CH ₂ CH ₃	<i>para</i> -OCH ₃
cyclopentyl fentanyl	-cyclopentyl	H
ocfentanil	-CH ₂ OCH ₃	<i>ortho</i> -F
<i>para</i> -fluorobutyryl fentanyl	-CH ₂ CH ₂ CH ₃	<i>para</i> -F

To date, DEA has found 36 new FRSs which have caused thousands of poisoning deaths in multiple states across the country. The NFLIS (National Forensic Lab Information System) data show 7,058 encounters for FRSs in 2016-2017, and a decrease in 2018-19 to 758 encounters [a 90% decrease], and of these, the vast majority were for previously scheduled FRSs. Most importantly, the fentanyl/FRS flow from China has ground to a halt, and reports to NFLIS of overdose deaths related to new fentanyl-related substances have essentially ceased.

CONCERNS RAISED AND CONSIDERED

Increased Incarceration?

The goal of fentanyl class scheduling is singularly laser focused: to remove the incentive for the creation and therefore halt development of deadly fentanyl poisons at their origin, namely, in chemical labs overseas. Those opposed to fentanyl class scheduling initially suggested there would be a large increase in societal costs due to increased incarceration of people suffering from substance use disorder, but that has not proven to be the case. According to a 2021 GAO report, in the three years since FRS class scheduling was placed into regulation, there have been exactly eight prosecutions in the U.S. using the temporary scheduling language and half of these defendants had known ties to transnational criminal organizations. **It is important to note that removing the schedule I penalties and mandatory minimum sentencing for FRSs would actually incentivize their creation and significantly weaken the law's most powerful proactive and preventative effects.**

Opposition also mischaracterizes FRS scheduling as a partisan matter at the federal level given the years in which the policy has taken hold. I beg to differ. I have talked with federal and state policymakers across the political spectrum who care deeply about this issue and are determined to do what they can to help fix it. The HALT Fentanyl Act was put up to a vote last May in the House, there were 74 democratic house members that voted for it. Plain and simple, by halting the creation and existence of new fentanyl variants, there has been significantly less availability and supply, causing a reduction in harm, overdose deaths and incarceration.

This underscores the primary strategy of overdose prevention. When considering societal effects, we must also consider the impact on mortality rates. In New York City alone, in 2016 and 2017, there were over 900 deaths from FRSs. Since 2018, deaths in the US related to new FRSs have been almost nonexistent. As such, those who have opposed this policy because of concerns related to incarceration, now suggest it is unnecessary because of the low number of prosecutions. Their pivot proves the policy is working. We have already witnessed the positive societal impacts of the fentanyl class scheduling including that thousands more Americans are alive today who would otherwise not be had new fentanyl related substances been created and trafficked in the U.S. Not only are people with opioid use disorder not being incarcerated as a result of FRS scheduling, they are alive today, in part, because of this policy.

Another inaccurate claim used by opponents of FRS class scheduling is that deaths and incarcerations due to fentanyl and FRSs have sharply increased in recent years. As mentioned previously, deaths and incarcerations from new FRSs have ground to a halt. Increases are due to illicit fentanyl which FRS scheduling is not designed to stop. Rather, it is to prevent overdoses at the hands of new FRSs by removing the incentive for their creation and distribution at foreign points of origin. **FRS class scheduling is the ultimate form of overdose prevention: you can't die from ingesting something never created, nor can you be incarcerated for selling something that doesn't exist.**

Effect on General Research

Concern about not wanting to impede general research was thoughtfully considered, and great care was given to ensure the language would be specific and narrowly crafted. We looked at more than structural similarity when arriving at the definition of fentanyl related substances. Structure-Activity Relationship (SAR) considers the relationship between changes in chemical structure relative to changes in pharmacological activity; it was the basis of the definition to make sure substances meeting this definition have a high probability of retaining opioid-like pharmacological and psychoactive activity. The detailed scheduling language includes specific modifications to only those portions of the fentanyl molecule with an already documented high likelihood of bioactivity. The language is the equivalent of a surgical scalpel, not a hand grenade.

Concerns raised about the potential negative impact of FRS scheduling on research are **purely theoretical** and have already been addressed by discussions with stakeholders. These proposed research accommodations have been signed off on and are supported by the agencies and organizations representing academic scientific research in the US - including the National Institutes of Health, HHS, the FDA and the National Institute of Drug Abuse . Why would they all support FRS class scheduling if it would harm research? The agreed upon accommodations would significantly loosen research restrictions on all schedule 1 substances (not just FRSs) and open up wide areas of substance abuse research.

- Those who oppose FRS scheduling point to increased numbers of illicit fentanyl deaths as reason for why FRS scheduling is not working. Some have said that “Temporary scheduling is a failed experiment that hasn’t curbed the devastation of the opioid crisis.” At best, this is disingenuous and a misunderstanding of the issue. In fact, the opposite is true. FRS scheduling has accomplished the one and only thing it is designed to do: stop the creation and very existence of new FRSs and therefore shut down all new FRS related deaths.
- Tragically, poisoning deaths from illicit fentanyl have skyrocketed, but deaths from illicit fentanyl are a separate issue from FRSs and FRS scheduling, and one that could never be impacted by FRS class scheduling. Arguing that FRS class scheduling has not worked because illicit fentanyl deaths have risen is a confabulation and misrepresentation of the facts on the effects of FRS scheduling. The correct question should be about what has been the effect on deaths and trafficking arrests from new FRSs, which have ground to a halt, exactly as intended.
- The fact is, academic scientific research would actually be significantly advanced if research accommodations similar to the ONDCP proposal in the HALT Fentanyl Act were to be enacted allowing easier access to research on all controlled substances. The current strict regulations and limitations on schedule 1 research would be reduced, removing significant disincentives and encouraging research on all schedule 1 substances.

Similarly, some suggest research into new lifesaving treatments such as a FRS reversal agent or medication assisted treatment would be impeded.

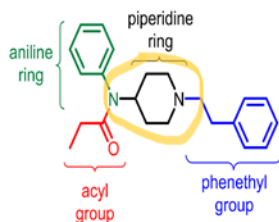
- The scientific basis for this argument seems to be based on one line in testimony by Dr. Throckmorton, Deputy Director of the Center for Drug Evaluation and Research at the FDA, at a December 2021 Energy and Commerce Committee hearing, “The Overdose Crisis: Interagency Proposal to Combat Illicit Fentanyl-Related Substances”: “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.”

- While it is true there is a single FRS encountered by law enforcement that is a predominant kappa receptor stimulator at low levels (which are thought to have lower abuse potential and theoretically beneficial antagonistic properties) as cited by Dr. Throckmorton, however at high levels it does stimulate mu receptors which typically cause euphoria and the respiratory suppression that kills.
- However, when reviewing research into FRSs, every substance that has been encountered that is classifiable under the FRS class scheduling language has been found to have opioid receptor bioactivity. Almost all are dozens to hundreds and even thousands of times more potent than heroin and morphine. As of August, 2022 the DEA has encountered 36 FRSs and completed preliminary pharmacological investigations on 27 of them, with additional testing ongoing. It was found that all FRSs studied to date bind and activate at least one opioid receptor with varying affinities and efficacies. In short all FRSs are bioactive.
- Over the past 60 years of exhaustive structure-activity relationship studies on fentanyls, there has been no development of a fentanyl based antagonist/ reversal agent or medication assisted treatment.
- In contrast, prior to FRS class scheduling, legal FRSs pouring across our borders took the lives of countless Americans.

Others have held up that FRS scheduling would impede research into new opioid versions of fentanyl. But seriously, is anyone arguing there is a need a new opioid more powerful than fentanyl?

Fentanyls fall into the 4-anilinopiperidine class (defined by the aniline ring in the 4-position of the piperidine ring). By definition, in order to structurally classify as a fentanyl related substance under the FRS language, the base chemical structure must be that with Nitrogen at the 4-position of the piperidine ring (highlighted in yellow below).



Any chemical without that exact base structure and without any of the specified modifications would not be included in the scheduling. All elements of the basic fentanyl molecular chemical scaffolding must be present. If there are any deletions from the scaffold, the chemical wouldn't be included, and if there are any substitutions not specifically included in the specific language, those chemicals would also not be included in scheduling. FRS Class Scheduling Language: must include one or more of the following-



- (A) By replacement of the phenyl portion of the phenethyl group by any monocycle, whether or not further substituted in or on the monocycle;
- (B) By substitution in or on the phenethyl group with alkyl, alkenyl, alkoxy, hydroxy, halo haloalkyl, amino or nitro groups;
- (C) By substitution in or on the piperidine ring with alkyl, alkenyl, alkoxy, ester, ether, hydroxy, halo, haloalkyl, amino or nitro groups;
- (D) By replacement of the aniline ring with any aromatic monocycle whether or not further substituted in or on the aromatic monocycle and/or
- (E) By replacement of the N-propionyl group by another acyl group.

The targeted language was intentionally designed to capture only the modifications [already well described in the scientific and medical literature] being used by both legal chemical companies and transnational criminal organizations to exploit the legitimate research information on structure activity relationships. By staying one step ahead of the CSA and Analogues Act, they continued the spread of these deadly poisons in the U.S. and internationally. There is an excellent detailed discussion on the chemistry and history of fentanyl and fentanyl related substances in a statement from Michael Van Linn, PhD taken from testimony before the United States Sentencing Commission in December, 2017: <https://www.uscc.gov/sites/default/files/pdf/amendment-process/public-hearings-and-meetings/20171205/Van-Linn.pdf>

Fentanyl was first created in 1960 and has been studied extensively since then. As noted in the Van Linn testimony, many of the new FRSs responsible for recent overdose deaths in the U.S. are well described in the patent and scientific literature, often accompanied by pharmacological data and detailed instructions on synthesis. Essentially, these are precise maps or recipes that guide legal -- as well as illicit -- drug labs and chemical manufacturers in creating new FRSs that are almost certain to be bioactive.

The pathway to synthesize fentanyl and FRSs is relatively straight forward and well-defined, and creation of a new FRS is as simple as plugging in or removing a different chemical at one step or another in the process of synthesis. The path to create new bioactive FRSs is easy straightforward to medicinal chemists and, unfortunately, also illicit chemists.

Reversing Overdoses and Medication Assisted Treatment

Some opposition in the research community suggest FRS class controls would hamper research into possible chemicals that could be used to reverse poisonings or treat opioid use disorder. To date, in over 60 years of extensive research done on fentanyls during which exhaustive structure activity relationship studies have been conducted, registered researchers and published research have failed to develop a fentanyl based antagonist/ reversal agent or medication assisted treatment.

It should also be noted that the pharmacological and poisoning effects including lethal respiratory depressant effects of fentanyl/FRSs are similar to those of other all other opioid agonists. Naloxone (Narcan) has been shown to be effective in reversing the respiratory depression that leads to death caused by opioids like heroin, as well as semisynthetic and synthetic opioids including fentanyl. In other words, Naloxone is a very effective reversal agent/ antagonist. Deaths do not occur because naloxone doesn't work or isn't strong enough. Rarely it can wear off and if it does, the solution is to give more. Poisoning deaths occur because of the ingestion of lethal doses of highly potent and toxic opioids, and not due to lack of potency or effectiveness of naloxone in reversing opioid toxicity when given in time.

With regard to medicinal treatment of opioid use disorder (medication assisted treatment/ MAT), relapse rates have no correlation with current MAT options. Relapse or drop-out rate of patients is attributed to many factors such as cost, access to doctors/ treaters and/ or lack of behavioral treatments among other factors, and are not related to the specific opioid being abused. Nor have there been discovered or created any fentanyl/FRS based medication assisted treatments. Almost all current research is focused on detection, analysis and understanding the harm of these substances.

Sufficient Oversight & Collaboration Across Agencies

In the normal sequence of scheduling, DEA reviews and investigates chemical compounds individually, then collaborates with HHS and the FDA in making a final decision in the scheduling process. Concerns about bypassing consultation with HHS and the FDA in this circumstance by which the DEA can schedule certain fentanyl-related substances based on the specific, limited, targeted criteria were thoughtfully considered. As a result, the language was narrowly crafted to only include likely bioactive modifications based on the already well known fentanyl structure activity relationship body of research.

Proactively, and also in response to research concerns raised by the Department of Health and Human Services (HHS) and other stakeholders, DEA has already addressed and significantly simplified the research requirements for FRSs including, for example, requiring a single registration for all chemicals in the fentanyl class instead of separate registrations for each individual substance like it does for all other substances. It is significant to note that the majority of research registrants for the new FRS class were for DEA subcontractor chemical analysis or submitted through the Department of Defense. Ultimately, research is driven by funding and there does not appear to be a current investment in FRS research after 6 decades of studying the class. A final point on this: nearly all development and production of new fentanyl-related substances has been done overseas [in China mostly] and not by American scientists and researchers.

The following table is a representation of the precise level of lethality [how much is required to kill an average human] of common narcotics and chemical weapons agents. It is almost incomprehensible how small a dose of fentanyl will kill someone: **2mg or approximately the equivalent of 4 grains of sand.**

Lethal Doses of Chemical Warfare Agents and Narcotics

Chemical Agent/Drug	Lethal Dose	Route
Botulinum Toxin	.00007mg	Inhaled/Ingested/Injected
Tetanus Toxin	.0001mg	Inhaled/Ingested/Injected
CARFENTANIL	.02mg	Inhaled/Injected
Tabun Nerve Agent	1-1.5mg	Inhaled/Ingested/Percutaneous
Ricin	1.78mg; 10mg	Inhaled/Injected;Percutaneous
FENTANYL	2mg - equal to 4 grains of sand)	Inhaled/Injected
VX Nerve Agent	2.1mg; 10mg	Inhaled/Injected; Percutaneous
Strychnine	70-140mg	Ingested
HEROIN	70mg	Inhaled/Injected
Cyanide	100-200mg	Ingested
MORPHINE	200mg	Inhaled/Injected
Methamphetamine	200mg	Inhaled/Injected
Cocaine	200mg	Inhaled/Injected
MDMA (Ecstasy)	1000mg	Ingested
THC/Marijuana	4000mg (pure THC)	***Not realistically achievable in humans by all methods of consumption per the WHO
	One teaspoon of Fentanyl is enough to kill 2,000 people	

Lethality and Potency, as Deadly as Chemical Weapons

The most accurate way to view fentanyl-related substances is as weapons of mass destruction, not as recreational drugs or intoxicants like marijuana, cocaine, and even heroin. In a 2019 paper by John P. Caves, Jr., a Distinguished Research Fellow in the Center for the Study of Weapons of Mass Destruction (CSWMD) at the Institute for National Strategic Studies at the National Defense University, called "Fentanyl as a Chemical Weapon" covers the topic well. <https://www.hsdl.org/?view&did=832803>. Opposition to fentanyl class scheduling has likened it to cocaine legislation in the 1980s and as an extension of the war on drugs, but this perspective fails to account for the chemical weapon-like level of lethality that exists with fentanyl and FRSs.

In September 2018, 52 members (including all 50 states) of the National Association of Attorneys General (NAAG) sent a letter urging Congress to adopt the Wisconsin law on scheduling FRSs. When Congress failed to act, in December 2019 a second unanimous letter from all 56 members of the NAAG was sent urging Congress to adopt FRS class scheduling showcasing the strong bipartisan support for this policy. <https://1li23g1as25g1r8so11ozniw-wpengine.netdna-ssl.com/wp-content/uploads/2020/10/Letter-to-Congress-SOFA-Act-8.23-1.pdf>, <https://1li23g1as25g1r8so11ozniw-wpengine.netdna-ssl.com/wp-content/uploads/2020/10/NAAG-Support-for-FIGHT-Act-Letter.pdf>.

A signatory of both letters included former HHS Secretary Xavier Becerra in his capacity as California Attorney General, who actually signed them both. This speaks to the importance of this matter as a critical national public safety measure which is completely non-partisan at its core.

Theoretical Research Concerns

It is interesting to note that the main groups opposing FRS scheduling for reason of theoretical negative effects on research are in fact mainly criminal justice reform and drug legalization based activist organizations. These are the same organizations who initially opposed FRS scheduling due to concerns of theoretical effects of mass incarceration preferentially affecting of people of color - which did not happen. A report by the GAO in 2021 said there were eight prosecutions for drug trafficking in the U.S. in the 3 years FRS scheduling had been temporarily enacted, four of which were known cartel traffickers. As designed, **"No one can die from ingesting something never created or be incarcerated for trafficking something that does not exist."**

Targeted control of specific fentanyl-related substances as a class and not as discrete chemicals is not a minor change to the U.S. Controlled Substance Act (CSA). It has been carefully and thoughtfully crafted and wouldn't even be considered, but for its significant impact already seen in the worst drug epidemic in the modern era. Annualized deaths caused by illicit fentanyl and known analogues now far surpass heroin and are responsible for the overdose/poisoning death spike and lowering of the average life expectancy for Americans for the first time since development of immunizations and antibiotics.

Analogues Act of the CSA is Not Sufficient

Some suggest the Analogues Act of the CSA is sufficient to give DEA and DOJ the power needed to act against fentanyl-related substances. That is simply not accurate. In order to use the Analogues Act, a substance must be proven *substantially similar* to a listed schedule I or II, and also must be proven to be *intended for human consumption*. This is highly problematic because those findings must be adjudicated (and re-adjudicated) in court in each and every case, even when the substance has been proven to be an analogue in a previous case. In addition, the usual threshold to trigger looking at a substance as an analogue is purely reactive when it is found to be killing people, usually many people across multiple states. It is simply not preventative or proactive in any way. If the Analogues Act was sufficient, then the

thousands of Americans killed by FRS poisoning would be alive, and there would have been no need for me to come up with FRS class scheduling in the first place.

Between 2017 and 2018 in **New York City alone** there were over 900 deaths from FRSs. According to the 2019 Florida Medical Examiners Commission Report, deaths in the Sunshine State directly attributable to FRS overdose rose 65 percent in just one year: 965 in 2016 to 1,588 in 2017, that is over 2,500 lives lost in just 2 years from FRSs...in just one state. Untold thousands have already died due to the existence and availability of fentanyl related substances. It's why former Governor Cuomo of New York called for fentanyl class scheduling language in NY and why other states and nations including our neighbors to the north in Canada are following Wisconsin's lead. We cannot go back to the way it was before fentanyl class scheduling was put in place.

Concerns over Prosecutions for Non-Bioactive FRSs

Concerns raised about increased prosecution of people distributing non-psychoactive FRSs that would be inappropriately classified as schedule I is an extremely unlikely scenario for the following reasons:

- 1) First and foremost - **every substance encountered by law enforcement classifiable under the FRS class scheduling language has been found to have potent opioid bioactivity - dozens or more times more potent than morphine.**
- 2) Simple charges of possession and lowest level dealing of FRSs are simply not aggressively prosecuted by federal prosecutors.
- 3) FRSs do not exist naturally. They are synthesized in illicit clandestine overseas labs by chemist suppliers to transnational criminal organizations. The process of FRS synthesis is intentional and based on researched and readily available information of the roadmaps of the Structure-Activity Relationships: it isn't grown in a backyard; there is no bathtub lab manufacturing occurring; and, there is never going to be accidental synthesis, manufacturing and distribution of a new FRS.
- 4) The low likelihood of transnational criminal organizations/ drug cartels synthesizing, manufacturing, and distributing new FRSs that aren't bioactive/ psychoactive. It's simply not plausible they would decide not to test their product lest they put new FRSs in their distribution networks that were duds [non-psychoactive]. How long would they be able to sell them if they didn't have potent opioid bioactivity?

Due to the specific and targeted nature of the SOFA language based on stopping the exploitation of known fentanyl/FRS structure activity relationships, it is almost certain that a newly developed FRS covered under this fentanyl related substance class scheduling language that is then manufactured and internationally trafficked would be bioactive. If the bioactivity were similar to fentanyl, it would be at the level of chemical weapons lethality: one teaspoon deadly enough to kill 2,000 people.

Sentencing Guidelines

Under current federal guidelines, the sentence is 5 years for 10 grams of fentanyl/ FRS, and 10 years for more than 100 grams. On first glance, that may seem harsh, but it is important to remember the lethality and consider that 10 grams of a FRS is enough to kill 5,000 people, and 100 grams of a FRS could kill 50,000. I would venture to guess that most, if not all, physicians [and Americans too for that matter] would agree: if you could have only one class of drug with associated mandatory minimums, it would be fentanyl and FRSs. **As mentioned above, it is important to note that removing the schedule I mandatory minimums for FRSs would actually incentivize their creation and significantly weaken the law's proactive and preventative effects.**

There is information being disseminated that there have been prosecutions for FRSs that are not bioactive. This is not correct. As mentioned previously, every FRS encountered by law enforcement to date under the FRS language has been found to have opioid effect bioactivity far more potent than heroin and morphine. The most recent new FRS studied was found to be four to eight times more potent than fentanyl (400-800 times more potent than morphine), and another that is 7,000 times more potent than morphine.

Benzyl fentanyl has often been pointed to as an example of a fentanyl analogue that was scheduled under emergency order and then unscheduled [in 1985 and 1986 respectively]. In fact, it would not have qualified under the fentanyl class scheduling language as a FRS. The benzyl fentanyl modification and similar modifications were specifically excluded from the scheduling language because of their known non-bioactivity. It is also misstated by opposition that since 2018, prosecutions of the List 1 precursor benzyl fentanyl have occurred under FRS scheduling. In fact, they have occurred under precursor controls. [This is because benzyl fentanyl can be easily modified to create fentanyl, therefore it was controlled as a List 1 precursor]. **There have been Zero prosecutions for FRSs that are not bioactive.**

In addition, on several occasions, substances that do not fall under the FRS class scheduling language have been misclassified as such by those arguing against FRS Class Scheduling: benzyl fentanyl, remifentanyl, Imodium and AT202 adding to the confusion on the issue of impact on research. In fact, all are not classifiable as schedule 1 under the FRS scheduling language.

International Coordination (with China Especially)

In trade negotiations with the Chinese government, the U.S. included targeted FRS class scheduling among its priorities. As a result, China permanently enacted similar scheduling language in May 2019. The United Nations includes it in its toolkit of model opioid legislation for member nations. Several other countries [including The United Kingdom and Canada] and many American states have adopted similar scheduling language. In this case of harm reduction to benefit American citizens, even China sees the value in permanent FRS class scheduling. It is not inconceivable -- and many would say likely -- that if the U.S. doesn't permanently enact FRS class scheduling, China may not continue its prohibitions on fentanyls. The incentives for the creation and distribution of new FRSs would re-occur and that some of the thousands of chemical companies in India could/would start on the FRS creation pathway that would re-open if FRS scheduling were to sunset.

CONCLUSION

It is incontrovertible that temporary targeted fentanyl class control has already been an extremely effective harm reduction tool and has eliminated the incentive for traffickers to create new FRSs, closing the FRS loophole at home and overseas and saving countless lives in the process. If Congress allows the FRS-class scheduling to expire, it's only a matter of time before other countries like China and India could restart the fentanyl-related substance creation machine and unleash the devastating consequences.

My roles as an emergency physician, parent of young adult daughters and a medical regulator, drove me to design a legislative solution to prevent the development of new FRSs by illicit overseas chemists, but at the same time not incarcerate people with substance use disorder or impede critical research. The FRS class scheduling language that has been embraced by SOFA Act and the HALT Fentanyl Act threads that needle.

I first testified on FRS scheduling at a US House of Representatives Judiciary Committee hearing 6 years ago, and my wife keeps asking me why it is necessary for me to keep coming out to Washington to get this simple legislation locked in place. I can't really give her an answer that would make sense to most Americans. Congress has in its power the ability to permanently enact this important FRS class scheduling legislation and continue to save countless lives. There is no question, if we turn our collective backs on the progress that's been made to stem the tide of the creation of new FRSs in America, thousands more deaths will occur annually from the reemergence, existence and widespread availability of these deadly chemical agents. **Now is the time to make this crucial reform permanent and pass the SOFA Act or HALT Fentanyl Act.**

Thank you for the opportunity to contribute to the discussion and thank you for your leadership on this critical public health issue.

Timothy W Westlake, MD, FACEP
Wisconsin Medical Examining Board, Past Chairman
Wisconsin Controlled Substance Board, Former Member

A P P E N D I X

The following submissions are available at:

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

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