



# Department of Justice

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**TESTIMONY OF**  
**MICHELE M. LEONHART**  
**ADMINISTRATOR**  
**DRUG ENFORCEMENT ADMINISTRATION**

**BEFORE THE**  
**SUBCOMMITTEE ON CRIME, TERRORISM, HOMELAND SECURITY**  
**AND INVESTIGATIONS**  
**COMMITTEE ON THE JUDICIARY**  
**U.S. HOUSE OF REPRESENTATIVES**

**FOR A HEARING ON**  
**OVERSIGHT OF THE DRUG ENFORCEMENT ADMINISTRATION**

**PRESENTED**  
**SEPTEMBER 18, 2014**

**Written Testimony of Administrator Michele M. Leonhart**  
**Drug Enforcement Administration**  
**Before the Subcommittee on Crime, Terrorism Homeland Security and**  
**Investigations, Committee on the Judiciary**  
**U.S. House of Representatives**  
**Thursday, September 18, 2014**

Chairman Sensenbrenner, Ranking Member Scott, and Members of the Subcommittee: Good morning, and thank you for inviting me to testify regarding oversight of the Drug Enforcement Administration (DEA). As the leader of DEA, an organization of almost 10,000 employees dedicated to the vital mission of enforcing our nation's drug laws, I would like to express our collective appreciation for the support that this Committee has shown us over the years. I welcome the opportunity to continue our partnership and share with you DEA's recent accomplishments.

DEA, in its unique capacity as the world's preeminent drug law enforcement agency, identifies, investigates, disrupts, and dismantles drug trafficking organizations (DTOs) responsible for the production and distribution of illegal drugs. DEA is responsible for enforcing the provisions of our domestic controlled substance and chemical diversion trafficking laws and is pleased to work closely with our local, state, federal, and international counterparts. Enforcement of our nation's drug laws is, and will always be, our top priority.

Throughout DEA's history of over 40 years, we have safeguarded Americans from the dangers associated with the drug trade. In recent years, DEA investigations, partnered with other federal, state, local, and international law enforcement counterparts, have resulted in the successful arrest of major international criminals. This includes arms trafficker Viktor Bout, 'The Prince of Marbella' Monzer Al Kassar, Afghan drug lord Haji Bagcho, Colombian drug trafficker Daniel Barrera-Barrera (aka Loco Barrera), and former President of Guatemala Alfonso Portillo. Most recently, DEA supported the Mexican government's successful efforts to apprehend the head of the world's largest and most prolific drug trafficking organization, Joaquin "El Chapo" Guzman Loera. He is the most significant of more than a dozen high level Mexican drug cartel leaders who have been put out of business in the past year.

We have also had many notable successes in the effort to reduce drug abuse in the United States. According to an analysis by the Substance Abuse and Mental Health Services Administration, illicit drug use rates are lower by approximately one-third compared to 30 years ago.<sup>1</sup> Since 2006, we have seen important decreases in the number of past month users, aged 12 and older of cocaine (from 1.0 percent to 0.6 percent, or roughly a million fewer persons).<sup>2</sup> Statistics like these demonstrate that through a balanced drug control strategy, one that includes strong enforcement, education, prevention, and treatment components, we can make significant progress in protecting our nation from drug abuse and its consequences. While these overall trends are positive, we still face significant challenges.

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<sup>1</sup> 2013 National Report on Drug Use and Health, <http://www.whitehouse.gov/blog/2014/09/05/2013-national-report-drug-use-and-health>.

<sup>2</sup> *Results from the 2013 National Survey on Drug Use and Health: Summary of National Findings and Detailed Tables*, <http://www.samhsa.gov/data/NSDUH/2013SummNatFindDetTables/Index.aspx>, Figure 2.2.

DEA continues to identify and respond to many new and evolving challenges. For example, the diversion and abuse of licit controlled pharmaceutical products is an elevating concern. Looking back at recent history, between 2003 and 2009 the number of prescription drug overdose deaths in Florida rose by 84.2 percent.<sup>3</sup> As the epicenter of the prescription drug problem during this time, Florida became a home to many internet-based pharmacies, and then (following the passage of the Ryan Haight Online Pharmacy Consumer Protection Act of 2008) to a rapidly increasing number of rogue ‘pain’ clinics.

Recently, the Centers for Disease Control and Prevention (CDC) reported that 41,340 people died of a drug overdose in the United States in 2011, the most recent year for which information is available.<sup>4</sup> Nearly 55 percent of those drug overdose deaths (22,810) involved prescription drugs.<sup>5</sup> And of those deaths, 74 percent (16,917) involved an opioid analgesic, also known as prescription painkillers.<sup>6</sup> These deaths represent not just a statistic, but our family members, friends, neighbors, and colleagues.

Years of over prescribing prescription painkillers and decreased perception of risk associated with drug use, particularly opiate abuse, resulted in an increased number of people abusing prescription drugs. In recent years, thanks in large part to the passage of new laws at both the federal and state level, as well as a series of coordinated law enforcement actions, we have seen a reversal of this trend. Approximately 250 ‘pain’ clinics were closed in Florida by 2013, and the number of high-volume oxycodone dispensing prescribers declined to zero in 2013.<sup>7</sup> While this is good news for Florida, rogue ‘pain’ clinic operators have already begun moving their operations to other states where the laws have not yet been updated. Federal drug enforcement, combined with effective state and local efforts and effective prevention, education and treatment programs, as well as improved access to treatment for substance use disorders, can reduce the number of Americans with substance use disorders, and the experience in Florida is an example of a successful implementation of this Administration’s drug policy.

DEA has taken additional steps recently which we believe will further address this challenge. For example, the recent rescheduling of hydrocodone from Schedule III to Schedule II should have a lasting, positive impact that will reduce the abuse of this potent, widely abused drug.<sup>8</sup> In addition, DEA has also coordinated a series of national prescription drug take back events for the disposal of controlled pharmaceuticals, taking 2,100 tons of these drugs out of harms’ way. The last DEA-sponsored nationwide take back event will be held on September 27, 2014. This will be the last take back day because we have also just released the final rule for a national, permanent solution for the disposal of these drugs, as directed by the Secure and Responsible

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<sup>3</sup> Centers for Disease Control and Prevention, *Drug overdose deaths—Florida, 2003–2009*, MMWR 2011;60:869–72 (available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6026a1.htm>).

<sup>4</sup> Centers for Disease Control and Prevention, *Prescription Drug Overdose in the United States: Fact Sheet*, NCIP, Division of Unintentional Injury Prevention, July 3, 2014, (available at [www.cdc.gov/homeandrecreationalsafety/overdose/facts.html](http://www.cdc.gov/homeandrecreationalsafety/overdose/facts.html)).

<sup>5</sup> Id.

<sup>6</sup> Id.

<sup>7</sup> *Decline in Drug Overdose deaths After State Policy Changes*, page 2.

<sup>8</sup> On August 22, 2014, DEA published a final rule rescheduling hydrocodone combination products (HCPs) to schedule II of the Controlled Substances Act. HCPs are pharmaceutical drugs containing specified doses of hydrocodone in combination with other drugs in specified amounts. These products are approved for marketing for the treatment of pain and cough suppression. Abuse of HCPs is associated with large numbers of individuals being admitted to addiction treatment centers. Individuals are taking these drugs in sufficient quantities to create a hazard to their health, and abuse of HCPs is associated with large numbers of deaths. The final rule is available on [www.regulations.gov](http://www.regulations.gov), and through [www.DEA.gov](http://www.DEA.gov).

Drug Disposal Act.<sup>9</sup> These new regulations will expand the public's options to safely and responsibly dispose of unused or unwanted medications, and will allow for around-the-clock, simple solutions to this ongoing problem. In addition, DEA is supporting the Attorney General's initiative encouraging law enforcement and other first responders to be trained in the use of naloxone.<sup>10</sup> Currently, DEA is undertaking a review and assessment of whether certain employees should be equipped and trained to recognize and respond to opioid overdose, including the use of naloxone.

As DEA continues to address the rapidly-evolving challenges that lead to opioid abuse and drug trafficking, we would encourage Congress to protect critical enforcement tools like Immediate Suspension Orders (ISOs). Taking away this authority – or requiring DEA to prove “intent” in order to issue an ISO – will severely undermine DEA's ability to use this essential component of our regulatory authority. In practice, this would prevent DEA from suspending the registration of a rogue doctor, distributor, or pharmacy in most, if not all, egregious cases, because it would restrict DEA from taking immediate action in instances of negligence, gross negligence, and reckless conduct that disregards health consequences or death. Had this new standard been in place in recent years, DEA would have been unable to stop the distribution of controlled substances that contributed to the problems in Florida and elsewhere. Although this tool is used infrequently and with discretion (only 16 times in 2013), it is essential that this option be available in circumstances where there is a real threat to public health and safety.

It is also important to preserve DEA's ability to complete a thorough review of new substances, while also working to get drugs scheduled quickly upon receipt of the Department of Health and Human Services scientific and medical evaluation and recommendations,<sup>11</sup> which may occur before or after marketing approval by the Food and Drug Administration (FDA), so patients can access these medicines. The scheduling process must continue to allow sufficient time for DEA to complete a thorough review, particularly of the potential for diversion and abuse, and to determine the appropriate schedule for control. Restricting DEA's authority to this end would have a negative impact on public health and safety by putting new drugs out to market without full consideration of the potential for abuse or diversion. We appreciate that the House Committee on the Judiciary supports preserving DEA's ability under the CSA to review for the potential for diversion and abuse of new drugs in order to protect public health and safety.

We also support this Committee's work to protect the public, and especially our kids, from the dangers of designer synthetic drugs. These drugs are another one of the most rapidly evolving challenges we face. These drugs have been specifically created and marketed in a manner to avoid liability under the Controlled Substances Act. Traditional designer drugs were historically manufactured in clandestine laboratories in the United States. This new generation of designer synthetic drugs, such as synthetic cannabinoids (often marketed under the guise of herbal

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<sup>9</sup> On September 9, 2014, DEA published a final rule for the disposal of controlled substances, which implements the Secure and Responsible Drug Disposal Act of 2010. DEA's goal in implementing the Act is to expand the options available to safely and securely dispose of potentially dangerous prescription medications on a routine basis. The Final Rule is available on [www.regulations.gov](http://www.regulations.gov), and through [www.DEA.gov](http://www.DEA.gov).

<sup>10</sup> Naloxone is an opiate antagonist that can rescue individuals who have overdosed on an opiate. Introduction of naloxone into the victim immediately reverses the effects of the opiate and can save a patient from the overdose. Naloxone is currently available as an injectable, however, police departments in several areas of the country such as Quincy, Massachusetts and Suffolk County, New York are using a nasal naloxone delivery method that is administered by police officers who are certified to carry and utilize the drug under established protocols. Police first responders generally arrive on the scene of an overdose well before emergency medical service personnel and in overdose situations, every second counts. The quicker that naloxone is administered the better chance for patient survival.

<sup>11</sup> See 21 U.S.C. § 811(b).

incense or potpourri), stimulants (e.g., cathinones often marketed under the guise of “bath salts”) and hallucinogens (e.g., tryptamines, piperazines) are not predominantly synthesized in clandestine laboratories in the United States. Instead, the vast majority of this new generation of designer drugs are developed and manufactured in foreign clandestine laboratories and then smuggled into the United States in bulk form or as finished product.

In response to this growing threat, DEA has coordinated a series of law enforcement actions designed to disrupt the international production and domestic distribution of synthetic designer drugs. This past May, the second phase of *Project Synergy*, which involved more than 45 DEA offices, resulted in the serving of nearly 200 search warrants, the arrest of more than 150 individuals, and federal, state, and local law enforcement authorities seized hundreds of thousands of individually packaged, ready-to-sell synthetic drugs, as well as hundreds of kilograms of raw synthetic products to make thousands more. In addition, more than \$20 million in cash and assets were seized.

In addition to targeting retailers, wholesalers, and manufacturers, many of these investigations continued to uncover the massive flow of drug-related proceeds to countries in the Middle East, including Yemen, Jordan, Syria, and Lebanon, and as well as other countries. Investigations also targeted many trade implements such as organic leaves and packaging material used in preparation for drug re-sale and distribution. These facilitators are an integral part of the quickly evolving synthetic designer drug industry and raise additional concerns beyond the extremely dangerous drugs themselves. The shift to large-scale foreign manufacture of these synthetics limits the deterrent effect of the Analogue Act as well as the ability of law enforcement authorities to proactively identify and prevent potential designer drug threats. Instead, law enforcement authorities must wait for the next new designer drug to be identified after it is smuggled into the United States and sold in retail environments with inconspicuous labeling. As a result, abusers and unsuspecting youth have been exposed to the dangerous substances and, in many instances, have even suffered adverse health consequences, including death.

While we have made some progress in our efforts to address the abuse of prescription painkillers and to slow the spread of designer synthetic drugs, we are also beginning to see an increase in trafficking and abuse of one of the more traditional drugs of abuse: heroin.<sup>12</sup> South American and Mexican drug trafficking organizations are able to take advantage of this increasing demand by supplying heroin with a higher purity at lower prices. This heroin enters the United States primarily across our southwest border and, not surprisingly, the amount of heroin seized there has increased nearly 300 percent from 2008 to 2013.

During roughly the same time period, between 2002 and 2011,<sup>13</sup> rates of drug poisoning deaths involving heroin doubled.<sup>14</sup> After years of declining use, the availability and abuse of heroin, is now increasing, especially among younger Americans. This is due in part to increased production in Mexico, even as Colombian production declines.

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<sup>12</sup> Pradip K. Muhuri, et al, *CBHSQ Data Review: Associations of Nonmedical Pain Reliever Use and Initiation of Heroin Use in the US*, August 2013, Center for Behavioral Health Statistics and Quality Data Review. SAMHSA (2013), (available at <http://www.samhsa.gov/data/2k13/DataReview/DR006/nonmedical-pain-reliever-use-2013.pdf>).

<sup>13</sup> 2002-2011.

<sup>14</sup> Centers for Disease Control and Prevention, *QuickStats: Rates of Drug Poisoning Deaths Involving Heroin,\* by Selected Age and Racial/Ethnic Groups — United States, 2002 and 2011*, MMWR, July 11, 2014 /63(27);595 (available at [http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6327a5.htm?s\\_cid=mm6327a5\\_w](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6327a5.htm?s_cid=mm6327a5_w)).

In addition, approximately 19.8 million Americans have used marijuana in the past month, more than any other illicit drug.<sup>15</sup> Currently, marijuana is the most widely available and commonly abused illicit drug in the United States. In 2013 alone, nearly 33 million people ages 12 and older reported using the drug within the past year,<sup>16</sup> and in 2013 one out of every 15 high school seniors was a near daily marijuana user.<sup>17</sup> A major study published in the Proceedings of the National Academy of Sciences in August 2012, found that long-term marijuana use started in the teen years has a negative effect on intellectual function in adulthood; the more persistent the person's dependence on marijuana, the more significant the impairment.<sup>18</sup> Heavy marijuana users also reported that the drug impaired several important measures of health and quality of life, including physical and mental health, cognitive abilities, social life, and career status.<sup>19</sup> These statistics help describe the effects of marijuana and the health and safety implications on the users themselves, their families, and our communities.

DEA's enforcement responsibility as it pertains to marijuana and other drugs are clearly delineated in federal law. The Administration continues to oppose marijuana legalization, and DEA will continue to build cases against individuals and organizations that are using state marijuana laws as a pretext to engage in large-scale trafficking of marijuana and other illicit drugs to other states; target marijuana businesses near schools, parks, and playgrounds; and take action against those who cause environmental damage by growing marijuana on our public lands. However, our responsibility and dedication to the American people goes further, including educating about the misperceptions and dangers associated with drug abuse. In 2006, the FDA noted that "there is currently sound evidence that smoked marijuana is harmful," and "that no sound scientific studies support medical use of marijuana for treatment in the United States, and no animal or human data support the safety or efficacy of marijuana for general medical use."<sup>20</sup>

The term "medical marijuana" is generally used to refer to the whole unprocessed marijuana plant or its crude extracts, which are not approved as drugs by the FDA. Twenty-three states and the District of Columbia have now legalized marijuana's use for certain medical conditions. Another ten states allow the use of certain "low tetrahydrocannabinol (THC), high cannabidiol (CBD)" products for medicinal reasons. These state laws authorize the smoking of marijuana or the consumption of crude extracts that have not undergone scientific testing demonstrating that they are both safe and effective. The FDA has not approved marijuana as a safe and effective drug for any indication.

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<sup>15</sup> SAMHSA, *Center for Behavioral Health Statistics and Quality*, National Survey on Drug Use and Health, 2002-2013, Figure 2.1.

<sup>16</sup> SAMHSA, *Center for Behavioral Health Statistics and Quality*, National Survey on Drug Use and Health, 2002-2013, Table 6.1A.

<sup>17</sup> "Teens are more cautious about synthetic drugs" University of Michigan Press Release, December 18, 2013, available at [www.ns.umich.edu/new/releases/21880-teens-more-cautious-about-using-synthetic-drugs](http://www.ns.umich.edu/new/releases/21880-teens-more-cautious-about-using-synthetic-drugs).

<sup>18</sup> Madeline H. Meier, et al., "Persistent cannabis users show neuropsychological decline from childhood to midlife," Proceedings of the National Academy of Sciences, July 30, 2012, available at [www.pnas.org/cgi/doi/10.1073/pnas.1206820109](http://www.pnas.org/cgi/doi/10.1073/pnas.1206820109).

<sup>19</sup> AJ Gruber, et al., "Attributes of long-term heavy cannabis users: A case control study," *Psychological Med* 33(8):1415-1422, 2003, available at <http://www.ncbi.nlm.nih.gov/pubmed/14672250>.

<sup>20</sup> Food and Drug Administration, "Inter-Agency Advisory Regarding Claims That Smoked Marijuana Is a Medicine.," April 20, 2006, available at [www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/2006/ucm/108643.htm](http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/2006/ucm/108643.htm).

The scientific study of active chemicals in marijuana, specifically those referred to as cannabinoids, has led to the development of two FDA-approved drugs already.<sup>21</sup> Additional research is ongoing, and it may lead to the development of new pharmaceuticals that may harness the therapeutic benefits of cannabinoids, while minimizing or eliminating the harmful side effects (including the “high”) produced by eating or smoking marijuana. The National Institute on Drug Abuse (NIDA) and other components of the National Institutes of Health are funding research to determine the possible role that active chemicals in marijuana, like THC, CBD, or other cannabinoids may play in treating autoimmune diseases, cancer, inflammation, pain, seizures, substance use disorders, and other psychiatric disorders.<sup>22</sup>

DEA supports these scientific research efforts and ensures that there is sufficient marijuana available for research purposes through a robust process of providing Schedule I research registrations to qualified researchers. In fact, DEA has never denied a marijuana-related research application to anyone whose research protocol had been determined by the Department of Health and Human Services to be scientifically meritorious. If there are ways in which marijuana, through the tested, professional research protocols used to evaluate all other drugs, can help Americans who can benefit from its use, DEA will be supportive of those efforts. DEA has also taken steps to increase the amount of marijuana available to researchers in the United States. On May 5, 2014, DEA published a notice in the Federal Register indicating an increase in the annual aggregate production quota for marijuana to allow the NIDA to produce more marijuana for researchers.<sup>23</sup>

Looking forward, DEA will continue to build on the progress that has been made. With our state and local partners we will continue to target traffickers who operate in or whose drugs enter into our country, frequently bringing with them gang activity, violence, addiction and death. These investigations complement and support our international partnerships, allowing DEA to target the world’s most important and dangerous drug traffickers who manage sophisticated criminal organizations whose operations span the globe. Due to the very nature of the threat, it is clear that the antidrug mission DEA carries out is an essential element to the national health and security of the United States and our interests abroad.

Perhaps one of the most effective tools which we will continue to exercise is our ability to target the financial infrastructure of major drug trafficking organizations and those who facilitate the laundering of their proceeds. By seizing illicit drug proceeds, DEA prevents drug trafficking organizations from using these funds to fuel the next round of drug production or other nefarious activity to include terrorism. Between FY 2005 through the end of FY 2013, DEA has denied drug trafficking organizations approximately \$25.7 billion in revenue, including \$3.5 billion in FY 2013 alone. To put that in perspective, DEA’s total appropriated budget over that same time period totaled \$16.9 billion. This total includes major seizures and fines not only from drug traffickers themselves, but those who keep them in business, supplying weapons, laundering money, moving drugs, providing them with safe havens, and those who have taken their payoffs and bribes.

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<sup>21</sup> An FDA-approved drug called Dronabinol (Marinol®) contains THC and is used to treat nausea caused by chemotherapy and wasting disease (extreme weight loss) caused by AIDS. Another FDA-approved drug called Nabilone (Cesamet®) contains a synthetic cannabinoid similar to THC and is used for the same purposes.

<sup>22</sup> National Institute on Drug Abuse, *DrugFacts: Is Marijuana Medicine?*, April 2014, available at <http://www.drugabuse.gov/publications/drugfacts/marijuana-medicine>.

<sup>23</sup> 79 Fed. Reg. 25620 (2014).

DEA's comprehensive efforts reflect our historic commitment to bringing drug traffickers to justice. Arresting Chapo Guzman was a significant achievement for Mexico, and a major step forward in our shared fight against transnational organized crime, violence, and drug trafficking. The U.S. Government and Mexico have a strong partnership, and we will continue to support Mexico and our other partners in their efforts to improve security for their citizens and continue to work together to respond to the evolving threats posed by transnational criminal organizations.

DEA enforcement actions, which target major drug trafficking organizations and their proceeds, are only one element in the Administration's comprehensive national drug control strategy in which DEA plays an important role. Drug trafficking and abuse harms our citizens and endangers future generations of Americans. Today's drug traffickers exploit new and evolving technologies to communicate, launder ill-gotten gains, and facilitate the smuggling of drugs and weapons. DEA must continue to use every tool in the toolbox to combat these organizations through strategic enforcement.

Targeting the world's most prolific and dangerous drug traffickers is a dynamic and evolving mission, and with it comes a myriad of challenges. But throughout our history, DEA has met those challenges and produced impressive results. Using a blend of ingenuity, dedication and drive, our agency has time and again targeted the world's most infamous criminals and brought them to justice. DEA plays an important role in our country's holistic strategy of prevention, treatment, and enforcement.

DEA will continue to build upon these gains and focus on both emerging threats and ones we have been dealing with over many years, increasing our knowledge and our effectiveness. Additionally, we will keep working alongside Members of this Committee and other leaders to advance legislation to strengthen the Controlled Substances Act, to ensure the law keeps pace with changes in technology, illicit drug manufacturing, and the discovery of new substances that can be abused.

Thank you for the opportunity to appear before you today to discuss the activities of DEA. I would be happy to answer any questions you may have.