



EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF NATIONAL DRUG CONTROL POLICY
Washington, D. C. 20503

March 29, 2017

The Honorable Greg Walden
Chairman
Committee on Energy and Commerce
2125 Rayburn House Office Building
Washington, DC 20515

The Honorable Frank Pallone, Jr.
Ranking Member
Committee on Energy and Commerce
2322A Rayburn House Office Building
Washington, DC 20515

The Honorable Tim Murphy
Chairman
Subcommittee on Oversight and
Investigations
Committee on Energy and Commerce

The Honorable Diana DeGette
Ranking Member
Subcommittee on Oversight and
Investigations
Committee on Energy and Commerce

Dear Chairmen and Ranking Members:

Thank you for your February 23, 2017 letter and interest regarding illicit fentanyl and its effects. The enclosed attachment provides written responses of the Office of National Drug Control Policy (ONDCP), with input from relevant Federal agencies, to the specific questions posed by the Committee.

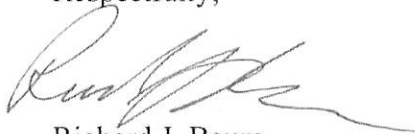
Please know that we share the Committee's view that illicit fentanyl is an urgent public health threat. Our Nation is in the midst of an opioid epidemic, and we have seen a dramatic increase in overdose deaths associated with increased availability and use of heroin and fentanyl.

As a result, in the fall of 2015, National Security Council (NSC) staff coordinated and facilitated interagency discussion, which resulted in agreement across affected departments and agencies that the National Heroin Coordination Group (NHCG) should be created within ONDCP. The NHCG was tasked with developing, in close coordination with the NSC staff, a Heroin Availability Reduction Plan (HARP) of actions, goals, and measures to leverage interagency activities to reduce the supply of heroin in the U.S. market. Because of similarities in trafficking methods, consumer base and market, and prevention, treatment, and recovery efforts associated with both heroin and illicit fentanyl, the NHCG works to reduce the availability and effects of the two drugs simultaneously.

The HARP, finalized in June 2016, is a strategic plan designed to bring together, contextualize, evaluate, and synchronize the strategies and partnerships currently taking place at the Federal, state, local, and tribal levels to reduce the availability of heroin and illicit fentanyl. This effort allows the NHCG to help maximize the effectiveness of government efforts, as well as to identify gaps in our strategy, and recommend potential reallocation of resources as necessary to address this evolving crisis.

Again, thank you for your keen interest in this critical issue. We look forward to continuing to work with your Committee to address the heroin/opioid/fentanyl crisis. Should you have any questions, please contact me directly at (202) 395-6700 or have your staff contact Leo Luberecki, ONDCP's Acting Director of External Affairs, at (202) 395-6602.

Respectfully,

A handwritten signature in black ink, appearing to read "Richard J. Baum", with a long horizontal flourish extending to the right.

Richard J. Baum
Acting Director

Enclosure

Attachment: Response to questions concerning fentanyl

1. From where is foreign-made fentanyl trafficked? By whom? How is it being trafficked?

ANSWER:

Fentanyl is a controlled substance in the United States. It is a powerful Schedule II synthetic opioid analgesic approved in a variety of products for indications including the treatment of breakthrough cancer pain in opioid-tolerant patients, and anesthesia. Pharmaceutically produced fentanyl can come in patches, lozenges, tablets, and liquid form. As of 2016, there were nine fentanyl manufacturers in the United States registered with the U.S. Drug Enforcement Administration (DEA).

The emergence of fentanyl in the illegal drug market has compounded the ongoing opioid epidemic in the United States. Fentanyl is sometimes mixed with powder heroin to increase its effects, or it can be mixed with diluents and sold as “synthetic heroin,” with or without the buyer’s knowledge. Increasingly, clandestinely produced fentanyl is being pressed into tablets designed and manufactured to mimic the appearance of prescription opioid medications, such as oxycodone or hydrocodone, and sold in the illegal drug market.

Sources of Fentanyl

According to U.S. law enforcement agencies, the overwhelming majority of fentanyl found in the illegal drug market is illicit fentanyl produced by foreign sources, primarily in China, with transshipment and possibly some production in Mexico. China has one of the world’s largest chemical industries, with an estimated 170,000 chemical companies operating legally.

In 2015, after numerous engagements between the United States and the People’s Republic of China, Chinese officials scheduled 116 substances, including five fentanyl-related substances. Recently, in 2017, the Chinese scheduled carfentanil, an extraordinarily strong member of the fentanyl-family of drugs that is responsible for hundreds of overdoses in the United States. At the same time, they also scheduled three other fentanyl-family drugs

In October 2016, the United States officially requested that the United Nations Secretary-General internationally control N-Phenethyl-Piperidone (NPP) and 4-Anilino-N-Phenethyl-Piperidine (ANPP), two chemicals essential for the most common method of producing fentanyl. After a full technical review, the International Narcotics Control Board made a recommendation to the United Nations’ Commission on Narcotic Drugs (CND) in favor of international control of these chemicals,¹ and on March 16, CND voted to internationally control these fentanyl precursor chemicals. All UN member states now have 180 days to bring these precursors under their regulatory control system.

Trafficking Routes and Methods

U.S. law enforcement assesses that illicitly manufactured fentanyl is being moved into the country via three primary routes:

¹ Available at: https://www.incb.org/documents/News/2017-CND_Notification1Feb2017.pdf

- Fentanyl is increasingly arriving illicitly into the United States directly from China. U.S.-based consumers are purchasing fentanyl from both the dark and clear web for shipment directly to the United States in very small, yet exceedingly deadly, quantities via express and traditional mail. Chemical testing of fentanyl seized by law enforcement from the United States Postal Service (USPS) system, as well as from private or express consignment shipping companies (e.g., UPS, DHL FedEx, etc.), suggests fentanyl purity arriving via these direct shipments are in excess of 90 percent.
- Illicit fentanyl is also being smuggled into the United States via the Southwest border from Mexico, where traffickers use well-established drug routes and methods. U.S. law enforcement seizures of fentanyl at the border are often in kilogram quantities, and chemical testing of the drugs seized suggests fentanyl purity at between 5 and 10 percent. Intelligence suggests that fentanyl smuggled to the United States over the border from Mexico is either fentanyl that was produced in China and then milled (diluted and repackaged) for shipment or possibly produced in Mexico from precursor chemicals purchased from Chinese chemical companies.
- Law enforcement advises that illicit fentanyl is entering the United States via the Northern border from Canada, where it is generally milled and pressed into counterfeit opioid pills and then passed off to unsuspecting illicit market buyers as licitly produced pharmaceutical oxycodone (or other opioid painkillers).

2. How much fentanyl is estimated to have been smuggled into the United States in 2016, or alternatively for the most recent calendar year with data available?

ANSWER:

As the fentanyl problem has grown, U.S. intelligence and law enforcement agencies have worked to improve our knowledge base of fentanyl trafficking. At present, our information sources are limited to seizure data, which can provide some insight into general increases or decreases in flow. The Federal Government is continuing to improve our detection and monitoring capabilities to focus on illicit fentanyl and other synthetic drugs that are more difficult to detect than other illicit drugs.

In 2016, more than 750 domestic drug seizures involved illicit fentanyl according to El Paso Intelligence Center, National Seizure System. This represents a 26 percent increase over the number of seizures in 2015, and a more than 250 percent increase overall since 2014. The number and amount of fentanyl pills, liquid, and kilograms of powder seized have each increased during this time. While fentanyl seizures are most typically in a powder, salt, or rock-like form, seized amounts of fentanyl pills and liquid have increased in recent years. Table 1 below illustrates detailed seizure information.

Table 1. Number of Domestic Illicit Fentanyl Seizure Incidents and Amounts Seized, 2014-2016						
	2014		2015		2016*	
	# Incidents	Amount	# Incidents	Amount	# Incidents	Amount
# Dosage units/pills	20	425	85	5,252	44	15,440
Kilograms	190	15	511	127	691	668
Milliliters	1	18	3	6	19	281,164

* Indicates preliminary and incomplete annual total

Note: The seizure amounts listed are likely underestimates of the total amounts of fentanyl seized by the U.S. Government. Submission of data to the National Seizure System (NSS) is voluntary and typically lags by six or more months. Not all Federal, state, and local agencies submit seizure information for input into the NSS and, among those that do, fentanyl-seizing agencies often do not recognize or appreciate that their seizure contained fentanyl until they receive laboratory results weeks or months after the seizure.

Source: El Paso Intelligence Center (EPIC), National Seizure System (NSS). Extracted by ONDCP on Feb. 15, 2017.

3. How much fentanyl is estimated to have been delivered into the United States through the U.S. Postal Service in 2016, or alternatively for the most recent calendar year with data available?

ANSWER:

Similar to Question 2 above, as the fentanyl problem has grown, U.S. intelligence and law enforcement agencies have worked to improve our knowledge base of fentanyl trafficking. At present, our information sources are limited to seizure data, which can provide some insight into general increases or decreases in flow. The Federal Government is working to improve our detection and monitoring capabilities to focus on illicit fentanyl and other synthetic drugs that are more difficult to detect than other illicit drugs. Due to its easy concealment and relatively low packaging profile, these shipments are very difficult to detect.

The Universal Postal Union, a specialized agency of the United Nations, governs the use of the worldwide postal system for its member nations through the Universal Postal Congress and international agreements, including international mail bound for the United States. Within the United States, domestic mail sent from one U.S.-based location to another is under the jurisdiction of the USPS. However, mail sent into the United States from a foreign nation is not within the jurisdiction of USPS until it moves through one of nine international mail processing facilities and is cleared by the U.S. Customs and Border Protection (CBP) within the U.S. Department of Homeland Security (DHS).

In processing inbound international mail, CBP seized contraband narcotics almost 27,000 times weighing in total more than 65,000 kilograms in FY2016. In this time period, CBP seized 15.33 kilograms of fentanyl in 54 separate seizures.

The USPS saw over 275 million international inbound mailings in FY2016. Of those items, there were over 10 million international express mail items and over 4 million air and surface parcels. In FY2016, the United States Postal Inspection Service (USPIS), the law enforcement arm of USPS, seized 89 kilograms of heroin, 13,968 oxycodone tablets, and fentanyl-family synthetic opioids on 36 occasions. Since October 2014, USPIS seized over 97 parcels in the mail that contained suspected synthetic opioids.

- 4. How much fentanyl is estimated to have been delivered into the United States through foreign mail in 2016, or alternatively for the most recent calendar year with data available?**

ANSWER:

See response to Question 3 above.

- 5. How much fentanyl is estimated to have been delivered into the United States through consignment carriers in 2016, or alternatively for the most recent calendar year with data available?**

ANSWER:

Similar to Questions 2-4, as the fentanyl problem has grown, U.S. intelligence and law enforcement agencies have worked to improve our knowledge base of fentanyl trafficking. At present, our information sources are limited to seizure data, which can provide some insight into general increases or decreases in flow.

Express consignment carriers are private companies that ship parcels and packages into and out of the United States, which are subject to customs regulations and oversight. These carriers reported to CBP that in FY2016, they processed over 111 million shipping bills for parcels and packages entering the United States (note: each bill could contain information on more than one parcel/package). In FY2016, in processing inbound express consignment parcels, CBP seized contraband narcotics 3,900 times, accounting for over 23,800 kilograms. Of these seizures, fentanyl accounted for 21.47 kilograms in 46 separate express consignment seizures, a fraction of the overall amount of total express shipments. Even though the express carriers typically require additional data to ship parcels, it is still rather difficult for these carriers and law enforcement to detect and intercept opioids in their supply chain because of the relatively easy nature of concealment of the contraband.

- 6. How many overdose deaths were associated with heroin containing fentanyl in 2016, or alternatively for the most recent calendar year with data available?**

ANSWER:

The Centers for Disease Control and Prevention's (CDC) National Center for Health Statistics compiles mortality data from death certificate data submitted by a state and county-based system of medical examiners and coroners (ME/C) from across the Nation. Medical examiners are

physicians trained in forensic pathology. Coroners generally are not required to have such training. In many jurisdictions, the coroner is an elected official with little or no medical or scientific training, however, a coroner's office may employ a forensic pathologist to conduct autopsies and other aspects of medicolegal investigation. Of the country's approximately 2.6 million deaths each year, ME/C investigate approximately 500,000 because the deaths are sudden or unexpected, are suspicious or the result of violence, or the decedent lacked an attending physician.

There are no federally mandated standards for conducting death investigations, nor are there nationwide mandatory rules governing the types of toxicology testing or reporting required in death investigations. There are approximately 2,300 ME/C jurisdictions in the United States, each having its own procedures for determining when to investigate a death as suspicious and what drugs to test for in the decedent. Often, budget and staffing limitations are factors in making these decisions. In many cases, even when a death is investigated, and positive toxicology results are found indicating the presence of heroin, many ME/C offices do not test further for fentanyl.

Due to the lack of standardization in death investigations and related toxicology reporting, CDC analysts and other researchers consider estimates of drug overdose deaths, including the involvement of specific drugs like fentanyl in overdose deaths, to be underreported – though the extent of underreporting is unknown. While the Federal Government has a critical need for accurate and timely death investigation data, the country's death investigation system resides overwhelmingly in state and local control.

As noted above, the Federal Government's main source of mortality data is through CDC. Cause and manner of death and contributing causes of death on death certificates are coded using International Classification of Disease (ICD) codes. These codes allow for some level of reporting consistency across the Nation. However, there are no drug-specific codes for recording less commonly used drugs, such as fentanyl. In cases where an ME/C identifies fentanyl as being involved in a death, it is coded in a more general category: "synthetic opioids (other than methadone)." The CDC considers fentanyl the most commonly identified drug in this category.

In 2015, there were 9,580 deaths involving a synthetic opioid other than methadone (as noted above, the majority of these deaths involved fentanyl); this is three times as many such deaths as occurred in 2013 (3,105 deaths). Fentanyl is often mixed with other drugs, including heroin and cocaine. In 2015, there were 2,685 deaths that involved both heroin and synthetic opioids (other than methadone) and 1,542 that involved both cocaine and synthetic opioids (other than methadone). These estimates represent more than ten- and six-fold increases in such deaths, respectively, since 2013.

In instances where multiple drugs are determined to have contributed to death, it is not possible to determine whether the drugs were ingested consecutively over a period of time just prior to death or simultaneously or which drug was responsible for causing the death.

7. How many overdose deaths were associated with counterfeit drugs containing fentanyl in 2016, or alternatively for the most recent calendar year with data available?

ANSWER:

Unfortunately, it is not possible to determine from postmortem toxicology results whether a decedent ingested a counterfeit pharmaceutical containing fentanyl, powdered fentanyl purported to have been heroin, or even a pharmaceutically produced prescription fentanyl product. Therefore, postmortem testing is not useful for the purpose of determining the number of deaths that involved counterfeit drugs containing fentanyl.

Oftentimes death investigators from ME/C offices collect information at the scene of death, which may more specifically inform the circumstances surrounding a specific overdose event. For example, the collection at the scene of un-ingested tablets, powders, patches, liquids, or various types of drug paraphernalia often contribute to a clearer understanding of the type and form of the drug that may have contributed to the death. However, this information is typically not reported or coded on the death certificate; therefore, it is not incorporated into CDC's mortality files. The lack of nationwide standards and processes for uniform medicolegal death investigations contributes to a lack of fidelity and presents barriers to meaningful national analysis.

8. How many overdose deaths were associated with diverted fentanyl in 2016, or alternatively for the most recent calendar year with data available?

ANSWER:

Postmortem toxicological testing of biological samples cannot differentiate between diverted or illicitly produced fentanyl. After a fentanyl-family drug is metabolized, fentanyl that is manufactured for licit pharmaceutical use and fentanyl that is clandestinely produced for illicit consumption appear identical to the toxicologist. Consequently, postmortem testing is unable to determine the licit or illicit production source of fentanyl contributing to overdose deaths.

As noted above, death investigators collect information at the scene of a fatal overdose event, which may suggest the form and route of administration of the drug(s) the decedent was exposed to prior to death that may indicate whether the substance was a diverted licit pharmaceutical or one that was illicitly produced. However, toxicological testing is unable to determine the "type" of fentanyl (licitly or illicitly produced) that caused an overdose death.

However, DEA assesses that diverted pharmaceutical fentanyl represents an overwhelmingly small portion of the domestic illicit fentanyl market. Field investigations by CDC in a few states in the Midwest, South, and Northeast also suggest that recent surges in fentanyl deaths are closely related to increases in illicitly manufactured fentanyl, as opposed to diverted pharmaceutical fentanyl.

9. **How many illegal (i.e. falsely labeled and/or used for opioid production) pill-making machines were detected and seized in 2016, or alternatively for the most recent calendar year with data available? Please include information on the type of machine detected and seized, if identifiable, in your response.**

ANSWER:

The DHS reports 58 seizures of pill-making machines in FY2016.

10. **How many illegal (i.e. falsely labeled and/or used for opioid production) component parts to pill-making machinery were detected and seized in 2016, or alternatively for the most recent calendar year with data available? Please include information on the location points of seizure and the number and type of components seized from each location in your response.**

ANSWER:

Data related to the detection and seizure of component parts to pill-making machinery is collected by law enforcement agencies including CBP, U.S. Immigration and Customs Enforcement (ICE), and DEA. Seizures of these devices can occur at the border, at express consignment locations, or at international mail facilities. Domestically, seizures can also be made as part of a domestic or international criminal investigation. The law enforcement agencies noted above have the most accurate information regarding such seizures.

11. **How many thousands of counterfeit pills containing any amount of fentanyl were seized in 2016, or alternatively for the most recent calendar year with data available? Please include information on the most prevalent geographic locations where counterfeit pills were seized in your response.**

ANSWER:

There is no national database that currently captures the exact number of counterfeit pills containing fentanyl that were seized on a yearly basis. However, Table 2 displays estimates of the total number of drug evidence tablets and capsules analyzed in DEA forensic laboratories and chemically identified as containing fentanyl and/or fentanyl-family drugs. These counts are not representative of all seized fentanyl tablets and capsules in the United States (or specific geographic regions), but are representative of all evidence submitted and analyzed by DEA laboratories from domestic sources. Because of the overwhelming volume of drug exhibits submitted, DEA gives priority in lab testing to exhibits needed for trial. Further, most suspected controlled substances are initially seized and submitted for analysis at the state and local level.

In 2015, an estimated 14,772 domestically seized tablets and capsules were identified in DEA forensic laboratories as containing some amount of fentanyl and/or fentanyl-family drugs with or without other illicit drugs and non-narcotic substances. This represents approximately 12 times the number identified as such by DEA's laboratories in 2014. It should be stressed that the numbers in Table 2 represent pills which were analyzed, which is an extremely small sample of all counterfeit pills containing fentanyl that were encountered – each of the numbers listed in

Table 2 are representative of a much larger set of seized pills. In one particular instance, three pill presses seized by DEA were each capable of producing between 3,000 and 5,000 pills an hour.

There is substantial variation in the most prevalent geographic regions from which the fentanyl-family-containing tablets and capsules analyzed were seized. In 2015, and through November 4, 2016, the majority of analyzed tablets and capsules were seized in Western and Southern states, whereas in 2014, most analyzed tablets and capsules were seized in Northeastern states.

Table 2. Number of Drug Evidence Tablets/Capsules Containing Fentanyl, 2014-2016			
	2014	2015	2016*
West	0	13,294	4,052
South	356	923	202
Northeast	826	555	165
Midwest	0	0	3
Total	1,182	14,772	4,422

* Indicates preliminary and incomplete annual total

Note: These data were compiled by a query of archived seizure and analysis information from drug evidence analyzed by the DEA's laboratory system, STARLiMS. Data are representative of drug evidence seized and analyzed between Jan. 1, 2014 and Nov. 4, 2016, **but are not comprehensive of all evidence analyzed by DEA and other Federal and local sources.** A total of 20,376 tablet and capsule drug evidence analysis records that contained fentanyl or fentanyl-family drugs were identified. Data for 2016 should be assumed incomplete. It is common for one seizure analysis record to include multiple co-occurring substances. An effort was made to identify and remove duplicate analysis records stemming from a single parent seizure event, but one analysis record should not be assumed to equal one seizure event.

Source: U.S. Department of Justice, Drug Enforcement Administration. STARLiMS forensic drug chemistry database. Analysis by ONDCP on export through Nov. 4, 2016.

- 12. Please provide a list of the known types of pills containing any amount of fentanyl being misrepresented as another drug, such as oxycodone, OxyContin, or Xanax, and the quantities of each type of misrepresented drug.**

ANSWER:

Anecdotal evidence suggests that illicit fentanyl is pressed into tablets manufactured to appear as a variety of name-brand and generic medications, including, but not limited to, OxyContin, oxycodone (generic), Xanax, alprazolam (generic), codeine, and hydrocodone. In its enforcement capacity, DEA counts the number of pills it seizes that have fentanyl in them; however, the agency does not have any database that captures and aggregates what pills look like or what they are purported to be.

13. Please provide the top ten locations in the United States with (1) the greatest increases in the number of deaths related to fentanyl and (2) the amount of fentanyl seized in 2016 compared to 2015.

ANSWER:

- Table 3 below indicates the ten states experiencing the greatest increases in their age-adjusted rates of death involving “synthetic opioids (other than methadone)” per 100,000 population in 2015. As described in the answer to Question 6 above, there is not an ICD code specific to fentanyl. Optimally, when an ME/C identifies fentanyl as being involved in a death, it is coded in the general category, “synthetic opioid (other than methadone).” Most, but not all, of the deaths coded in this category are thought by National Center for Health Statistics analysts to involve fentanyl. A recent in-depth analysis by CDC of literal text fields on death certificates identified fentanyl’s involvement in approximately 75 percent of deaths coded as involving synthetic opioid (other than methadone). States reporting the greatest increases in deaths between 2014 and 2015 are not necessarily the states with the highest rates of overdose death nationwide. For example, Illinois reported the 5th highest percent increase in deaths involving synthetic opioids (other than methadone), but the state’s age-adjusted rate of death was 29 percent lower than the national average of 3.1 in 2015.
- Table 4 below indicates the ten states reporting the greatest number of law enforcement encounters with fentanyl in 2015. Law enforcement encounters are defined as those that result in a seizure that is submitted forensic analysis and reported to DEA’s National Forensic Laboratory Information System (NFLIS). NFLIS is a repository for drug identification results submitted to and analyzed by Federal, state, and local forensic laboratories. Nationwide, fentanyl was the 10th most frequently encountered drug in the NFLIS database in 2015, accounting for just over one percent of all drug exhibits submitted.

Table 3. States With Greatest Increases in Deaths Involving Synthetic Opioids (other than methadone), 2015			
State	Rate*	Relative to Other States	Percent Change 2014 to 2015
Michigan	4.8	11	153
New York	3.3	16	136
New Jersey	2.8	22	133
Connecticut	6.1	8	126
Illinois	2.2	26	120
Massachusetts	14.4	2	109
Ohio	11.4	5	107
Pennsylvania	3.5	15	94
New Hampshire	24.1	1	94
Tennessee	4.0	13	90

* Indicates age-adjusted rate per 100,000 population in 2015

Note: The percent change in rate of death compares rates reported in 2014 to 2015. Rank refers to how the 2015 rate ranks as compared to the other 50 states and D.C. The involvement of "Synthetic Opioids (other than

methadone)" in deaths was identified via underlying cause ICD-10 CM code series X40-X44, X60-X64, X85, Y10-Y14 and multiple cause code T40.4. Multiple cause code T40.4 is the category that includes fentanyl and other synthetic opioid analgesics, such as tramadol. ICD-10 CM drug categories are not mutually exclusive. Deaths involving "Synthetic Opioids (other than methadone)" may also have involved other drugs. There is wide variation in how well states document specific drugs on death certificates, which would affect these rates and rankings. See answer to Question 6 for additional information.

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2015 on CDC WONDER Online Database, released 2016. Data are from the Multiple Cause of Death Files, 1999-2015, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at <http://wonder.cdc.gov/mcd-icd10.html> on Dec. 9, 2016.

State	Exhibits	Percent of Total Exhibits Submitted
Ohio	4,300	3.5
Massachusetts	3,046	8.6
New Hampshire	1,356	16.1
Pennsylvania	1,288	1.5
New Jersey	1,159	2.0
Florida	692	0.9
Virginia	622	1.2
Maryland	606	1.0
Kentucky	536	1.2
New York	502	0.8

* Indicates 2015 data is preliminary and incomplete

Note: The number of "Exhibits" reflects the count of the preliminary total number of fentanyl and fentanyl-family drug submissions to forensic labs for analysis that resulted from state, local, and Federal law enforcement drug evidence seizures in the identified state in 2015. These counts are submitted voluntarily and are unweighted; thus, they do not control for differences in typical state participation in the database or the number and capacity of state forensic labs. The "Percent of Total" reflects the proportion that fentanyl and fentanyl analog exhibits accounted for among the total drug evidence submitted to forensic labs on behalf of the indicated state.

Source: U.S. Department of Justice, Drug Enforcement Administration; "National Forensic Laboratory Information System;" <http://www.deadiversion.usdoj.gov/nflis/index/html>; accessed by ONDCP on Jan. 9, 2017.

While there are some states that appear in both Tables 3 and 4, the lists are not identical. This is not unexpected as high drug trafficking areas, such as along the Southwest border, are not consistently observed to be high drug use areas.

14. Which law enforcement agencies are actively working on the fentanyl threat?
Please list all federal law enforcement and interagency working groups addressing the fentanyl threat, including a list of agencies represented in each working group.

ANSWER:

Table 5.	
Working Groups Addressing Heroin/Opioid/Fentanyl Threat and Associated Agencies	
Working Groups Addressing the Threat	Agencies Represented in Each Group
ONDCP/NHCG	ONDCP, DOJ/CRM, DOJ/DEA, DOJ/FBI, DOD/USA, DOD/USN, State/INL, DHS/USCG
Federal Law Enforcement Secure Conference/ Heroin Availability Reduction Plan (HARP) Implementation	ONDCP, DHS/CBP, DHS/ICE-HSI, DHS/Policy, DOJ/ATF, DOJ/CRM, DOJ/DEA, DOJ/EOUSA, DOJ/AGAC, DOJ/FBI, DOJ/OCDETF, DOJ/USMS, NSC/TOC, Treasury/IRS-CI, Treasury/OFAC, Treasury/FinCEN, Treasury/OIA, USPS/USPIS
Interagency Implementation Group/Heroin Availability Reduction Plan (HARP) Implementation	ONDCP, DOD/Northcom/Mexico, DHS/CBP, DHS/ICE-HSI, DHS/Policy, DHS/USCG, DOJ/ATF, DOJ/CRM, DOJ/DEA, DOJ/EOUSA, DOJ/FBI, DOJ/OCDETF, DOJ/USMS, DOJ/BJA, DOJ/COPS, HHS/ASPE, NSC/TOC, ODNI, OMB, State/INL, State/WHem, Treasury/FinCEN, Treasury/IRS-CI, USPS/USPIS, U.S. Interdiction Coordinator, High Intensity Drug Trafficking Areas (HIDTA), Multiple State Public Health Officials
U.S. Embassy Mexico/Interagency Heroin & Fentanyl Working Group	DOJ/DEA, DHS/CBP, State/INL, Treasury/OFAC, DOJ/CRM, DOJ/FBI, DOJ/ATF, State/USAID, ONDCP
Special Operations Division-Heroin/Fentanyl Task Force	DOJ/DEA, DHS/HSI, DHS/CBP, USPS/USPIS, DOJ/FBI
High Intensity Drug Trafficking Area (HIDTA) Heroin Response Strategy	ONDCP, HIDTA/Appalachia, HIDTA/Michigan, HIDTA/New England, HIDTA/NY-NJ, HIDTA/Ohio, HIDTA/Philadelphia-Camden, HIDTA/Washington-Baltimore, State/Local law enforcement and public health partners from 17 states and the District of Columbia

Federal Bureau of Investigation Fentanyl Working Group	FBI/Lab Div-Haz Mat, FBI/Facilities and Logistics Division, FBI/Human Resources Health Care Program Unit, FBI/CID
Heroin Initiative Project	FBI/Albany, FBI/Boston, Albany Medical Center, DOJ/USAO/NDNY, DOJ/USAO/DVT
Drug Overdose and Addiction Working Group	FBI/Atlanta, DOJ/USAO/NDGA, State/Local participants
Community Overdose Action Team-Illegal Opioid Supply Control Committee	FBI/Cincinnati, State/Local participants
Heroin Involved Death Investigation Team	FBI/Cleveland, State/Local law enforcement, medical examiners' offices, prosecutors
Myrtle Beach Police Department-Horry County Heroin/Fentanyl Coalition	FBI/Columbia, State/Local law enforcement, prosecutors, magistrates, emergency room physicians, social workers
Heroin-Fentanyl Working Group	FBI/New Haven, DOJ/USAO/DCT, State/Local law enforcement
Hampton Roads Heroin Working Group	FBI/Norfolk, DOJ/USAO/EDVA, Virginia Attorney General's Office, State/Local law enforcement, medical community, and outreach team

15. Has any law enforcement agency or interagency working group developed a strategic plan to address this threat? If so, please provide a copy of any such plan to the Committee.

ANSWER:

Three agencies, including ONDCP, have established strategic plans to combat the heroin/opioid/fentanyl crisis. The agencies and titles of the plans are indicated in the table below. Full copies are attached.

Table 6. Strategic Plans to Combat Heroin/Opioids/Fentanyl	
Agency	Strategic Plan
ONDCP	Heroin Availability Reduction Plan (HARP)
U.S. Department of Justice	Strategy to Combat Opioid Epidemic
Organized Crime Drug Enforcement Task Forces (DOJ/OCDETF)	Heroin National Strategic Initiative