

**Statement for the Record
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**Hearing Before the House Committee on Energy and Commerce
Subcommittee on Health
“Policies to Protect Our Communities from Illicit Drug Threats”**

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Chairman Griffith, Ranking Member DeGette, and Members of the Subcommittee, thank you for the opportunity to appear before you today. I appreciate the Subcommittee's continued leadership on this issue and its focus on advancing practical, bipartisan solutions to protect our communities from illicit drug threats.

My name is Sheriff Dennis Lemma, and I serve as Sheriff of Seminole County, Florida, and am currently the President of the Florida Sheriffs Association. I am here representing the Major County Sheriffs of America (MCSA), a professional law enforcement association representing the largest Sheriff's offices across the country. Our members serve more than one-third of the United States population and include agencies serving counties with populations of 400,000 or more and employing more than 700 personnel.

I have had the honor to serve my community for the past 34 years. During that time, I have seen an evolution in drug trends. From the days of the “cocaine cowboys” to “designer” club drugs, law enforcement has always had to do all it can to educate itself and stay ahead of what lies around the corner. However, what we are seeing on the ground today is fundamentally different from what we saw even a few years ago. The drugs are more potent, accessible, and deceptive. And increasingly, people do not know what they are taking.

We are seeing individuals, many of them young, take what they believe is a legitimate prescription pill, only to ingest something manufactured in a clandestine lab and laced with fentanyl or another synthetic substance. In many cases, a single exposure can be fatal.

We are also encountering substances that complicate response in ways we have not faced before.

Xylazine, for example, is increasingly present in the drug supply and does not respond to naloxone, which increases the risk of fatal outcomes.

Policing professionals remained concerned about the emergence of substances that exist in a gray area between legality and lethality. One example is 7-hydroxymitragynine, commonly referred to as 7-OH, a highly potent derivative of kratom. While often marketed as a legal or “natural” alternative, 7-OH acts on opioid receptors and, in many cases, produces effects that are significantly stronger than morphine. This creates a dangerous perception gap, where individuals believe they are consuming a safe product when, in reality, they are exposed to a substance with a high risk of dependency and fatal overdose, particularly when combined with other drugs. Recognizing this threat, Florida took emergency action to restrict its sale and distribution. However, that emergency ban is temporary and set to expire, raising serious concerns that this substance could re-enter the market without appropriate controls. This is another example of how quickly the drug landscape is evolving and how gaps in regulation can be exploited before policy can catch up.

At the same time, the individuals we encounter, whether in our communities or in our correctional facilities, are not dealing with a single issue. We consistently see the intersection of substance dependency, mental health challenges, and gaps in stable support systems. These factors create vulnerability, and today’s illicit drug market is designed to exploit that vulnerability at scale.

That is why this issue requires a holistic, multi-pronged approach; one that combines prevention, treatment, and enforcement. It also requires that we do two things at the same time: provide a real pathway toward sobriety for individuals who are struggling and hold accountable those who are distributing these substances.

We have seen what happens when that balance is in place.

In Florida, at one point, we were losing nearly 19 people a day to overdoses. That reality forced us to act across systems, bringing together law enforcement, clinicians, addiction specialists, educators, and policymakers to identify what works and scale it.

We strengthened prescription monitoring systems and addressed overprescribing. We expanded access to treatment, including medication-assisted therapy combined with behavioral care. We increased access to naloxone and worked to put it directly into the hands of both first responders and the public.

At the same time, we strengthened accountability, ensuring that individuals who distribute lethal substances are held responsible, particularly when they target schools and other vulnerable communities.

That experience reinforced a simple reality: when we address both the drivers of addiction and the evolving drug supply at the same time, we save lives.

An Evolving Threat

The scale of this problem is significant, and what law enforcement seizes represents only a fraction of what enters our communities. In calendar year 2025, the DEA seized nearly 9,900 kilograms of fentanyl and approximately 47.5 million fentanyl-laced pills. That alone is enough to represent more than 341

million potentially lethal doses. Law enforcement also seized more than 79,000 kilograms of methamphetamine, over 263,000 kilograms of cocaine, and more than 1,200 kilograms of heroin.

But what makes today's threat environment different is not just volume; it is unpredictability. We are seeing more mixing of substances, greater variability in potency, and more cases where individuals have no way of knowing what they are ingesting. Xylazine is one example of how quickly this landscape is changing.

Once confined to veterinary use, xylazine is now a growing presence in the illicit drug supply - involved in more than 6,000 drug poisoning deaths in 2023 according to the CDC, and appearing in a substantial share of fentanyl samples nationwide. What some fail to realize is that since xylazine is not an opioid, it does not respond to naloxone, which complicates overdose response and increases the risk of fatal outcomes.

Nitazenes pose a distinct and escalating threat. These highly potent synthetic opioids, often as strong as or stronger than fentanyl, are deliberately modified to evade detection and existing scheduling controls. They are easy to ship in small quantities and are increasingly found in counterfeit pills, creating a dangerous reality: individuals believe they are taking a known substance, when in fact they may be ingesting something far more lethal.

These examples reflect a broader pattern: the drug market is rapidly evolving to stay ahead of enforcement. The result is an environment that is more dangerous, more dynamic, and far less predictable - and our response must be built to match that reality.

Congressional Action Needed to Address Evolving Illicit Drug Threats

Scheduling Gaps and Emerging Substances

MCSA prioritized and appreciated your leadership on the *HALT Fentanyl Act*, bipartisan legislation signed into law by the President that permanently scheduled fentanyl-related substances, closing a critical loophole that traffickers had long exploited. It gives law enforcement the necessary tools to pursue these cases and demonstrates what is possible when policy reflects what is happening in the field.

But scheduling gaps remain, and traffickers are exploiting them. Considering that xylazine is not currently scheduled under the Controlled Substances Act, law enforcement lacks consistent authorities to track its distribution and hold traffickers accountable. The *Combating Illicit Xylazine Act* would close that gap by placing xylazine in Schedule III, providing law enforcement with clearer tools to disrupt trafficking networks while preserving legitimate veterinary use.

Nitazenes present a rapidly evolving and particularly dangerous challenge. These highly potent synthetic opioids, often comparable to or even exceeding fentanyl, are increasingly appearing in counterfeit pills and mixed into other illicit drugs, yet routine drug tests and toxicology screenings often fail to detect them. Traffickers are exploiting gaps in scheduling by making minor chemical modifications that place new variants beyond existing law. The *Nitazene Control Act* would close that loophole by adopting a class-wide scheduling approach, ensuring that small structural changes can no longer be used to evade detection and prosecution.

Targeting Illicit Pill Production

Illicit manufacturing has become a critical part of the drug supply chain. Traffickers have gained access to industrial pill presses, equipment identical to that used by legitimate pharmaceutical companies, allowing them to produce counterfeit pills that are often indistinguishable from real medication. The *Fight Illicit Pill Presses Act* would strengthen oversight by requiring pill press equipment to carry serial numbers

registered with the DEA and by imposing penalties for tampering. This would give law enforcement a practical way to trace equipment and hold those producing counterfeit pills accountable.

Coordinating Response Across Jurisdictions

Disrupting fentanyl trafficking and transnational drug networks is not work any single agency can do alone. The High Intensity Drug Trafficking Areas (HIDTA) program is the backbone of that coordination. Operating in 33 regions across all 50 states, HIDTA strengthens intelligence sharing and joint operations among agencies at every level of government. Many MCSA members rely on it daily. Its strength lies in its structure: locally driven, operationally focused, and built around the agencies that know their regions best.

Congress should provide robust funding for HIDTA, keep the program within the Office of National Drug Control Policy, and advance reauthorization through the *FIGHT Fentanyl Act* and the *HIDTA Enhancement and Authorization Act*, ensuring the program remains locally driven and operationally focused.

Treatment, Diversion, and Care in Custody

The communities we serve are confronting a human crisis; one that demands a coordinated response across law enforcement, healthcare, and treatment systems.

Sheriffs are often the first to encounter individuals in crisis, whether driven by substance use, mental health challenges, or both. We do everything we can to get people the help they need by prioritizing de-escalation training, connecting individuals to diversion programs, and deploying co-responder models that pair deputies with behavioral health professionals. How that moment is handled can mean the difference between a tragedy and a turning point.

Sheriffs are not working in isolation; we work alongside healthcare providers, treatment programs, and community partners because a whole-of-system approach is the only one that works.

Too often, though, those resources are limited, fragmented, or unavailable, and the justice system becomes the default. That has placed local jails at the center of this crisis. We operate the majority of local correctional facilities and bear constitutional responsibility for the healthcare of every person in our custody. This is an obligation that we take seriously. Time in custody should be an opportunity to stabilize, connect individuals with appropriate care, and set them on a path toward recovery.

Delivering on that requires adequate funding, trained personnel, and meaningful partnerships with behavioral health and community-based providers. MCSA is prioritizing legislation to help make that possible. The *Due Process Continuity of Care Act* and the *Reentry Act* would extend Medicaid coverage during pretrial detention and prior to release. Reauthorizing the Residential Substance Abuse Treatment (RSAT) program would ensure facilities can deliver evidence-based treatment, including medication-assisted treatment, with proper staffing. And the *Second Chance Act Reauthorization* would expand the reentry infrastructure people depend on - housing, peer support, case management, and overdose prevention. Taken together, these efforts would close critical gaps in care, improve outcomes, and strengthen public safety in communities across the country.

Investigative Tools and Access to Critical Data

Staying ahead of evolving drug threats depends on law enforcement's ability to access and deploy modern investigative technologies. Automated license plate readers, facial recognition, social media analysis, and open-source intelligence generate investigative leads that are essential to identifying suspects, gathering intelligence, and dismantling the criminal networks driving the fentanyl crisis and other emerging drug threats. Overly broad restrictions on these tools would slow investigations, increase the likelihood of cases going cold, and pose a greater risk to public safety.

MCSA is committed to working with Congress to find a path forward that balances privacy concerns with the urgent need to disrupt criminal activity and protect the public. Any legislation affecting law enforcement's access to these tools must be developed in direct consultation with the state and local agencies that use them every day. MCSA urges Congress to engage state and local law enforcement as that framework takes shape, ensuring operational realities inform the policy.

Asset Forfeiture and Investigative Partnerships

MCSA continues to express significant concerns with proposals such as the *Fifth Amendment Integrity Restoration (FAIR) Act*, which would severely limit law enforcement's ability to combat drug trafficking and organized crime. The FAIR Act would significantly restrict the use of civil asset forfeiture - a critical tool for disrupting criminal networks by targeting the proceeds of illegal activity.

It would also eliminate the Equitable Sharing Program, which provides state and local agencies with essential resources to support joint task force participation, equipment needs, and community-based efforts. Eliminating this program would reduce participation in multi-agency operations and weaken efforts to dismantle organized criminal networks.

While MCSA supports strong accountability and transparency, Congress should strengthen these tools, not restrict them in ways that undermine public safety.

Conclusion

The drug crisis demands a coordinated and sustained response - one that keeps pace with evolving substances, strengthens enforcement, and expands access to treatment and recovery.

While substances and trafficking methods will continue to change, the gaps that make communities vulnerable are well understood. Addressing them requires alignment across systems. Together, we must ensure prevention is prioritized, treatment is accessible, and those who profit from this crisis are held accountable.

Sheriffs, our deputies, and police officers are on the frontlines of this challenge every day. We are committed to working with Congress and our federal partners to strengthen that response and deliver real, measurable outcomes for the communities we serve.

On behalf of the Major County Sheriffs of America, thank you for convening this hearing and for your continued leadership. I welcome your questions.