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May 10, 2026

The Honorable H. Morgan Griffith Chairman
Subcommittee on Health Committee on Energy and Commerce
U.S. House of Representatives
2125 Rayburn House Office Building
Washington, DC 20515

Dear Chairman Griffith:

Thank you for the opportunity to appear before the Subcommittee on Health on March 26, 2026, to testify at the hearing entitled "Policies to Protect Our Communities From Illicit Drug Threats." I appreciate the Subcommittee's leadership and continued focus on addressing the evolving illicit drug landscape and its impact on communities across the United States.

Enclosed please find my responses to the additional Questions for the Record submitted following the hearing. I respectfully submit these responses for inclusion in the official hearing record.

Thank you again for the opportunity to testify and for the Subcommittee's important work on this critical issue. Please do not hesitate to contact me if I can be of further assistance.

Sincerely,

Scott Oulton
President/Founder of INTR3PID Solutions LLC

Enclosure

cc: The Honorable Diana DeGette, Ranking Member, Subcommittee on Health

RESPONSES TO ADDITIONAL QUESTIONS FOR THE RECORD

Hearing: "Policies to Protect Our Communities From Illicit Drug Threats"
March 26, 2026

Submitted by: Scott Oulton, President, INTR3PID Solutions LLC

The Honorable Jay Obernolte (R-CA)

1. I represent a large portion of rural Southern California, including San Bernardino County and parts of Los Angeles and Kern Counties, only a few hours away from the southern part of the border of Mexico. It has been established that the southern border plays a key role in the flow of synthetic opioids like fentanyl into the U.S., and in the last few years there have been hundreds of reports of fentanyl-related overdose deaths in communities in my district which is an incredibly heartbreaking occurrence. I am encouraged by recent data showing those occurrences are starting to trend downward. In 2025 overdose deaths from fentanyl in San Bernardino County were down 20% (267 to 212) from 2024, but this is still far too many lives lost. I am hopeful that this downward trend will continue. I feel it is absolutely critical that this Committee and Congress pass Tyler's Law, which I am a proud cosponsor of, that would require HHS to issue guidance on whether emergency departments should implement fentanyl testing as a routine procedure for patients experiencing an overdose. This is an essential step in ensuring these patients receive timely and accurate treatment and will help save many lives.

Mr. Oulton, in your testimony you note that drug traffickers are shifting to new synthetic opioids such as nitazenes and orphines, which can be even more potent than fentanyl. California is a major entry point for fentanyl and other synthetic opioids being trafficked from Mexico, and it's alarming to hear that these new synthetic drugs can be potentially more potent than fentanyl.

a. What role do evolving trafficking patterns play in the spread of highly potent synthetic opioids like nitazenes and orphines, and how might that be contributing to overdose trends in our communities?

Trafficking organizations are highly adaptive and respond quickly to enforcement pressure, regulatory controls, and market demand. Based on my experience overseeing DEA's forensic laboratory operations and working directly with law enforcement and public health partners, I have observed that illicit drug producers often shift toward new synthetic opioids when fentanyl analogs become easier to detect, harder to obtain precursor chemicals for, or riskier to distribute due to targeted enforcement.

Nitazenes and other emerging synthetic opioids represent an evolution in trafficking patterns because they offer traffickers several operational advantages: they can be produced at high potency in small quantities, shipped in low-volume packages, and mixed into counterfeit pills or adulterated drug supplies with minimal logistical burden. These substances are often introduced into local markets before routine toxicology or field testing is equipped to detect them, which delays identification and response. That detection gap can result in overdose clusters that initially appear "unexplained" or are misattributed to fentanyl until confirmatory laboratory testing is performed.

Evolving trafficking patterns also reflect a shift away from bulk heroin or traditional opioid distribution and toward highly concentrated synthetic powders used to supply multiple regional markets. In Southern California, proximity to the border and established trafficking corridors can accelerate the spread of these emerging opioids into both urban and rural communities. Once introduced, these drugs can be rapidly blended into counterfeit tablets marketed as legitimate pharmaceuticals or mixed into methamphetamine and cocaine supplies, increasing overdose risk among users who do not believe they are consuming opioids.

These shifts may contribute to overdose trends in two important ways. First, they can temporarily increase lethality as communities are exposed to substances with unpredictable potency and dosing. Second, they can distort overdose statistics when toxicology testing is not standardized or comprehensive enough to consistently detect new compounds. This is why real-time surveillance—through hospital-based testing, forensic lab reporting, and wastewater monitoring—must be integrated to identify emerging opioids quickly and allow local officials to warn the public, adjust treatment protocols, and target enforcement operations before widespread harm occurs.

The Honorable Erin Houchin (R-IN)

1. The counterfeit prescription drug market for GLP-1 weight loss medications presents a unique enforcement challenge because many of these products are not controlled substances. As such, agencies may lack the legal or statutory tools that enable aggressive investigation and prosecution like they do with fentanyl trafficking.

a. When counterfeit prescription drugs are encountered during an operation, are there any statutory gaps that hinder law enforcement's ability to investigate and prosecute those engaged in trafficking them?

Yes. Counterfeit prescription drugs that are not controlled substances can present significant enforcement challenges because the legal authorities and investigative tools

available to law enforcement may be more limited than those used in controlled substance cases. In controlled substance investigations, federal agencies often rely on well-established statutory frameworks that enable aggressive interdiction, enhanced penalties, conspiracy charges, and broader investigative authorities.

By contrast, when counterfeit GLP-1 products or similar non-controlled pharmaceuticals are encountered, enforcement may fall more heavily under the Food, Drug, and Cosmetic Act (FDCA) and related statutes. While those laws are critically important, the practical reality is that penalties, investigative prioritization, and operational resources are often not aligned with the scale of the harm posed by counterfeit pharmaceutical networks. Additionally, these cases can require more complex evidentiary development to prove misbranding, adulteration, intent to defraud, or interstate commerce elements, particularly when products are distributed through online marketplaces, social media platforms, compounding fraud schemes, or international mail.

Another gap is that counterfeit pharmaceutical distribution networks often overlap with broader criminal enterprises, but without the controlled substance hook, prosecutors may face fewer options to escalate charges to match the seriousness of the public health threat. This can limit deterrence and allow counterfeit operations to reconstitute quickly after seizures.

b. What is needed from Congress to treat counterfeit prescription drugs as an emerging threat with the urgency it deserves?

Congress can play an important role by ensuring counterfeit prescription drug trafficking is treated as a major public health and criminal threat, particularly as online commerce and international shipping have enabled counterfeit pharmaceutical supply chains to expand rapidly.

First, Congress should consider strengthening statutory penalties and enforcement tools for large-scale trafficking of counterfeit or adulterated prescription drugs, particularly when the counterfeit products create a significant risk of serious bodily injury or death. GLP-1 counterfeit products may contain incorrect active ingredients, contaminants, improper dosing, or no active ingredient at all—each of which can create serious medical consequences.

Second, Congress should ensure federal agencies have the resources and coordination mechanisms needed to respond quickly, including the Drug Enforcement Administration, FDA's Office of Criminal Investigations (OCI), Homeland Security Investigations (HSI), CBP, and state partners. This includes improving real-time information sharing between public health regulators and law enforcement, and improving laboratory capacity to rapidly confirm counterfeit composition.

Third, Congress may consider clarifying or enhancing authorities related to online marketplaces and illicit distribution through digital platforms, including stronger reporting and compliance requirements for entities facilitating the sale of counterfeit pharmaceuticals. Much of this threat is driven by internet-enabled supply chains, and enforcement must be equipped to disrupt those channels efficiently.

Finally, Congress should support public health surveillance and early warning mechanisms—such as improved toxicology testing and forensic laboratory reporting—so that counterfeit drug outbreaks can be detected and attributed quickly. From my perspective, rapid identification is essential: the faster counterfeit products can be confirmed analytically and traced back to their distribution networks, the faster law enforcement can disrupt supply and prevent additional harm.

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