One-Page Summary – Key Testimony Points
Scott Oulton | March 26, 2026

The Threat Landscape Has Changed

- The U.S. faces a synthetic, fast-moving drug crisis driven by transnational criminal organizations
- Counterfeit pills (fake M30s, Adderall, Xanax) are mass-produced and widely available. These are illicit, unregulated products—not legitimate pharmaceuticals

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Why This Is More Dangerous Than Ever

- No dose consistency: identical pills can contain lethal differences in potency
- Polysubstance mixtures are now the norm, including: Fentanyl, Nitazenes, Xylazine and other emerging synthetic opioids

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Critical Intelligence Gaps

- Current systems are reactive and incomplete:
    - Many labs only report controlled substances for prosecution
    - Emerging and non-controlled compounds often go unreported

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A Better Approach: More Complete, Faster Data

1. Expand DEA's GUARDS Method
    - Captures all substances present in a sample and improves trend detection and data quality
2. Modernize Data Sharing (NFLIS)
    - Reduce lag between seizure → analysis → reporting
    - Enable near real-time, regional intelligence that turns data into actionable early warning
3. Leverage Wastewater Surveillance
    - Provides near real-time insight into community drug use and detects emerging threats earlier than traditional methods

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Bottom Line

- This is a data and speed problem as much as a drug problem.
- The adversary is adaptive, global, and constantly evolving.
- Our response must be faster, smarter, and more coordinated.

Final Thought

We cannot rely on yesterday's tools to fight today's drug threat.
With better data, real-time intelligence, and integrated approaches, we can move from reacting to overdoses → preventing them and saving lives.

Testimony Before the House Energy and Commerce Committee - March 26, 2026

Witness: Scott Oulton, Former DEA Chief of Forensics, President of INTR3PID Solutions LLC

Chairman, Ranking Member, and distinguished members of the Committee, thank you for the opportunity to testify today on the critical and rapidly evolving threat posed by emerging drugs in the United States.

My name is Scott Oulton, and I recently retired as DEA's Chief of Forensics. For nearly 36 years, I worked with DEA in various positions and oversaw DEA's Forensics program and personally witnessed the most dangerous drug threats this country has ever faced. I am here today because I have seen firsthand what happens when we do not invest in the tools, technology, and coordination necessary to confront modern synthetic drug trafficking.

I come before you with a background in forensic science, where I have seen how today's drug landscape has fundamentally changed. We are no longer dealing with static drug markets. Instead, we are confronting a dynamic, adaptive, and increasingly synthetic threat environment that is outpacing traditional detection and response systems.

The most urgent threat today is counterfeit prescription pills—especially fake M30, Adderall, and Xanax tablets. These pills are not diverted pharmaceuticals. They are illegal, unregulated products, mass-produced by transnational criminal organizations, often in pill presses capable of producing tens of thousands of pills per hour.

From a forensic standpoint, the danger is simple and brutal: there is no consistency. Two pills that look identical—same color, same stamp, same size—can contain wildly different amounts of deadly drugs such as fentanyl, nitazenes, xylazine, etc. One pill might contain a

trace. The next might contain a lethal dose **(see Figure 1).** There is no quality control, no safety margin, and no way for a user—forensic chemist or a first responder—to tell the difference by sight alone **(see Figure 2 and Figure 3).**

Recent reports indicate that overdose deaths linked to fentanyl have begun to decline, reflecting shifts in drug use patterns, precursor availability, public health interventions, enforcement and market saturation. At the same time, drug trafficking organizations are adapting by exploring and introducing other synthetic opioids, including highly potent nitazenes and orphines which can be even stronger than fentanyl and pose serious new risks. While still not prevalent in the U.S. illicit drug market, the US has seen a 780% increase in nitazene submissions from 2020 to 2024 **(see Figure 4).** This evolution underscores how reductions in one substance do not necessarily translate into reduced overall danger, as illicit drug markets continue to innovate in response to enforcement and demand. In my professional opinion, I believe we will continue to see an opioid crisis in the US and I fully expect that the cartels will continue exploring new dangerous drugs that will continue to threaten the lives of US citizens. Additionally, modern synthetic opioids are evolving faster than traditional field tests can keep up. Law enforcement agencies need real-time analytical tools to identify substances quickly, accurately, and safely, without exposing officers or evidence handlers to airborne deadly drugs.

One of the core challenges we face is that our current laboratory reporting systems do not always capture the full picture. Many state and local laboratories are appropriately focused on identifying controlled substances necessary for prosecution. However, this often means

that non-controlled, yet highly dangerous compounds—such as cutting agents or emerging synthetics like xylazine or nitazenes—are not consistently identified or reported.

First, we have collect the dots to connect the dots. This is where the importance of the DEA's GUARDS method becomes clear. GUARDS enhances analytical workflows by encouraging the identification and reporting of additional substances present in a sample—not just the primary controlled drug. When implemented broadly, this approach significantly improves the depth and quality of data submitted to NFLIS (National Forensic Laboratory Information System).

By expanding what laboratories report, GUARDS allows NFLIS to evolve from a retrospective reporting system into a more actionable data platform. It provides earlier visibility into emerging drug trends and shifting patterns in adulterants. This kind of insight is critical for both law enforcement and public health officials who must make real-time decisions to protect communities.

However, even with improved laboratory reporting, we must acknowledge a fundamental limitation: drug data is inherently reactive. It tells us what has already been seized—not necessarily what is currently being consumed at scale. That is why wastewater-based epidemiology is becoming an indispensable tool in this fight.

Organizations like Stercus Bioanalytics are leading the way in providing near real-time, drug monitoring. Wastewater testing can identify spikes in fentanyl analogs, the emergence of new synthetic compounds, or shifts in stimulant use patterns. More importantly, it provides

actionable early warning, allowing public health officials, law enforcement, and community leaders to respond proactively rather than reactively.

This is how we save lives—by moving upstream of the crisis. So where do we go from here?

First, we must expand adoption of the GUARDS method across federal, state, and local laboratories. This includes providing resources, training, and incentives to ensure laboratories can identify and report a broader spectrum of substances. We need to invest in bringing all the information together to be useful early warning tools.

Second, **speed matters**. While NFLIS provides invaluable national-level insight, there is often a lag between seizure, analysis, and dissemination. In a rapidly evolving drug market, even a delay of weeks can mean the difference between containment and widespread distribution of a new compound. Expanding real-time or near-real-time data sharing capabilities—particularly at the regional level—would significantly enhance situational awareness. We need to strengthen and modernize NFLIS to fully leverage this enhanced data, ensuring it is timely, accessible, and integrated with other intelligence systems.

Third, we must invest in wastewater surveillance as a complementary data stream. This is not a replacement for traditional methods, but a force multiplier that provides earlier and more comprehensive visibility into drug use trends. Wastewater testing is still underutilized and inconsistently funded. A more formalized integration of wastewater data into national drug monitoring frameworks would provide a powerful complement to existing systems like NFLIS.

Fourth, we need to break down silos between public health and law enforcement. The drug threat we face today does not fit neatly into one domain. It requires a coordinated, data-driven response that leverages all available tools and expertise. Working together with the shared purpose of saving lives, is bipartisan and something I think everyone can agree on – we all want more lives saved.

Fifth, I would emphasize the importance of **supporting forensic, coroners, toxicologists and the public health workforce**. Identifying novel substances requires advanced instrumentation, specialized training, and a sustained investment. Many laboratories are operating at or beyond capacity, which directly impacts turnaround times and the ability to detect new threats quickly.

Finally, we must remain agile, not only by working together, providing public service and support, but also legislatively to be able to move at the same speed as these cartels and illicit drug manufacturers. We need to move at speed that saves lives, not the speed of bureaucracy. The individuals and networks producing these substances are constantly adapting—changing chemical structures, exploiting legal gaps, and leveraging global supply chains. Our response must be equally adaptive, grounded in science, and supported by timely, high-quality data.

This framework allows communities to move from reactive to proactive. Public health advisories can be issued sooner. Law enforcement can prioritize emerging threats earlier. And treatment providers can prepare for changes in the substances affecting their patients.

In closing, emerging drug threats are not just a law enforcement issue or a public health issue—they are national security issue that is affecting American lives. But with the right tools, the right data, and the right partnerships, we can get ahead of this crisis.

Thank you for your time and your commitment to addressing this critical issue. I look forward to your questions.

Figure 1. Lethal doses.

Figure 2. Fake versus authentic oxycodone pills

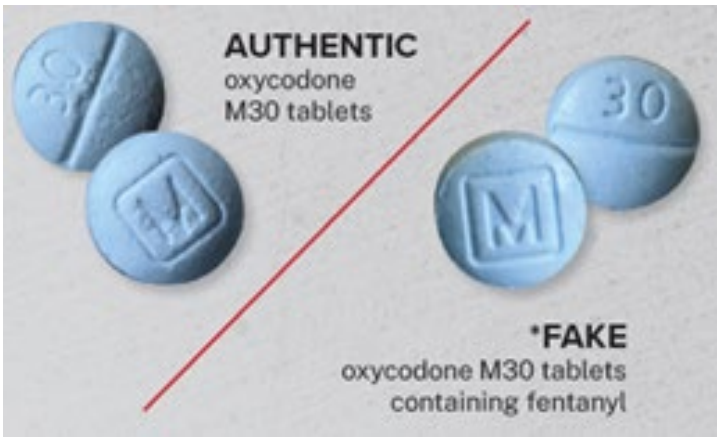
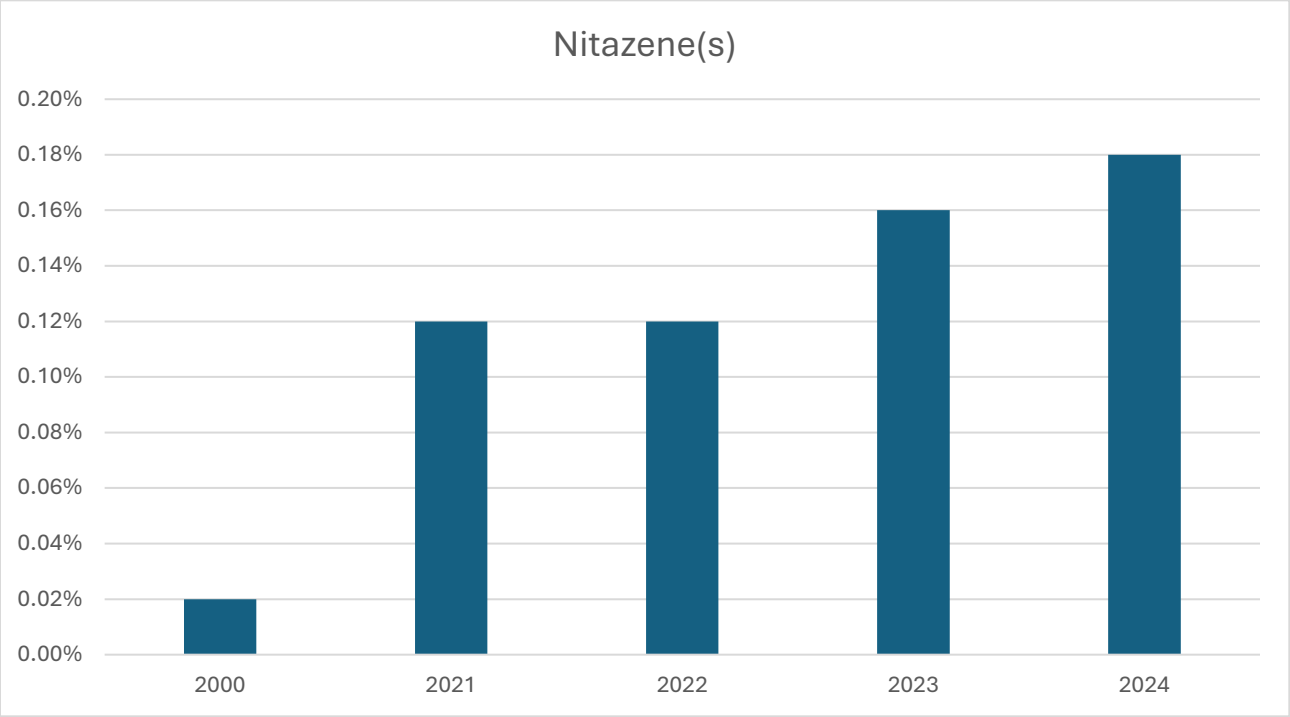


Figure 3. Top 10 Pill Imprints See as Fakes

Figure 4. Total percentage of nitazene(s) cases reported across the US according to the National Forensic Laboratory Information System (NFLIS). This trend shows a 780% increase from 2020 to 2024.



Background Data/Information

DEA CY25 DEA Seizures:

Fentanyl – 9,884

Fentanyl Pills – 47.5 million

Potential Deadly Doses – 341 million

Methamphetamine – 79,085kgs

Methamphetamine Pills – 4.3 million

Cocaine – 263,359

Heroin – 1,293kgs

Xylazine: Xylazine, an animal tranquilizer, is an essential sedative relied upon by veterinarians, farmers, and ranchers, with no cost-effective alternative available. Unfortunately, xylazine has become a significant public health threat due to its ongoing presence in the illicit drug supply. According to a recent report issued by the CDC[1], xylazine was involved in 6,096 drug poisoning deaths in 2023, making it the fourth most common substance in drug poisoning fatalities. DEA labs show xylazine present in over 25% of fentanyl powder exhibits and over 8% of pill exhibits in 2025. NFLIS shows xylazine and fentanyl mixtures reported in all 50 states, the District of Columbia, and Puerto Rico. Testing in DEA labs show of all the fentanyl + xylazine samples tested, approximately

10% showed the xylazine used was veterinarian preparations (liquid). Powdered xylazine comes from China and is shipped to Mexico and the United States.

NFLIS

XYLAZINE Top Ten States

State	Count
Ohio	18,844
Pennsylvania	17,498
New Jersey	13,493
Virginia	6,450
Maryland	5,155
Florida	4,029
Tennessee	3,353
West Virginia	3,291
North Carolina	2,984
Connecticut	1,724

Nitazenes: Nitazenes are a class of synthetic opioids known for their high potency. Many nitazenes are:

- **Several times more potent than morphine; comparable in potency to fentanyl, or even stronger**
- **Shipped into the US primarily via smaller mail packages from overseas**
- **Becoming more prevalent in fake pills**

Due to their high potency, even when nitazenes are taken in small quantities, they pose a significant risk of overdose and death. As of October 2025, DEA formally scheduled 21 nitazenes (10 permanently and 11 temporarily). Most recently, in October 2025, DEA

temporarily scheduled an additional 7 compounds as Schedule I under the U.S. Controlled Substances Act, bringing the total to eleven. Every year DEA encounters newer, unscheduled nitazenes in the US. These newer nitazenes have an altered chemical structure to evade law enforcement; yet many of these are just as potent or more potent than the Schedule I nitazenes. Nitazenes are often pressed into pills[2] that resemble prescription medications, leading to unintentional consumption by individuals who believe they are taking a less potent drug. Over the past year, more nitazene encounters are in pill form. In July 2025, the Chinese government placed nitazene analogues under generic control. Since this announcement, overall positivity for nitazene analogues has declined in 2025.

Top 10 Most Commonly Reported Substances Mixed with Nitazenes (CY23-25)

Common Name	Percent (%)
Fentanyl	29.90%
Xylazine	26.44%
Diphenhydramine	13.88%
Acetaminophen	11.24%
Quinine	10.65%
Heroin	9.93%
Caffeine	8.73%
p-Fluorofentanyl	7.66%
Bromazolam	4.67%
Methamphetamine	4.07%

Table 1: DEA Lab analysis results showing most common substances mixed with nitazenes (Data as of June 2025).

Orphines: Orphines are a class of synthetic opioid analgesic designer drugs, first developed in the 1960s/70s but classified together in 2025. Emerging as novel

psychoactive substances, they include benzimidazole-fused compounds like brorphine and bezitramide, alongside spiropiperidine derivatives such as spirochlorphine. The orphine analogues first emerged in recreational drug markets in 2020 with the proliferation of brorphine (a drug first synthesized and published on in 2018). This novel opioid subclass continues to diversify, with at least six analogues confirmed in recent years. N-Propionitrile chlorphine was amond the first detected in mid-2024. In vitro pharmacology data show this drug to be approximately 10x more potent than fentanyl [Vandeputte & Stove, personal communication]. The positivity of N-propionitrile chlorphine, specifically in fatal drug overdoses, has increased since mid-2025.