



Department of Justice

TESTIMONY OF

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BEFORE THE

**COMMITTEE ON THE JUDICIARY
UNITED STATES SENATE**

FOR A HEARING ON

OVERSIGHT OF THE DRUG ENFORCEMENT ADMINISTRATION

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**Written Testimony of Administrator Leonhart
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Chairman Leahy, Ranking Member Grassley, and Members of the Committee: 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 a vital mission, I would like to express our collective appreciation for the support that this Committee has shown us over the years. Furthermore, I welcome the opportunity to continue our partnership and to share DEA's recent accomplishments with you and the American people.

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 domestic controlled substance and chemical diversion trafficking laws and consequently works closely with our local, state, federal, and international counterparts. Enforcement is, and will always be, our top priority.

Throughout DEA's 40-year history, 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, including arms trafficker Viktor Bout, 'The Prince of Marbella' Monzer Al Kassar, Afghan drug lord Haji Baghco, Colombian drug trafficker Daniel Barrera-Barrera (aka Loco Barrera), 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.

We have also had many notable successes in the effort to reduce drug abuse in this country since DEA's inception in 1973 by combating illicit drug availability. According to the most recent National Survey on Drug Use and Health, the overall rate of illicit drug use in America has dropped by roughly 35 percent since 1979.¹ Since 2006, we have seen sharp decreases in the number of current users of cocaine (32 percent) and methamphetamine (40 percent).² 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 the dangers of drug use.

¹ *National Household Survey on Drug Abuse*, 1979 percentage shown on ONDCP graph <http://www.whitehouse.gov/blog/2013/02/12/are-drugs-today-really-cheaper-purer-and-more-available-ever>. *National Survey on Drug Use and Health*, 2012 percentage shown on graph <http://www.samhsa.gov/data/NSDUH/2012SummNatFindDetTables/NationalFindings/NSDUHresults2012.pdf>

² Past month illicit drug use among persons aged 12 or older, *National Survey on Drug Use and Health*, 2006 to 2012.

While these overall trends are positive, we still face significant challenges. Recently, the Centers for Disease Control and Prevention (CDC) reported that 38,329 people died from a drug overdose in the United States in 2010, the most recent year for which information is available.³ Nearly 60 percent of those drug overdose deaths (22,134) involved prescription drugs. And of those deaths, 75 percent (16,651) involved an opioid analgesic, also known as prescription painkillers. 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, has created too many new addicts. The rates are alarming: in 2011, 2.1 million Americans abused or were dependent to opioid pain relievers and 438,000 were addicted to heroin.⁴

DEA intelligence indicates that South American and Mexican drug trafficking organizations have exploited this increased demand by producing heroin with increased purity that is not only more readily available, but also cheaper. That product 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 (2008 to 2010), heroin-related overdose deaths have increased by 45 percent.⁵ This disturbing increase may be attributable to increased purity and a younger, less experienced user population. As the Administration takes a multifaceted approach to curb the availability of prescription-based painkillers on the illicit market, those addicted to opioids who are not seeking medication-assisted therapy may increasingly turn to cheaper or more easily-obtained alternatives, such as heroin.

In addition, approximately 4.3 million people abuse or are dependent upon marijuana, more than any other illicit drug.⁶ Currently, marijuana is the most widely available and commonly abused illicit drug in the United States. In 2012 alone, nearly 32 million people ages 12 and older reported using the drug within the past year,⁷ and in 2013 one out of every 15 high school seniors is a near daily marijuana user.⁸ 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.⁹ Heavy marijuana users¹⁰ also reported that the

³ Drug Overdose in the United States: Fact Sheet. www.cdc.gov/homeandrecreationalsafety/overdose/facts.html (accessed March. 18, 2014).

⁴ Muhuri, et al. Associations of Nonmedical Pain Reliever Use and Initiation of Heroin Use in the US. Center for Behavioral Health Statistics and Quality Data Review. SAMHSA (2013). 2013.

⁵ Centers for Disease Control and Prevention, National Center for Health Statistics (accessed February 11, 2013) <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5729a1.htm>

⁶ Substance Abuse and Mental Health Services Administration. Results from the 2012 National Survey on Drug Use and Health: Summary of National Findings. Department of Health and Human Services. [September 2013]. Available: <http://www.samhsa.gov/data/NSDUH/2012SummNatFindDetTables/NationalFindings/NSDUHresults2012.htm#fig7.2>

⁷ Substance Abuse and Mental Health Services Administration. Results from the 2012 National Survey on Drug Use and Health: Detailed Tables. Department of Health and Human Services. [September 2013]. Available: <http://www.samhsa.gov/data/NSDUH/2012SummNatFindDetTables/DetTabs/NSDUH-DetTabsSect6peTabs1to54-2012.htm#Tab6.1A>

⁸ "American teens are more cautious about synthetic drugs." University of Michigan Press Release, December 18, 2013. P. 3 www.umich.edu/news.

⁹ -Meier et al., "Adolescent-onset cannabis and neuropsychological health." Proceedings of the National Academy of Sciences. [August 27, 2011]. Available: <http://www.pnas.org/content/early/2012/08/22/1206820109>

drug impaired several important measures of health and quality of life, including physical and mental health, cognitive abilities, social life, and career status.¹¹ 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 steadfastly 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. But our responsibility and dedication to the American people goes further – to educate about the misperceptions and dangers associated with drug abuse. The Food and Drug Administration has 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.”¹²

Twenty-one states and the District of Columbia have now legalized marijuana's use for certain medical conditions. These laws authorize the smoking of marijuana plants or the consumption of crude extracts that have not undergone scientific testing demonstrating that they are both safe and effective. The National Institute on Drug Abuse (NIDA) and other components of the National Institutes of Health are conducting research to determine the possible role that active chemicals in marijuana, like tetrahydrocannabinol, cannabidiol, or other cannabinoids may play in treating autoimmune diseases, cancer, inflammation, pain, seizures, substance use disorders, and other psychiatric disorders.¹³ DEA supports these, scientific research efforts by 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.

Perhaps one of the most effective tools DEA has in this fight is our ability to target the financial infrastructure of major drug trafficking organizations and members of the financial community who facilitate the laundering of their proceeds. By seizing drug proceeds, DEA prevents drug

<http://www.medicalnewstoday.com/articles/250404.php>; “Teen Cannabis Use Linked to Lower IQ.” Christian Nordqvist. Medical News Today. August 28, 2012. <http://www.medicalnewstoday.com/articles/249508.php>.

¹⁰ Defined as having used on average 18,000 times and a minimum of 5,000 times in their lives.

¹¹ Gruber AJ, Pope HG, Hudson JI, Yurgelun-Todd D. Attributes of long-term heavy cannabis users: A case control study. *Psychological Med* 33(8):1415–1422, 2003. Available: <http://www.ncbi.nlm.nih.gov/pubmed/14672250>

¹² “Inter-Agency Advisory Regarding Claims That Smoked Marijuana Is a Medicine.” *U.S. Food and Drug Administration*, April 20, 2006.

<<http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/2006/ucm/108643.htm>>.

¹³ National Institute on Drug Abuse. DrugFacts: Is Marijuana Medicine?. Available: <http://www.drugabuse.gov/publications/drugfacts/marijuana-medicine>

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.

Looking forward, DEA will continue to build on the progress we have made both domestically and internationally. With our state and local partners we target traffickers who significantly impact communities across the nation, frequently bringing with them associated gang activity and violence. These investigations complement and support our international partnerships, allowing DEA to target the world's "Most Wanted" drug traffickers who manage sophisticated criminal organizations with operations that span the globe. Due to the very nature of the threat, it is clear that the antidrug mission this agency carries out is an essential element to the national health and security of the U.S. and our interests abroad.

These comprehensive efforts reflect our historic commitment to bringing drug traffickers to justice. And nowhere is this commitment more evident than in Mexico with the February 22, 2014 arrest of Joaquin "El Chapo" Guzman Loera, the head of the Sinaloa Cartel, by Mexican authorities. This was a significant achievement for Mexico and a major step forward in our shared fight against transnational organized crime, violence, and drug trafficking. We congratulate the Mexican people and their government on this capture. The DEA and Mexico have a strong partnership, and we will continue to support Mexico in its efforts to improve security for its citizens and continue to work together to respond to the evolving threats posed by transnational criminal organizations.

Enforcement strategies such as these, which target major drug trafficking organizations and their proceeds, are one element in the Administration's comprehensive national drug control strategy. 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 use every tool in the toolbox to combat these organizations through strategic enforcement.

Moving forward, DEA will continue to build upon these gains and focus on emerging threats. 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.

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.

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