



# Department of Justice

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**STATEMENT OF  
JON DELENA  
DEPUTY SPECIAL AGENT IN CHARGE  
NEW ENGLAND FIELD DIVISION  
DRUG ENFORCEMENT ADMINISTRATION  
U.S. DEPARTMENT OF JUSTICE**

**BEFORE THE**

**SENATE COMMITTEE ON  
HOMELAND SECURITY AND GOVERNMENT AFFAIRS  
SUBCOMMITTEE ON EMERGING THREATS  
AND SPENDING OVERSIGHT**

**FOR A FIELD HEARING ENTITLED**

**“ADDRESSING THE EVOLVING THREAT OF ILLEGAL TRAFFICKING  
FACING OUR COMMUNITIES”**

**PRESENTED**

**MARCH 14, 2022**

**Statement of Jon DeLena  
Deputy Special Agent in Charge  
New England Field Division  
Drug Enforcement Administration  
U.S. Department of Justice**

**At a Hearing Entitled,  
“Addressing the Evolving Threat of Illegal Drug Trafficking Facing Our communities”**

**Before the Senate Committee on  
Homeland Security and Governmental Affairs  
United States Senate**

**March 14, 2022**

Chairman Hassan: on behalf of the Department of Justice (Department), and in particular the approximately 9,000 employees of the Drug Enforcement Administration (DEA), thank you for the opportunity to appear before you today to discuss DEA’s efforts and challenges in collaboration with our state and local partners in our law enforcement activities in New Hampshire and communities throughout the New England region.

This is a critical moment in our country. Our nation is in the midst of a devastating overdose epidemic that claimed a record 104,000 lives this past year – exceeding last year’s record. 286 people die every day from drug overdoses. Countless more people overdose and survive. This is a national epidemic. It knows no geographical bounds and it continues to get worse. This epidemic is driven primarily by illicit fentanyl. Today, drug cartels in Mexico are mass-producing fentanyl, with precursor chemicals largely sourced from suppliers in the People’s Republic of China (PRC), and they are distributing these substances throughout the United States.

We are finding these deadly drugs in every state; in cities, suburbs, rural areas, and local communities spanning the country. DEA’s fentanyl seizures for 2021 have reached record highs. We’ve seized over 15,000 pounds of fentanyl. The amount of illegal fentanyl in our country has risen to an unprecedented level. This year alone, DEA has already seized over 3,500 pounds of fentanyl laced pills and powders. Illicit fentanyl is driving the overdose epidemic in America.

According to the CDC, a majority of the overdose deaths we are talking about today involve synthetic opioids, like fentanyl. Even more alarming is that these synthetic drugs are being distributed in new forms. Fentanyl is being mixed with other drugs like cocaine, heroin, and methamphetamine. And drug traffickers and networks are flooding our communities with fentanyl in the form of fake, counterfeit prescription pills. These illicit pills are made and marketed by drug traffickers to purposefully deceive Americans into thinking that they are real, diverted prescription medications, but they are not. In reality, they are potentially deadly drugs. They are fentanyl and methamphetamine.

In 2021, DEA and our law enforcement partners have seized more than 20 million counterfeit pills – an amount that has continued to rise dramatically year after year. Most of these counterfeit pills were laced with fentanyl. And DEA laboratory testing of drugs seized by DEA has revealed that four in ten fentanyl-laced counterfeit pills contain a potentially deadly dose. Fentanyl-laced pills are extraordinarily dangerous and are responsible for many of the overdose deaths that we are reporting today. These types of pills are easily accessible today on social media and on e-commerce platforms, and they are widely available. Wherever there is a smartphone or a computer that dealer is one click away. It is clear that our work has never been more urgent.

The fentanyl crisis is a critical threat to the public health and safety of Americans. DEA's top priority is to protect our communities from the criminal drug networks that threaten our safety and our health. These are the same criminal drug networks that are driving our nation's devastating overdose rates.

DEA's resolve to combatting this overdose epidemic is unwavering. To this end, we must use every tool in the toolbox to combat this substantial threat. Now, more than ever, it is critical that Congress permanently schedule fentanyl-related substances (FRS) as a class to prevent criminal drug networks from evading detection and to enable DEA to seize these substances as they are found.

Our mission is to identify, investigate, disrupt, and dismantle the world's most significant drug trafficking organizations responsible for the production and distribution of illegal drugs. To that end, we work closely with our local, state, tribal, territorial, federal, and international counterparts by following the evidence wherever it leads.

### **DEA's Presence in New Hampshire**

There are two DEA offices operating in New Hampshire. The DEA Manchester District Office (DO) is comprised of multiple enforcement groups as well as an Intelligence Group and Diversion Group, each with a designated Group Supervisor. The DEA Manchester DO is led by an Assistant Special Agent in Charge, who also oversees operations in Maine and Vermont. The DEA Portsmouth Tactical Diversion Squad (TDS) is overseen by an 1811 Enforcement Group Supervisor.

The Manchester DO and Portsmouth TDS are collaborative partners with federal, state and local law enforcement agencies throughout New Hampshire and are actively engaged with representatives at the New Hampshire Information and Analysis Center (NHIAC), New England High Intensity Drug Trafficking Area (HIDTA), and United States Attorney's Office for the District of New Hampshire.

## *New Hampshire's Challenges*

### *Opioids*

Fentanyl, heroin and other opioids collectively represent the greatest drug threat in New Hampshire, both from a law enforcement and a public health perspective. According to data from the CDC, New Hampshire had the ninth highest age-adjusted drug death rate (32.0 per 100,000) in the country.<sup>1</sup> Data from the Office of the Chief Medical Examiner for New Hampshire similarly shows that a high number of drug-related overdose deaths involve fentanyl each year. Of the 417 confirmed drug deaths recorded in 2020, 322 (77%) involved fentanyl, either alone or in combination with some other drug.<sup>2</sup>

A majority of the fentanyl available in New Hampshire is believed to originate in Mexico, where it is manufactured by Mexican Transnational Criminal Organizations (TCOs) – sometimes referred to as cartels – in bulk. These same Mexican TCOs serve as the ultimate sources of supply to Dominican drug trafficking organizations (DTOs), which serve as the wholesale-level sources of supply for fentanyl, heroin, cocaine, and methamphetamine throughout New England. These same Dominican DTOs are entrenched in locations such as Lawrence, MA, which is a chief source city located in close proximity to Northern and Southern New England. Many of the highest-level fentanyl traffickers in New Hampshire travel to Lawrence to acquire wholesale-level quantities of the drug, both in powder and pill form.

During 2021, there was an increase in the prevalence of fentanyl pills throughout New England, including New Hampshire. These pills often closely resembled brand name oxycodone products and/or benzodiazepines but were later confirmed (through laboratory analysis) to contain fentanyl. For example, an audit of DEA reporting specific to the New Hampshire offices revealed that fentanyl pill seizures and counterfeit pill seizures both increased between FY-2020 and FY-2021 (see below, statistical summary), which is reflective of the larger trend experienced throughout the New England Field Division (NEFD).

The market for heroin has been largely supplanted by fentanyl over the past several years in New Hampshire. According to data from the New Hampshire State Police Forensic Laboratory, the number of cases analyzed at the lab that involved “fentanyl-class” drugs first outnumbered cases associated with heroin in 2016. By 2021, the number of fentanyl-class cases (1,731) analyzed at the New Hampshire State Police Forensic Lab outnumbered heroin cases (114) by a more than 15:1 margin. This highlights the gradual replacement of heroin by fentanyl that has occurred, with heroin becoming increasingly uncommon in wholesale-level quantities in New Hampshire.

Secondary to fentanyl, controlled prescription opioids also remain a significant threat in New England and are still readily available. Brand name opioids such as OxyContin® and Percocet® remain in high demand, though a significant portion of the purported oxycodone products encountered on the street are counterfeit and actually comprised of fentanyl. In addition, there is also a sizeable market for diverted benzodiazepines and prescription stimulants.

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<sup>1</sup> <http://wonder.cdc.gov>

<sup>2</sup> [www.doj.nh.gov/medical-examiner/documents/drug-data-update.pdf](http://www.doj.nh.gov/medical-examiner/documents/drug-data-update.pdf)

## Methamphetamine

There has been a vast increase in availability of Mexican sourced crystal methamphetamine in New Hampshire, as evidenced by the increase of ounce and pound-level seizures of the drug. More recently, there has been a substantial increase in availability of counterfeit Adderall® (and other stimulant) pills containing methamphetamine, as confirmed through laboratory analysis.

While small-scale local production of methamphetamine still occurs, the number of “one pot” seizures has declined across New England as crystal methamphetamine and methamphetamine pills became more prevalent.

According to reporting from the New Hampshire State Police Forensic Laboratory, there was a more than sevenfold increase in the volume of methamphetamine cases analyzed at the laboratory between 2015 (182) and 2021 (1,310). Data from the Office of the Chief Medical Examiner in New Hampshire also showed a steep increase in the number of fatalities involving methamphetamine from just 2 in 2015 to 59 in 2020, with 19 deaths involving methamphetamine during the first part of 2021. Though not dispositive, these indicators are consistent with the increase in availability and abuse of methamphetamine in the state.

## Cocaine

Cocaine can be purchased throughout the State of New Hampshire, with many of the same polydrug trafficking groups responsible for distributing fentanyl also being involved in selling cocaine. Though still the stimulant of choice in many areas, burgeoning demand for crystal methamphetamine and methamphetamine pills exists in many parts of New Hampshire, resulting a dual market for stimulants.

In addition to powder cocaine, DEA offices across New Hampshire reported availability of crack within their Areas of Responsibility (AORs), even within smaller cities. Intelligence continues to indicate that much of the crack available in cities such as Concord, Manchester, and Nashua ultimately originates from Massachusetts and points further south (such as New York). Powder cocaine is often converted into crack at the local level by DTOs when there is a viable market for the drug.

## Marijuana

Marijuana use is pervasive in New Hampshire and availability of the drug remains stable in most areas. The relative threat associated with marijuana has declined due to the opioid epidemic, which has contributed to drug-related crime and fatal overdoses throughout the state. Consistent with the other five New England states, New Hampshire has legalized (at the state level) medical marijuana and has several licensed dispensaries in operation. However, New Hampshire state law does not permit the non-medical use of marijuana among adults.

## *DEA's Priorities in New Hampshire*

### *Combatting Violent Crime*

The DEA Manchester DO remains committed to targeting the DTOs responsible for fueling violent crime and drug-related fatalities in New Hampshire. During 2020 and 2021, the Manchester DO and New Hampshire State Police initiated Operation Northern Shield, which focuses on targeting violent drug trafficking organizations distributing fentanyl and methamphetamine. To date, Operation Northern Shield has resulted in a significant number of arrests and seizures, to include drugs and firearms. In addition, DEA offices in New Hampshire participated in Project Wave Breaker, a nationwide initiative aimed at curtailing the deadly flow of illicitly-produced fentanyl entering into the United States. As of February 2022, several Manchester DO investigations conducted in furtherance of project Wave Breaker have culminated in the seizure of more than 85 kilograms of drugs (primarily fentanyl) and \$700,000 in assets.

### *Reducing the Potential for Drug Overdose Deaths*

For many years, the rate of drug-related overdose deaths in New Hampshire has greatly exceeded the national average, a development linked to the proliferation of fentanyl and other opioids in the state. This problem has been compounded by the recent proliferation of counterfeit prescription drugs containing fentanyl. The Manchester DO has prioritized investigations with a nexus to drug-related overdose deaths, including those involving counterfeit prescription drugs. The Manchester DO has an overdose task force comprised of task force officers from state and local agencies who focus investigations on those overdoses resulting in death. During 2021, DEA offices in New Hampshire participated in the One Pill Can Kill (OPCK)/Counterfeit Pill Initiative, targeting DTOs involved in distributing larger quantities of counterfeit oxycodone and Adderall pills. Removing these counterfeit pills from circulation reduces the potential that they will contribute to unintentional overdoses in the state. In past years, the DEA Manchester DO also launched a "Stamp Out" initiative aimed at gathering evidence of fatal and non-fatal overdoses in New Hampshire (provided by state counterparts), in order to create intelligence leads. Programs such as these have proven to be an invaluable tool in the fight against opioids in the state.

### *Fostering Partnerships and Community Engagement*

DEA offices in New Hampshire continue to cultivate collaborative relationships with a variety of diverse stakeholders to include federal, state and local law enforcement agencies, prosecutors, members of the public health community, media outlets, and educational institutions throughout the state. Under Operation Engage, DEA has been working with stakeholders in the region to provide the latest information pertaining to dangerous drugs in the community. One example of this was a flyer developed and distributed by the Manchester Police Department with photos of counterfeit Adderall® pills containing fentanyl and methamphetamine that were being marketed and sold to the youth in New Hampshire by drug trafficking organizations. In early 2021, the Manchester DO, working with the New Hampshire Department of Public Safety provided training and education for over 400 first responders which include law enforcement,

Fire, and EMS to educate them about the dangers of methamphetamine. The New Hampshire Police, Fire and EMS academies have subsequently made the training mandatory for all new and current first responders.

Last fall, I, along with Administrator Milgram, participated in a virtual youth summit entitled, “Drug Free is Up to Me.” This summit was designed to educate middle and high school youth about the dangers of substance misuse, the benefits of healthy living, and the local prevention and treatment resources available in their area.

### *Targeting Transnational Criminal Organizations*

The DEA Manchester DO and Portsmouth TDS remain dedicated to disrupting and dismantling the highest level DTOs active in New Hampshire, many of which are ultimately utilizing sources of supply that are linked to TCOs at the Southwest Border region and in Mexico. As of early 2022, there were two active Consolidated Priority Target Organization (CPOT)-linked investigations in the Manchester DO’s AOR, with many additional investigations involving methamphetamine and/or fentanyl that is believed to be sourced by Mexican TCOs based outside of New England.

### *Conclusion*

DEA is committed to enhancing public safety and health for communities in New Hampshire and throughout the country. We will not tire in our resolve to combat TCOs and the poisons they push to our communities. Thank you again for the opportunity to appear before the committee today. I look forward to answering your questions.