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May 15, 2026

The Honorable Robert F. Kennedy, Jr.  
Secretary  
U.S. Department of Health and Human Services  
200 Independence Avenue SW  
Washington, D.C. 20201

Dear Secretary Kennedy:

Thank you for your response to my December 10 letter regarding the escalating threat posed by nitazenes and other highly-potent synthetic opioids. While I appreciate your stated commitment to addressing these emerging drugs, I remain highly concerned that the Department's reply does not adequately address several key issues raised in my original letter. I write to clarify these ongoing concerns, highlight areas where recent HHS actions appear inconsistent with your Department's stated approach, and urge a stronger, more coordinated federal action.

Your written response emphasized HHS's commitment to "coordinated surveillance, prevention, and treatment efforts," and refers broadly to SAMHSA's and CDC's existing activities. Your response leans exclusively on existing programs under SAMHSA to tackle drug addiction and prevention work. This response fails to clarify exactly how your Department is preparing for new and emerging drug threats, specifically synthetic opioids like nitazenes. Your response also fails to indicate whether the Department will strengthen or expand these systems to address the specific properties of nitazenes, particularly their high potency, rapidly-evolving analogs, and the difficulty of detecting them in routine toxicology.

Additionally, while your response points to CDC's State Unintentional Drug Overdose Reporting System (SUDORS) and Overdose Data to Action (OD2A) programs as tools for tracking emerging substances, it does not address my underlying question: whether CDC plans to update toxicology screening guidelines or provide additional support so that state and local entities can consistently detect nitazenes and other synthetic opioids. Without clear federal guidance, law enforcement agencies nationwide are left without the tools they need to protect their communities and themselves.

Furthermore, I am concerned that recent decisions by HHS to dismantle SAMHSA and consolidate it within a larger subagency, thereby weakening its existing powers, are inconsistent with the Department's stated commitment to enhanced monitoring and rapid response. These actions risk undermining the ability of states

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and community-based organizations to detect and respond to emerging synthetic opioids, even as these threats accelerate.

Your reply offers only limited discussion of how the Department plans to incorporate new technologies that can identify drugs previously undetectable in standard screens. Just last week I met in Oregon with law enforcement and public health officials to discuss efforts to address novel opioid threats, and learned firsthand how tools like handheld mass spectrometers can help law enforcement, reduce the risk of overdoses, and keep communities safe. I urge HHS to actively explore federal support for the development, evaluation, and deployment of such technologies, and to clarify how the Department intends to integrate these innovations into federal, state, and local surveillance systems to respond to the ongoing addiction crisis.

Finally, after reviewing your response, I remain concerned that no single office within HHS is currently responsible for coordinating the Department's response to emerging drug threats. While SAMHSA and CDC each play important roles, the growing complexity and speed at which novel synthetic opioids are appearing require more focused, department-wide leadership. I strongly urge HHS to establish a dedicated office or coordinator specifically charged with anticipating, identifying, and responding to emerging drug threats such as nitazenes. The challenges at hand cannot be addressed through diffuse efforts alone.

I appreciate your attention to this urgent matter and ask that HHS provide additional clarity on the following:

1. Will the Department issue specific updated guidance to state and local health authorities regarding toxicology screening for nitazenes and other emerging synthetic opioids?
2. How will this harm monitoring and reduction work related to synthetic opioids effectively continue despite large proposed cuts to CDC and SAMHSA in the President's budget request?
3. What steps will HHS take to ensure that recent proposed budget cuts to SAMHSA do not impede state and local capacity to detect and respond to these substances?
4. To what extent will harm monitoring and reduction work continue under the proposed reorganization of SAMHSA?
5. How does HHS plan to incorporate new detection technologies, including those capable of identifying previously undetectable substances like synthetic opioids?
6. Will HHS establish a dedicated office or coordinator responsible for emerging synthetic opioid threats, and if not, what structure the Department believes is sufficient to manage these rapidly evolving risks?

I appreciate your ongoing engagement and look forward to a more detailed and actionable response that fully reflects the scale and urgency of this emerging crisis.

Sincerely,

*Ron Wyden*

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Ron Wyden  
United States Senator