U.S. DEPARTMENT OF HOMELAND SECURITY
OFFICE OF INSPECTOR GENERAL

OIG-24-01 October 26, 2023

FINAL REPORT

CBP Did Not Fully Implement the Requirements of the Synthetic Opioid Exposure Prevention and Training Act

OFFICE OF INSPECTOR GENERAL

U.S. Department of Homeland Security

Washington, DC 20528 | www.oig.dhs.gov

October 26, 2023

MEMORANDUM FOR: Troy A. Miller
Senior Official Performing the Duties of the Commissioner
U.S. Customs and Border Protection

FROM: Joseph V. Cuffari, Ph.D.
Inspector General

JOSEPH V CUFFARI

Digitally signed by JOSEPH V CUFFARI
Date: 2023.10.26 07:53:33 -07'00'

SUBJECT: *CBP Did Not Fully Implement the Requirements of the Synthetic Opioid Exposure Prevention and Training Act*

Attached for your action is our final report, *CBP Did Not Fully Implement the Requirements of the Synthetic Opioid Exposure Prevention and Training Act*. We incorporated the formal comments provided by your office.

The report contains one recommendation for CBP to designate an official or group to be responsible for implementing the requirements of the Act. Your office concurred with our recommendation.

Based on information provided in your response to the draft report, we consider the recommendation open and resolved. Once your office has fully implemented the recommendation, please submit a formal closeout letter to us within 30 days so that we may close the recommendation. The memorandum should be accompanied by evidence of completion of agreed-upon corrective actions. Please send your response or closure request to OIGAuditsFollowup@oig.dhs.gov.

Consistent with our responsibility under the *Inspector General Act*, we will provide copies of our report to congressional committees with oversight and appropriation responsibility over the Department of Homeland Security. We will post the report on our website for public dissemination.

Please contact me with any questions, or your staff may contact Kristen Bernard, Acting Deputy Inspector General for Audits, at (202) 981-6000.

Attachment

DHS OIG HIGHLIGHTS

CBP Did Not Fully Implement the Requirements of the Synthetic Opioid Exposure Prevention and Training Act

October 26, 2023

Why We Did This Audit

On December 27, 2020, the President signed the *Synthetic Opioid Exposure Prevention and Training Act* (Act), aimed at reducing the risk of injury and death to CBP personnel and canines from accidental exposure to synthetic opioids, such as fentanyl. The Act requires the Department of Homeland Security Office of Inspector General to audit CBP's compliance with the requirements of the Act before December 27, 2023. We conducted this audit to determine whether CBP complied with the requirements of the Act.

What We Recommend

We recommend CBP designate an official or group to be responsible for implementing the requirements of the Act.

For Further Information:
Contact our Office of Public Affairs at (202) 981-6000, or email us at: DHS-OIG.OfficePublicAffairs@oig.dhs.gov.

What We Found

U.S. Customs and Border Protection (CBP) did not fully implement the requirements of the *Synthetic Opioid Exposure Prevention and Training Act*. Specifically, CBP did not:

- issue a component-wide policy to safely handle potential synthetic opioids;
- make naloxone available or readily accessible to all personnel at risk of exposure to opioids; and
- require initial and recurrent training for all personnel at risk of opioid exposure.

This happened because CBP did not ensure that the Act's requirements were implemented.

CBP Response

CBP concurred with our recommendation.

Background

U.S. Customs and Border Protection's (CBP) mission includes safeguarding U.S. land, air, and maritime borders to prevent drugs from illegally entering the country. CBP's largest subcomponent, the Office of Field Operations (OFO), is responsible for screening all foreign visitors, returning American citizens, and imported cargo that enters the United States. The United States Border Patrol (Border Patrol) secures U.S. borders between ports of entry and facilitates the flow of legal immigration and goods while preventing the illegal trafficking of people and contraband. Air and Marine Operations (AMO) provides information and intelligence to law enforcement partners, investigates criminal networks, and interdicts security threats operating within and approaching U.S. borders in the air and maritime environments.

CBP officers and agents[1] seize, test, transport, store, and destroy illegal drugs, including opioids. CBP also uses canine enforcement teams as an integral part of its drug enforcement strategy to detect illegal drugs. CBP's daily operations, such as inspecting cargo containers, international mail, vehicles, passengers, passenger luggage, and pedestrians, can expose personnel and canines to synthetic opioids.

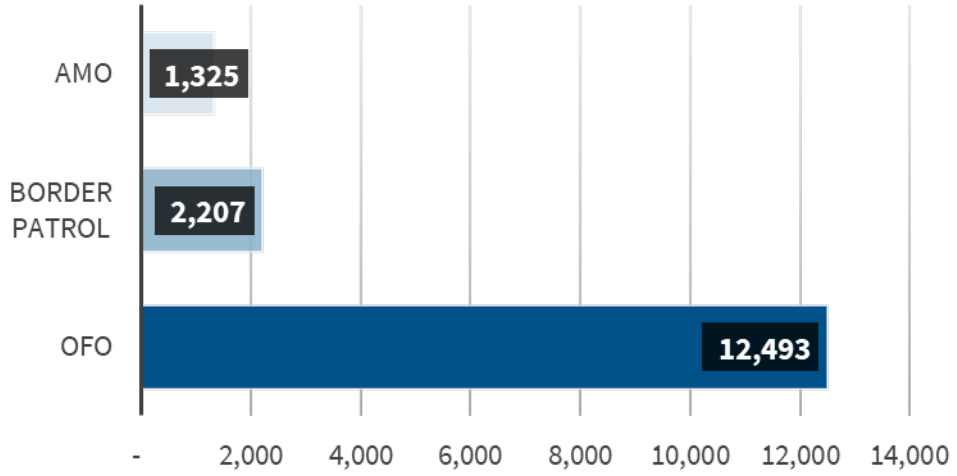
Fentanyl and other synthetic opioids pose potentially lethal dangers to law enforcement personnel who may be unknowingly exposed to these substances in many forms.[2] It only takes 2 milligrams of fentanyl to kill most individuals (see Figure 1).[3] Overdose from opioids such as fentanyl can cause death by slowing, and eventually stopping, a person's breathing. In fiscal year 2022, CBP seized more than 16,000 pounds of fentanyl. Figure 2 summarizes CBP's FY 2022 fentanyl seizures by CBP subcomponent.

Figure 1. Lethal Dose of Fentanyl

Source: CBP graphic

[1] Unless otherwise stated, we refer to CBP officers and agents collectively as "CBP personnel" hereafter.
[2] Synthetic opioids (sufentanil, lofentanil, carfentanil, and others) are highly toxic organic solids and may be found as powders, liquids, nasal sprays, and pills. The Centers for Disease Control and Prevention notes that emergency responders may encounter illicit drugs, such as fentanyl, during routine job duties. (Centers for Disease Control and Prevention, website: https://www.cdc.gov/niosh/topics/fentanyl/risk.html downloaded October 23, 2023).
[3] Opioids killed more than 80,000 people in calendar year 2021. (National Institute on Drug Abuse, National Institutes of Health, website: https://nida.nih.gov/research-topics/trends-statistics/overdose-death-rates downloaded February 15, 2023). Fentanyl caused almost half of all overdose deaths nationwide. (National Center for Drug Abuse Statistics, website: https://drugabusestatistics.org/fentanyl-abuse-statistics/ downloaded June 23, 2023).

Figure 2. CBP's FY 2022 Fentanyl Seizures in Pounds



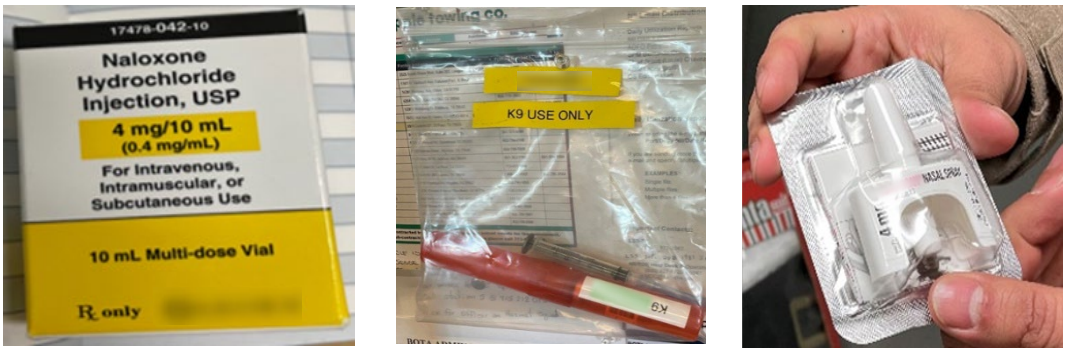
Source: Department of Homeland Security Office of Inspector General analysis of CBP enforcement statistics

When available, the drug naloxone, an opioid inhibitor, may be administered to treat known or suspected opioid overdoses.[4] Naloxone can be injected in the muscle, vein, or skin or sprayed into the nose to restore breathing usually within 2 minutes and thereby prevent brain injury and death. The medication only works if a person has opioids in their system; it has no effect if opioids are absent. As such, naloxone has no potential for abuse. CBP allows only personnel trained by a licensed medical professional to administer naloxone.[5] See Figure 3 for examples of injectable naloxone for canines and naloxone spray for canines and humans.

[4] Naloxone is designed to rapidly reverse opioid overdose and can be administered by an autoinjector, syringe, nasal spray, or atomizer.

[5] DHS Policy Directive 247-01, *Department Policy Regarding the Administration of Naloxone by Non-Healthcare Providers*, April 26, 2017, provides guidance for administering naloxone within CBP.

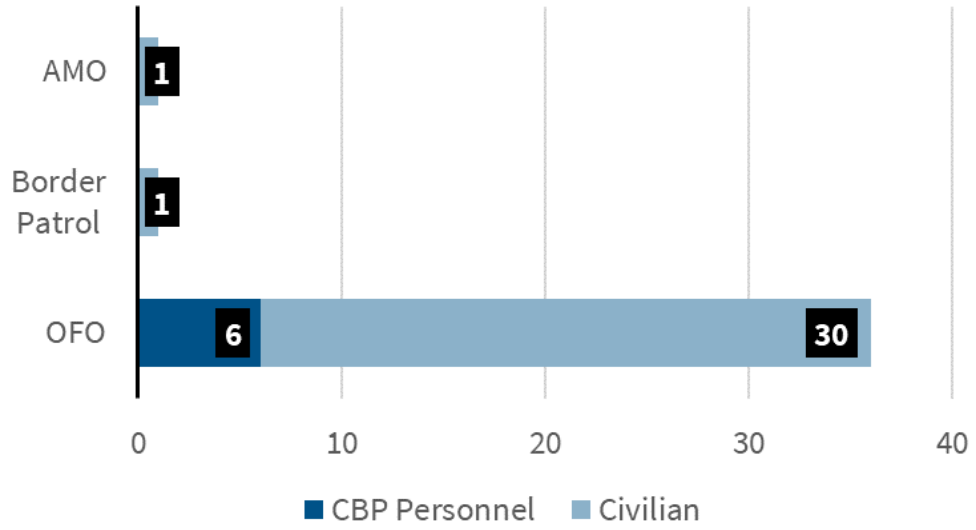
Figure 3. Examples of Injectable Naloxone for Canines and Naloxone Spray for Canines and Humans



Source: DHS OIG photos

According to the *CBP Strategy to Combat Opioids FY 21 Accomplishments,*[6] CBP had 19 incidents in FY 2021 in which officers administered naloxone to the traveling public and 1 incident in which an officer received naloxone after a potential exposure to an illicit narcotic; these incidents all involved OFO. In FY 2022, CBP reported 38 incidents in which officers used naloxone — 32 involving civilians and 6 involving CBP personnel. Figure 4 summarizes CBP naloxone incidents in FY 2022 by subcomponent.

Figure 4. CBP's FY 2022 Naloxone Incidents



Source: DHS OIG analysis of CBP Significant Incident Report data

[6] CBP's actions implemented with partners to identify and interrupt the opioid supply chain.

On December 27, 2020, the President signed the *Synthetic Opioid Exposure Prevention and Training Act* (Act),[7] aimed at reducing the risk of injury and death to CBP personnel and canines from accidental exposure to synthetic opioids, such as fentanyl. This Act includes several requirements CBP must implement to protect its workforce. We conducted this audit to determine whether CBP complied with the requirements of the Act.

Results of Audit

CBP Did Not Fully Implement the Requirements of the *Synthetic Opioid Exposure Prevention and Training Act*

The Act, as amended, requires CBP to:

- issue a policy that specifies effective protocols and procedures for the safe handling of potential synthetic opioids, including fentanyl, by CBP officers, agents, and other personnel, and canines, and to reduce the risk of injury or death resulting from accidental exposure and enhance post-exposure management;

- provide mandatory and recurrent training on:
  - the potential risk of opioid exposure and safe handling procedures for potential synthetic opioids, including precautionary measures such as the use of personal protective equipment (PPE) during such handling;
  - how to access and administer opioid receptor antagonists, including naloxone, after exposure to potential synthetic opioids; and
  - how to use containment devices to prevent potential synthetic opioid exposure;[8]

- ensure the availability of personal protective equipment, opioid receptor antagonists, including naloxone, and containment devices to all CBP officers, agents, other personnel, and canines at risk of accidental exposure to synthetic opioids; and

- regularly monitor the efficacy of the policy and adjust protocols and procedures, as necessary.

We determined CBP did not fully implement the requirements of the Act.

[7] Consolidated Appropriations Act, 2021; Division U—Homeland Security and Governmental Affairs Provisions, Title III—*Synthetic Opioid Exposure Prevention and Training Act* (Public Law 116-260) (codified at 6 United States Code § 216).

[8] Public Law 117-263, Section 7135, December 23, 2022, provided amendments to the *Synthetic Opioid Exposure Prevention and Training Act* regarding the use of containment devices. We did not assess CBP's compliance with the containment devices requirement during our audit because the amendments were passed into law after we initiated our audit on October 14, 2022, and our audit focused on FY 2022.

CBP Did Not Issue a Component-Wide Policy

The Act requires the Commissioner of CBP to issue a policy to CBP's workforce that specifies effective protocols and procedures for safely handling potential synthetic opioids to reduce the risk of injury or death resulting from accidental exposure and enhance post-exposure management. Additionally, according to DHS guidance, administrative controls such as written safety policies, standard operating procedures, and training reduce the duration, frequency, and severity of exposure to illicit substances.[9] DHS recommended that components implement and communicate a policy on the dangers of fentanyl, actions employees can take to protect themselves from potential exposure, and procedures to follow if a person is exposed, to protect personnel and reduce the risk of injury or death.

We determined CBP did not issue a component-wide policy to its workforce for safely handling potential synthetic opioids. Instead, CBP relied on its subcomponents to develop and implement their own separate ad hoc policies and procedures for handling fentanyl and administering naloxone.

Although CBP did not implement a component-wide policy in response to the Act, CBP officials contend its *Seized Asset Management and Enforcement Procedures Handbook* (handbook) contains policies and procedures for all CBP personnel seizing, handling, and storing opioids, including fentanyl. The handbook applies to all CBP personnel, but its naloxone requirements are specific to OFO and do not cover Border Patrol or AMO. For example, at Section 6.13, *Naloxone,*[10] the handbook requires OFO drug storage vaults to always contain approved, unexpired naloxone. Although AMO does not have drug storage facilities, Border Patrol does, yet the handbook does not have a similar requirement for Border Patrol. The handbook also requires OFO seized property specialists to be trained at the Federal Law Enforcement Training Center (FLETC) on how to use naloxone kits/spray, incorporate their understanding of fentanyl into their operations, and combat accidental exposure to opioids. However, the handbook does not include similar requirements for Border Patrol or AMO. By only including requirements for OFO, CBP may have caused confusion regarding which subcomponents must comply and, therefore, does not fully satisfy the requirements of the Act.

[9] *DHS Occupational Safety and Health Risk Assessment Guidance for Fentanyl and Its Analogs* (DHS Fentanyl Risk Guidance), 2018, establishes consistent risk assessment guidance and recommends minimum levels of workplace controls for the DHS workforce with potential occupational exposure to fentanyl and its analogs.
[10] *Seized Asset Management and Enforcement Procedures Handbook* Section 6.13 (referencing Memorandum from Executive Assistant Commissioner, Office of Field Operations, *Naloxone Distribution and Training for Seizure Vault Personnel*, (June 24, 2019)), (February 2023).

CBP Did Not Always Make Naloxone Available and Readily Accessible

CBP did not always make naloxone available and readily accessible to personnel at risk of exposure to opioids. We visited 33 CBP field office locations and found that all locations had PPE[11] such as gloves, masks, eyewear, and disposable protective coveralls available to employees. At six locations (18 percent), naloxone was either unavailable, expired (see Figure 5), or not readily accessible. Specifically:

- Two locations did not have naloxone.
- Two locations had expired naloxone.[12]
- Two locations could not readily access the naloxone, if needed. For example, CBP kept naloxone in locked boxes, and personnel did not know the combination to unlock the boxes.

Figure 5. Expired Naloxone

Source: OIG photo

Naloxone was not always available to at-risk CBP personnel because CBP did not always require it. In addition, CBP does not have a component-wide inventory process to ensure each office has enough unexpired naloxone to supply its personnel.

CBP Did Not Require Training for All At-Risk Employees

In addition to the Act's requirement for recurrent training, DHS guidance indicates that training is the most critical administrative control to protect the workforce from fentanyl.[13] All employees who might encounter fentanyl or its analogs[14] as part of their employment must receive training based on tasks performed and level of risk. The training could include basic awareness for employees with low exposure risk or detailed and task-specific training for employees with high exposure risk. Examples of training that might be required include:

- how to recognize the form and determine the quantity of suspected fentanyl and other drugs;
- the potential exposure routes for fentanyl and its analogs;

[11] According to the *DHS Fentanyl Risk Guidance*, 2018, PPE limits exposure by providing an immediate barrier between the employee and the hazard.
[12] DHS authorizes a 12-month shelf-life extension past the expiration date for naloxone. In January 2023, we observed that two locations had naloxone that had been expired for more than 12 months.
[13] *DHS Fentanyl Risk Guidance*, 2018.
[14] Fentanyl analogs are drugs with a similar chemical structure to fentanyl. There are over 500 fentanyl analogs, each with slightly different characteristics varying from under 10 percent fentanyl to approaching pure product. (*DHS Fentanyl Risk Guidance*, 2018.)

- when to use PPE, what PPE to use, and how to maintain and decontaminate or dispose of PPE;
- how to recognize the symptoms of opioid exposure; and
- procedures to use if symptoms appear.

We found that CBP provided initial training to all its employees on safely handling potential synthetic opioids, including PPE use. In addition, CBP provided OFO and AMO officers initial training for administering naloxone. CBP canine handlers also received training on administering naloxone to canines at the canine training academies. However, CBP did not require initial training for Border Patrol agents on how to administer naloxone.

Further, although CBP required all officers and agents to complete some initial training, it did not require any personnel to complete recurrent training on safe handling procedures, PPE use, or access to and use of naloxone, as required by the Act. The only CBP employees who received recurrent training on handling fentanyl and administering naloxone were those who voluntarily completed cardiopulmonary resuscitation (CPR) and Emergency Medical Technician (EMT) training and volunteers who participated in CBP's non-healthcare nasal naloxone program. CBP did not provide the number of personnel who had completed the non-healthcare naloxone program. Table 1 shows the number of CBP's EMTs and CPR-certified employees by subcomponent as well as each subcomponent's total number of officers and agents.

Table 1. CBP EMT and CPR-Certified Personnel

Subcomponent	CBP Officers and Agents	EMT Certified*	CPR Certified*
OFO	25,704	544	4,231
Border Patrol	18,745	1,385	1,385
AMO	1,277	102	498
CBP-wide	45,726	2,031	6,114

*EMTs and CPR-certified personnel are not limited to officers and agents.
Source: CBP-provided data

In addition, CBP required its current and new workforce to view a one-time, 6-minute training video, *Fentanyl: The Real Deal,* which discussed identifying the signs of opioid overdose and using protective measures when encountering potential synthetic opioids. The video was not specific to CBP's operating environment and did not educate the viewer on how to access or administer naloxone within CBP.

CBP did not always comply with the Act because CBP did not designate an official or group to be responsible for implementing the Act's requirements. CBP does not have a

centralized approach for educating its personnel on the risks of opioids such as fentanyl, how to handle opioids, and how to respond after an exposure. Instead, CBP relies on its individual subcomponents to implement and manage their own opioid handling and naloxone programs without central oversight. CBP officials said they were aware of the Act, but they could not say why they did not fully comply with it. By not implementing the Act, CBP increases the risk that it will not protect its workforce from accidental exposure to opioids such as fentanyl.

Recommendation

Recommendation 1: We recommend that the CBP Senior Official Performing the Duties of the Commissioner designate an official or group to be responsible for implementing the requirements of the *Synthetic Opioid Exposure Prevention and Training Act* and:

- issue a component-wide policy to the CBP workforce to safely handle potential synthetic opioids;
- make personal protective equipment and opioid receptor antagonists, including naloxone, available and readily accessible to all personnel at risk of exposure to opioids; and
- require initial and recurrent training for all at-risk personnel on the risk of opioid exposure and how to access and administer naloxone.

Management Comments and OIG Analysis

CBP concurred with our recommendation. Appendix B contains a copy of CBP's response in its entirety. We also received technical comments and incorporated changes to the report as appropriate. A summary of CBP's response to the recommendation and our analysis follows.

CBP Response: Concur. CBP's Office of the Chief Medical Officer (OCMO) is responsible for implementing the requirements of the Act and, in coordination with CBP Occupational Safety and Health (OSH), will develop a CBP-wide policy regarding the availability of, use of, and training on naloxone. OCMO, in coordination with OSH, will also develop CBP-wide procedures for distributing naloxone to the CBP workforce. Further, OCMO, in conjunction with OSH, will develop and provide refresher training for all at-risk personnel on the risk of exposure to opioids and how to administer naloxone, as appropriate. Estimated Completion Date: July 31, 2024.

OIG Analysis of CBP's Response: These actions are responsive to the recommendation, which we consider open and resolved. We will close the recommendation when CBP provides its formal component-wide policy designating OCMO as responsible for implementing the requirements of the Act; requiring availability of, use of, and training on

naloxone for at-risk personnel; and requiring refresher training for at-risk personnel on the risk of exposure to opioids and how to administer naloxone, as appropriate.

Appendix A:
Objective, Scope, and Methodology

The Department of Homeland Security Office of Inspector General was established by the *Homeland Security Act of 2002* (Public Law 107−296) by amendment to the *Inspector General Act of 1978*.

We conducted this audit pursuant to the requirements of Public Law 116-260, *Consolidated Appropriations Act, 2021*, Division U – Homeland Security and Governmental Affairs Provisions, Title III, *Synthetic Opioid Exposure Prevention and Training Act*. The objective of this audit was to determine whether CBP complied with the requirements of the *Synthetic Opioid Exposure Prevention and Training Act*. Our audit scope of work included CBP's compliance with the Act as of FY 2022, and did not include the December 23, 2022, amendments in Public Law 117-263, Section 7135, regarding the use of containment devices to prevent potential synthetic opioid exposure.

To answer our audit objective, we reviewed and analyzed:

- the Act to identify its requirements;
- DHS, CBP, OFO, Border Patrol and AMO directives, policies, procedures, and other guidance related to detecting and handling opioids and responding after an exposure;
- prior audits and CBP corrective action plans implemented to close applicable report recommendations;
- training records for CBP employees for FY 2022 to determine if CBP required personnel to be trained on opioid handling and post-exposure management;
- CBP naloxone incidents reported for FY 2022 to determine the number of times CBP employees used naloxone in response to potential exposure to opioids;
- CBP's organizational and operational structure to determine if CBP had administrative controls to enforce compliance with the requirements of the Act;
- FLETC and Border Patrol course materials to determine whether CBP employees were trained on the risks of opioids, proper handling of opioids such as fentanyl, and post-exposure management;
- CBP drug seizure statistics for FY 2022 obtained from CBP's website (https://www.cbp.gov/newsroom/stats/drug-seizure-statistics) as of April 25, 2023; and
- Current CBP EMT and CPR-certified employee data.

To determine which CBP field office locations to visit, we analyzed the amount of fentanyl seized by location using the CBP FY 2022 seizure data that we downloaded from CBP's website. To assess the reliability of the CBP seizure data, we compared CBP-provided data on FY 2022 fentanyl seizures to the data on CBP's website. We did not identify significant discrepancies. We also compared a sample of known OFO, Border Patrol, and AMO site locations to the drug seizure

locations reported on CBP's website to verify whether drugs were seized at those locations. We did not identify any discrepancies. CBP officials also confirmed they seize drugs at the selected sites. We determined the FY 2022 seizure data CBP reported on its website was sufficiently reliable for background information and to select a sample of locations to visit during audit fieldwork.

We judgmentally selected 33 CBP locations in El Paso and Laredo, Texas, and Tucson and Nogales, Arizona; these included air and land ports of entry and Border Patrol stations. During site visits, we observed operations, determined if each site had required PPE and naloxone, and collected supporting documentation. The locations we visited included:

- 18 OFO pedestrian, vehicle, cargo, air, and rail ports of entry;
- 3 OFO permanent drug storage vaults;
- 9 Border Patrol stations and checkpoints; and
- 3 AMO air operation sites.

We interviewed:

- 99 CBP personnel at the 33 field offices. The interviewees included:
    - 11 directors or chiefs
    - 37 supervisors
    - 39 officers and agents
    - 12 training coordinators
- CBP, OFO, Border Patrol, and AMO headquarters officials;
- OFO and Border Patrol canine training officials; and
- FLETC education specialists.

We observed operations at the Border Patrol canine training facility and verified the presence of narcotic training aids and naloxone for canines.

We reviewed current CBP-provided EMT and CPR-certified employee data to determine the number of individuals certified to administer naloxone by subcomponent. To assess the reliability of the data, we judgmentally selected a sample of CBP employees we interviewed who said they were EMTs and/or CPR certified and verified they were included in the data. We did not identify significant discrepancies and determined the data was sufficiently reliable for the purposes of our audit. The data collected was used as contextual information and did not materially support our finding, conclusions, or recommendation.

We assessed CBP's internal control structure, policies and procedures, and other key controls for safely handling potential synthetic opioids, including fentanyl. We identified deficiencies in the control environment, control activities, and monitoring internal control components. These weaknesses are discussed within the body of this report. Although we assessed CBP controls, our assessment was limited to determining whether CBP complied with the Act. As such, our internal control assessment may not disclose all internal control deficiencies that may have existed at the time of our audit.

We conducted work for this report between October 2022 and May 2023 pursuant to the *Inspector General Act of 1978*, 5 U.S.C. §§ 401-424, and according to generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objective.

DHS OIG's Access to DHS Information

During this audit, CBP provided timely responses to our requests for information and did not deny or delay access to the information we requested.

Appendix B:
CBP Comments on the Draft Report

1300 Pennsylvania Avenue, NW
Washington, DC 20229

U.S. Customs and Border Protection

September 18, 2023

MEMORANDUM FOR: Joseph V. Cuffari, Ph.D.
Inspector General

FROM: Henry A. Moak, Jr.
Senior Component Accountable Official
U.S. Customs and Border Protection

9/18/2023
X
Signed by: HENRY A MOAK JR

SUBJECT: Management Response to Draft Report: "CBP Did Not Fully Implement the Requirements of the Synthetic Opioid Exposure Prevention and Training Act"
(Project No. 23-004-AUD-CBP)

Thank you for the opportunity to comment on this draft report. U.S. Customs and Border Protection (CBP) appreciates the work of the Office of Inspector General (OIG) in planning and conducting its review and issuing this report.

CBP leadership is pleased to note the OIG's recognition of CBP's active engagement in administering naloxone to civilians and CBP personnel after potential opioid exposure events, and the initial training CBP provided to all CBP employees on safely handling potential synthetic opioids, including the use of personal protective equipment (PPE). The OIG also recognized that CBP provided (1) Office of Field Operations (OFO) and Air and Marine Operations (AMO) officers initial training for administering naloxone; and (2) CBP canine handlers training on administering naloxone to canines.

CBP has been actively engaged in providing information, training, PPE, and naloxone to frontline employees at risk of opioid exposure since 2015. These efforts were refined and updated to align with Department of Homeland Security (DHS) Policy Directive 247-01, "Department Policy Regarding the Administration of Naloxone by Non-Healthcare Providers," dated April 26, 2017, regarding workforce protection and the administration of naloxone by non-healthcare providers.

Since the end of 2017, CBP has distributed naloxone to all frontline locations where employees are at risk of exposure to synthetic opioids where it is available for use by trained personnel. CBP continues to replenish the naloxone supplies, as needed. Further, procedures for the nasal naloxone programs were updated, finalized, and distributed to all frontline locations that were supplied naloxone, to include:

1. OFO's "Nasal Naloxone Standard Operating Procedures (SOP)," dated May 26, 2021;
2. AMO's "Non-Healthcare Provider (NHP) Naloxone SOP," dated July 1, 2020; and
3. U.S. Border Patrol's "NHP Nasal Naloxone Program Internal Operating Procedure," dated November 1, 2017.

CBP remains committed to ensuring the safety of our workforce during all aspects of their day-to-day activities, especially during the handling and processing of seized narcotics (including opioids), as well as the safety and well-being of those individuals in our custody.

The draft report contained one recommendation, with which CBP concurs. Enclosed find our detailed response to the recommendation. CBP previously submitted technical comments addressing several accuracy, contextual, and other issues under separate cover for OIG's consideration.

Again, thank you for the opportunity to review and comment on this draft report. Please feel free to contact me if you have any questions. We look forward to working with you again in the future.

Enclosure

Enclosure: Management Response to Recommendations Contained in Project No. 23-004-AUD-CBP

OIG recommended that CBP's Senior Official Performing the Duties of Commissioner:

Recommendation 1: Designate an official or group to be responsible for implementing the requirements of the Synthetic Opioid Exposure Prevention and Training Act and:

- issue a component-wide policy to the CBP workforce to safely handle potential synthetic opioids;
- make PPE and opioid receptor antagonists, including naloxone, available and readily accessible to all personnel at risk of exposure to opioids; and
- require initial and recurrent training for all at-risk personnel on the risk of opioid exposure and how to access and administer naloxone.

Response: Concur. CBP's Office of the Chief Medical Officer (OCMO) is responsible for implementing the requirements of the Synthetic Opioid Exposure Prevention and Training Act and, in coordination with the CBP Occupational Safety and Health (OSH), will develop a CBP-wide policy regarding the availability, use, and training of naloxone. OCMO, in coordination with OSH, will also develop a CBP-wide procedures document for distribution to the CBP workforce.

CBP has been actively engaged in providing information, training, PPE, and naloxone to frontline employees at risk of opioid exposure since 2015. These efforts were refined and updated to align with DHS Policy Directive 247-01, "Department Policy Regarding the Administration of Naloxone by Non-Healthcare Providers," dated April 26, 2017, regarding workforce protection and the administration of naloxone by non-healthcare providers. It is also important to note that component-specific procedures, including a CBP-wide "Opioid Job Hazard Analysis," document (issued during July 2017 and updated on May 9, 2023) have been in place to address the safe handling of potential synthetic opioids for years. Further, PPE appropriate for handling synthetic opioids is available in all locations where personnel are at risk of exposure to opioids, and naloxone has been distributed to all field locations since 2017.

Further, OCMO, in conjunction with CBP OSH, will develop and provide refresher training for all at-risk personnel on the risk of exposure to opioids and how to administer Naloxone, as appropriate.

Estimated Completion Date: July 31, 2024.

Appendix C:
Report Distribution

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