

1300 Pennsylvania Avenue, NW
Washington, DC 20229



U.S. Customs and Border Protection

Deputy Commissioner

AUG 25 2025

The Honorable Jamieson Greer
Acting Special Counsel
U.S. Office of Special Counsel
1730 M Street, NW, Suite 300
Washington, D.C. 20036

Re: OSC File No. D1-25-000591

Dear Mr. Greer:

On March 4, 2025, the Office of Special Counsel (OSC) referred to the Department of Homeland Security (DHS) allegations that U.S. Customs and Border Protection (CBP), Weslaco, Texas has engaged in actions that may constitute a violation of law, rule or regulation, gross mismanagement, and a substantial and specific danger to public health and safety. Specifically, a whistleblower alleged that CBP management officials routinely direct CBP Officers to allow U.S. residents crossing the border between Progreso, Texas and Nuevo Progreso, Mexico, to bring controlled substances into the U.S. without enforcing compliance with federal importation laws and CBP directives.

Pursuant to the authority delegated to the CBP Commissioner from the Secretary of Homeland Security, delegated to me by the CBP Commissioner, I am the designated official responsible for providing CBP's report under 5 U.S.C. § 1213(e)(5).

CBP investigated the following allegation made by the whistleblower:

Allegation: [REDACTED] and [REDACTED] along with other, unnamed CBP managers, directed CBPOs to allow United States residents to import excess amounts of controlled substance medications without a prescription, in violation of federal importation laws, CBP directives, and state law.

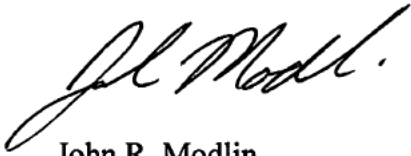
CBP Office of Professional Responsibility (OPR) conducted an investigation into the allegation, to include interviewing the whistleblower. Attached is the resulting Report of Investigation (ROI). CBP OPR found that the evidence did not support the allegation that CBP engaged in

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actions that constituted a violation of law, rule, or regulation, gross mismanagement, or a substantial and specific danger to public health and safety.

If you require further information regarding this matter, please contact [REDACTED]
[REDACTED] Rio Grande Valley, Texas, at [REDACTED] or
[REDACTED]

Sincerely,



John R. Modlin
Acting Deputy Commissioner
U.S. Customs and Border Protection

Attachment



CASE CLOSING REPORT

Case Number	202508100E
Field Office	McAllen, TX
Case Agent	[REDACTED]
Case Title	OSC referral for investigation doc (OSC File No. DI-25-000591 Request for Investigation-5
Subject Name & Title	[REDACTED] Primary Subject
Date of Alleged Activity	03/03/2025

APPROVALS

Digitally Signed

Prepared by	[REDACTED]	05/23/2025
Reviewed by	[REDACTED]	05/23/2025
Approved by	[REDACTED]	05/23/2025

ALLEGATION

On March 20, 2025, the Joint Intake Center (JIC), Washington, DC, received an email from Deputy Associate Chief Counsel [REDACTED] U.S. Customs and Border Protection (CBP), Office of Associate Chief Counsel for Ethics, Labor, and Employment, Washington, DC. Attached was a March 4, 2025, U.S. Office of Special Counsel (OSC), complaint regarding Supervisory CBP Officer (SCBPO) [REDACTED], Progreso Port of Entry (PGR), Progreso, TX, and SCBPO [REDACTED] PGR. The complaint alleged SCBPO [REDACTED] and SCBPO [REDACTED] violated law, rules or regulations, gross mismanagement, and were a danger to public health and safety (Exhibit 1).

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On March 26, 2025, CBP, Office of Professional Responsibility (OPR), McAllen Field Office (FO), McAllen, TX, initiated this investigation, and the case was assigned to Senior Special Agent (SSA) [REDACTED] McAllen FO.

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EXECUTIVE SUMMARY

On March 4, 2025, OSC reported CBP Officer (CBPO) [REDACTED] PGR, disclosed that CBP management officials at PGR routinely directed CBPOs to allow United States residents to bring controlled substances into the United States without enforcement or complying with federal importation laws, CBP directives, and state law. CBPO [REDACTED] routinely witnessed travelers were permitted to import excess amounts of controlled substance medications without a prescription.

SA [REDACTED] McAllen FO, obtained a copy of the Personal Use Importation of Medication and Drug Enforcement Agency (DEA) controlled substance charts. The documents stated the importation laws for controlled substances under schedule I allowed a United States resident to import no more than 50 dosage units for personal use. SA [REDACTED] obtained CBP Directive 3310-006A, titled, Importation of Controlled Substances by United States residents. The directive allowed United States residents to import 50 dosage units of a schedule II-IV controlled substance for personal use without a prescription.

SSA [REDACTED] interviewed CBPO [REDACTED]. CBPO [REDACTED] stated CBPOs violated CBP Directive 3310-006A. CBPO [REDACTED] stated that according to the CBP Directive-3310-006A, travelers were allowed to import up to 50 dosage units of a controlled substance medication without a valid prescription, as long as the importation abided by federal and state laws. CBPO [REDACTED] stated all CBPOs were instructed to allow the importation of controlled substance medications of over 50 dosage units by PGR management, so he believed outside entities influenced PGR's operations. CBPO [REDACTED] stated if a passenger arrived at primary and truthfully declared the medication, the medication was allowed to enter the country regardless of the amount, even though it violated policy.

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SSA [REDACTED] conducted several interviews of CBPOs assigned to PGR. All CBPOs stated Nuevo Progreso, which bordered PGR, was known as a tourist destination with a major market for pharmaceuticals and health clinics. Many of the travelers encountered at PGR crossed into Nuevo Progreso to obtain affordable medication and treatment, then crossed back into the United States with controlled substance medications and no prescription. CBPOs stated they obtained guidance regarding the importation of controlled substance medications from CBP Directive 3310-006A which stated that returning travelers could import up to 50 dosage units without a prescription. CBPOs further stated that the State of Texas had laws which prohibited the possession of certain controlled substance medications without a valid prescription. CBPOs stated that PGR managers abided by CBP Directive 3310-006A.

SSA [REDACTED] interviewed several PGR management personnel. PGR management personnel stated that PGR followed CBP Directive 3310-006A and adhered to the guidelines which allowed the importation of schedule II through IV controlled substance medications up to 50 dosage units without a prescription. PGR management personnel stated the directive allowed for an Informed Compliance to be given when travelers exceeded 50 dosage units. Managers stated Texas law further restricted the possession of a controlled substance medications without a prescription, but CBP did not have the authority to enforce state law. The process was then to inform the travelers that although they were within federal guidelines, they could be cited or arrested by state and local authorities.

SSA [REDACTED] interviewed SCBPO [REDACTED]. SCBPO [REDACTED] stated he followed CBP Directive 3310-006A which allowed travelers to import up to 50 dosage units of schedule II through IV controlled substance medications without a prescription. SCBPO [REDACTED] stated CBP Directive 3310-006A did not supersede Texas law which did prohibit the possession of controlled substance medications without a prescription, but as a federal law enforcement agency, CBP could not enforce state law. SCBPO [REDACTED] stated he never violated CBP Directive 3310-006A.

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SSA [REDACTED] interviewed SCBPO [REDACTED]. SCBPO [REDACTED] stated he followed CBP Directive 3310-006A which allowed travelers to import up to 50 dosage controlled substance medications every thirty days without a prescription. SCBPO [REDACTED] stated that every encounter with controlled substance medications was handled on a case-by-case basis and the totality of the circumstances were taken into account.

POTENTIAL VIOLATIONS AND INVESTIGATIVE FINDINGS

Potential Criminal Violation(s) of Law
[REDACTED] - 38.15 - Interference with Public Duties
[REDACTED] [REDACTED] - 38.15 - Interference with Public Duties

PROSECUTORIAL ACTION(S)

This investigation was not presented for prosecution as no criminal violations were identified.

Potential Administrative Violation(s) of Policy, Rule, or Regulation	Investigative Findings
CBP Directive 3310-006A	Not Sustained
CBP Directive 3310-006A	Not Sustained

EMPLOYEE DUTY STATUS

SCBPO [REDACTED] retained his law enforcement authority and continued to perform his assigned duties.

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SCBPO [REDACTED] retained his law enforcement authority and continued to perform his assigned duties.

DETAILS OF INVESTIGATION

On March 25, 2025, SSA [REDACTED] conducted a database search in [REDACTED] pertaining to the allegation [REDACTED] regarding the importation of controlled substance medications at PGR (Exhibit 3). SSA [REDACTED] obtained four Secondary Inspection Reports regarding the specific importation of medication incidents which were outlined in the initial allegation (Exhibit 3, Attachment 1). SA [REDACTED] reviewed the reports which revealed on January 11, 2025, two secondary inspection referrals, related to the importation of medication, were conducted by CBPOs at PGR. On [REDACTED] secondary inspection was conducted by CBPO [REDACTED]. The comment annotated by CBPO [REDACTED] stated “Subject had 50 Tramadol pills and three injectable vials of Tramadol. CBPO [REDACTED] [REDACTED], PGR, in concurrence with SCBPO [REDACTED] admitted the meds. DTR.” The second inspection, on Janua [REDACTED] 025, was referred for a secondary inspection by CBPO [REDACTED] and inspected by CBPO [REDACTED]. The comments entered by CBPO [REDACTED] noted “Subject advised on the proper amount of Adderall permitted to cross. Inspection completed with negative results. Subject heading to Weslaco where he resides. Released vehicle without further incident.” On February 6, 2025, two secondary inspection referrals were conducted by CBPOs at PGR. Both inspections were referred for [REDACTED] CBPO [REDACTED]. The first inspection had comments entered by CBPO [REDACTED] PGR, which stated “Subject declared 90 pills of Phentermine. Subject has been advised about the importati [REDACTED] ject released.” The second inspection had comments entered by CBPO [REDACTED], PGR, which stated “Declared 2 boxes of Axcion and 1 Xanax. Advised of the amount of medication she could bring in one month. WHTI Non-Compliance. Declared 30 Xanax and 60 Phentermine – check meds – enf said she crossed yesterday as well.”

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On March 26, 2025, SA [REDACTED] requested document [REDACTED] tation of controlled substance medication from Investigative Analyst (IA [REDACTED] Threat Mitigation and Analysis Division (TMAD), McAllen FO (Exhibit 4). A copy of the P [REDACTED] ortation of Medication and DEA Controlled Substance charts were provided by IA [REDACTED] (Exhibit 4, Attachment 1). The documents provided the importation law [REDACTED] substance medication under schedule II-V pertaining to United States citizens. IA [REDACTED] also provided SA [REDACTED] with CBP Directive 3310-006A (Exhibit 4, Attachment 2).

On March 26, 2025, [REDACTED] received a 2025 Medication Seizure Log from Chief CBP Officer (Chief) [REDACTED] PGR (Exhibit 5). The seizure log was used by PGR management officials to keep track of seizures. From October 2024 to March 26, 2025, PGR recorded 81 seizures which involved medication. Of the 81 seizures, 30 were prosecuted by state and local agencies and one was prosecuted federally. The medications most commonly seized by PGR were listed as: testosterone, Tramadol, Xanax, Acxion, Fentanyl, Ritalin, Adderall, Clonazepam, Diazepam, Phentermine, Hydrocodone, and Oxycodone.

On March 28, 2025, SSA [REDACTED] and SA [REDACTED] McAllen FO, interviewed CBPO [REDACTED] PGR, regarding the importation of prescription and non-prescription medication (Exhibit 6). CBPO [REDACTED] referred to CBP's "Know Bef [REDACTED] Go" web page, which guided travelers on the proper importation of medication. CBPO [REDACTED] stated the web page indicated that any medication transported through a Port of Entry (POE) had to comply with the rules and regulations of the Food and Drug Administration (FDA). If the medication was a [REDACTED] substance, it needed to comply with the rules and regulations of the DEA. CBPO [REDACTED] stated if he encountered medication that exceeded 50 dosage units and the traveler did not possess a prescription, he referred the traveler for a secondary inspection/referral (Exhibit 6, Attachment 1, Timestamp 14:20:00 CDT).

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CBPO ██████ stated medications were the top merchandise encountered and seized at PGR. CBPO ██████ said he has encountered travelers with medication and without a valid United States prescription. CBPO ██████ stated he annotated the inspection in ██████ to maintain accountability and the traveler was then released (Exhibit 6, Attachment 1, Timestamp 14:25:00 CDT).

CBPO ██████ stated that generally trav ██████ ere advised of the importation requirements, then released without further action. CBPO ██████ stated if a traveler was over the fifty dosage units he would try to g ██████ aveler to return the medication to Mexico with the concurrence of an SCBPO. CBPO ██████ explained that an informed compliance was a term used to annotate and record inspection results (Exhibit 6, Attachment 1, Timestamp 14:28:55 CDT).

CBPO ██████ stated the importation of medication laws were not fully enforced by PGR management. If CBPOs wanted to return a traveler with excess medication to Mexico, they had to obtain approval from an SCBPO. If the medication was not a controlled substance medication, and the traveler did not have any prior history with CBP regarding medication, SCBPOs would allow the traveler to keep the medication (Exhibit 6, Attachment 1, Timestamp 14:33:10 CDT).

CBPO ██████ stated if a traveler had a small quantity over the allowed dosage units, he always pushed for the medic ██████ o be returned but was generally told to do an informed compliance on the traveler. CBPO ██████ explained that a traveler was not to be denied entry, but CBP could deny entry of the m ██████ ise. This provided the traveler the opportunity to return the medication to Mexico. CBPO ██████ stated most of the travelers with excess medication were allowed to return to Mexico with the medication with the concurrence of an SCBPO (Exhibit 6, Attachment 1, Timestamp 14:40:30 CDT).

CBPO ██████ was presented with a CBP ██████ -Secondary Inspection Report, dated January 11, 2025. The report involved a traveler who attempted to import Adderall, without ██████ cription, and was allowed to continue into the United States with the concurrence of SCBPO ██████. CBPO

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██████████ did not recall the inspection; however, SCBPO ██████████ had instructed him to allow Adderall into the United States under an informed compliance (Exhibit 6, Attachment 2) (Exhibit 6, Attachment 1, Timestamp 14:44:20 CDT).

CBPO ██████████ described SCBPO ██████████ as a good supervisor who had ██████████ sions with him regarding the importation of medication. CBPO ██████████ stated SCBPO ██████████ had explained policies regarding medication and expressed how it was common to follow the practice of informed compliances. If a traveler did not have history with importing medications, most SCBPOs would ██████████ an informed compliance (Exhibit 6, Attachment 1, Timestamp 14:48:00 CDT). CBPO ██████████ did not think that SCBPO ██████████ blatantly disregarded policy. SCBPO ██████████ conversed with CBPO ██████████ on the guidance received. PGR managers followed the same mindset when it came to the interpretation of policy and guidance regarding the importation of medication (Exhibit 6, Attachment 1, Timestamp 14:49:38 CDT).

CBPO ██████████ explained that the bridge which PGR operated on was owned by a private entity. The private entity advertised on social media and promoted the purchase of medication in Mexico. CBPO ██████████ did not know if there was collusion with the private entity and CBP to allow controlled substance medications through PGR (Exhibit 6, Attachment 1, Timestamp 14:51:55 CDT).

On April 1, 2025, SSA ██████████ received a spreadsheet which con ██████████ ch results of encounters at PGR for January 2025, from Acting(A) Branch Chief ██████████, Analytical Management Systems Control Office (AMSCO), Washington, DC (Exhibit 7). The research focused on CBP encounters at PGR vehicle primary that involved medication and did not result in an arrest, seizure, or penalty by CBP. For the month of January 2025, approximately 25 travelers attempted to cross various types of medication, to include Tramadol, Xanax, Acxion, and Clonazepam, and were allowed to return to Mexico to dispose of the medication. Approximately 83 travelers presented themselves for entry with various types of medication and were advised of

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proper importation requirements and allowed to continue into the United States. Only three records indicated a supervisor was advised of inspection results.

On March 28, 2025, SSA [REDACTED] and SA [REDACTED] interviewed CBPO [REDACTED] (Exhibit 8). CBPO [REDACTED] stated she was advised by SCBPOs at PGR that travelers could bring up to a one-supply of prescription and non-prescription medication into the United States. CBPO [REDACTED] explained 50 milligrams of Tramadol, one bottle of Xanax, and one box of Acxion was typically allowed to be imported into the United States from Mexico as per PGR management (Exhibit 8, Attachment 1, Timestamp 8:21:54 CDT).

CBPO [REDACTED] referred to CBP's "Know Before You Go" web page, which stated that every [REDACTED] tion coming into the United States required a valid United States prescription. CBPO [REDACTED] stated when she encountered travelers who declared non-prescribed medication, she would conduct research, record inspection results in a CBP database, and advise an SCBPO of the inspection results. CBPO [REDACTED] did this to keep track of medications a traveler imported into the country. If a traveler attempted to smuggle medication a seizure was usually initiated by CBP (Exhibit 8, Attachment 1, Timestamp 8:25:44 CDT).

CBPO [REDACTED] stated she generally did not have a hard time with SCBPOs regarding undeclared medication, but there were times when SCBPOs allowed a traveler to return the medication to Mexico. SCBPOs would not deny entry into the United States to travelers but would give the traveler the opportunity to return to the pharmacy in Mexico (Exhibit 8, Attachment 1, Timestamp 8:28:55 CDT).

CBPO [REDACTED] stated X [REDACTED] and Tramadol were the medications most often encountered and seized at PGR. CBPO [REDACTED] stated PGR was a known tourism POE with many pharmacies and medical industries across the border where medications were easily obtained (Exhibit 8, Attachment 1, Timestamp 8:32:53 CDT).

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CBPO ██████ stated management at PGR was inclined to allow travelers to continue their travel into the United States with medication even if they were over the allowed amount. On two occasions ██████ encountered travelers with injectable Tramadol and was advised by SCBPO ██████ to allow the traveler to enter the United States (Exhibit 8, Attachment 1, Timestamp 8:36:44 CDT).

CBPO ██████ was presented with a ██████-Secondary Inspection Report, dated January 11, 2025, which involved a traveler who attempted to bring Adderall into the United States without a prescription (Exhibit 8, Attachment 2). The traveler was allowed to ██████ into the United States. CBPO ██████ did not recall the inspection; however, CBPO ██████ recalled the SCBPO on duty directed her to allow the Adderall into the United States but to advise the traveler of the importation requirements (Exhibit 8, Attachment 1, Timestamp 8:39:01 CDT).

CBPO ██████ was presented with a ██████-Secondary Inspection Report, dated January 11, 2025, which involved a traveler who brought injectable Tramadol into the United States (Exhibit 8, Attachment 3). The traveler was allowed to continue into the United States. CBPO ██████ did recall the inspection and stated SCBPO ██████ directed her to allow the Tramadol into the United States and to advise the traveler of the importation requirements (Exhibit 8, Attachment 1, Timestamp 8:42:01 CDT).

CBPO ██████ stated it was common for CBPOs at PGR to allow travelers without derogatory history to continue into the United States with the medication even if they exceeded the allowed amount. SCBPOs would advise CBPOs to annotate inspection results to keep accountability on the travelers to avoid re-occurrence (Exhibit 8, Attachment 1, Timestamp 8:43:22 CDT).

CBPO ██████ explained CBPOs had discretion to determine if a traveler attempted to smuggle the medication or legitimately were in possession of the medication for personal use. CBPO ██████

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stated not all inspections of travelers with medication which exceeded the allowed amount were presented to SCBPOs (Exhibit 8, Attachment 1, Timestamp 8:46:22 CDT).

CBPO [REDACTED] attributed PGRs enforcement posture, or lack of enforcement, to staffing issues. CBPO [REDACTED] believed seizures created a staffing shortage [REDACTED] was why management typically allowed the medication to be returned to Mexico. CBPO [REDACTED] added there were no issues when it came to legitimate smuggling incidents which usually did result in seizures (Exhibit 8, Attachment 1, Timestamp 8:50:36 CDT).

CBPO [REDACTED] was not aware of any criminal wrongdoing on behalf of PGR management and believed staff shortages were the reason behind decisions by SCBPOs (Exhibit 8, Attachment 1, Timestamp 8:56:30 CDT).

April 4, 2025, SSA [REDACTED] and SA [REDACTED] interviewed CBPO [REDACTED] (Exhibit 9). CBPO [REDACTED] stated he had worked with CBP since 2019 and had five years of previous experience as a Deputy Sheriff (Exhibit 9, Attachment 1, Timestamp 14:27:53 CDT). CBPO [REDACTED] stated he started his federal career as a CBPO at the Laredo Port of Entry (LAR), Laredo, TX, and then transferred to PGR in 2022 (Exhibit 9, Attachment 1, Timestamp 14:28:30 CDT). CBPO [REDACTED] stated his allegation referenced the illegal importations regarding controlled substance medications at PGR (Exhibit 9, Attachment 2) (Exhibit 9, Attachment 1, Timestamp 14:29:48 CDT).

CBPO [REDACTED] stated he was familiar with the federal and state laws regarding possession of controlled substance medications and, while at LAR, he was trained on which medications were prohibited from entering the United States (Exhibit 9, Attachment 1, Timestamp 14:31:05 CDT). CBPO [REDACTED] stated when he transferred to PGR, he was advised that because PGR was known as a “medication port” due to the frequent importation of controlled substance medications into the country, CBPOs would allow the importation to exceed 50 dosage units (Exhibit 9, Attachment 1, Timestamp 14:31:44 CDT).

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CBPO ██████ stated he brought the importation issue up to SCBPO ██████ who provided him with the CBP Directive 3310-006A (Exhibit 9, Attachment 3) which referenced the allowed importation of no more than 50 dosage units with a valid United States prescription (Exhibit 9, Attachment 1, Timestamp 14:31:58 CDT). CBPO ██████ stated while at PGR he witnessed inconsistencies with CBPOs who allowed medications labeled under the same schedule to be handled differently (Exhibit 9, Attachment 1, Timestamp 14:34:59 CDT). CBPO ██████ stated he documented that on January 11, 2025, SCBPO ██████ advised CBPOs to admit controlled substance medications into the United States without a valid prescription which violated CBP Directive 3310-006A (Exhibit 9, Attachment 1, Timestamp 14:35:25 CDT). CBPO ██████ stated that according to CBP Directive 3310-006A, travelers were allowed to import up to 50 dosage units of a controlled substance without a valid prescription, if it abided by federal and state importation laws. CBPO ██████ stated the DEA determined how controlled substances were labeled, from schedule I, hard narcotics, through schedule V. Furthermore, in Texas, there were penalty groups, I through IV, with some drugs given a different threat level than federal laws and required certain medications to be accompanied by a valid prescription regardless of the amount. Under CBP Directive 3310-006A, the importation of controlled substance medications must abide by federal and state laws (Exhibit 9, Attachment 1, Timestamp 14:38:58 CDT).

CBPO ██████ stated all CBPOs were instructed to allow the importation of controlled substance medications that exceeded 50 dosage units by PGR management. CBPO ██████ stated this was done primarily by retired Port Director (PD) ██████. CBPO ██████ stated after PD ██████ retired, PD ██████, PGR, continued to allow the importation to exceed 50 dosage units (Exhibit 9, Attachment 1, Timestamp 14:43:26 CDT). CBPO ██████ stated the quantities that were allowed to enter increased up to 200 dosage units (Exhibit 9, Attachment 1, Timestamp 14:44:10 CDT). CBPO ██████ stated the PGR bridge was privatized by the Sparks family who had a big influence in Congress. CBPO ██████ believed PD ██████ would allow the importation of controlled substance medications to exceed 50 dosage units which brought more tourism and

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generated more value for the [REDACTED] family (Exhibit 9, Attachment 1, Timestamp 14:45:15 CDT). CBPO [REDACTED] stated he did not believe PD [REDACTED] was corrupt, nor did he know if PD [REDACTED] received any financial compensation by allowing policies to be violated (Exhibit 9, Attachment 1, Timestamp 14:47:58 CDT).

CBPO [REDACTED] stated if a passenger imported more than 30 dosage units of a controlled substance medication, schedule I through IV, without a valid prescription, CBPO [REDACTED] should have seized the medication or given the traveler options in lieu of a seizure. CBPO [REDACTED] stated if a passenger arrived at primary and truthfully declared the medication, the medication [REDACTED] allowed to enter the country regardless of the amount, even though it violated policy. CBPO [REDACTED] stated if a CBPO was assigned to secondary and the referred passenger was in possession of over 50 dosage units, the CBPO either released the driver with the medication, seized the medication, or gave them the option to voluntarily return the medication to Mexico. CBPO [REDACTED] stated inspection results were generally recorded in [REDACTED]. CBPO [REDACTED] stated when the medication was smuggled or hidden, either the medication was seized or the passenger was given the option to voluntarily return the medication to Mexico (Exhibit 9, Attachment 1, Timestamp 14:59:58 CDT).

CBPO [REDACTED] stated the most imported and seized item at PGR was medication (Exhibit 9, Attachment 1, Timestamp 15:06:48 CDT). CBPO [REDACTED] stated he believed passengers chose PGR to import medication because they knew CBPOs would allow the importation of controlled substance medications (Exhibit 9, Attachment 1, Timestamp 15:07:20 CDT).

CBPO [REDACTED] stated Nuevo Progreso was known for medication tourism and received visitors from all over to include "Winter Texans." CBPO [REDACTED] stated tourists visited Nuevo Progreso for dental work and pharmaceuticals; however, he specified dental work and pharmaceuticals were also offered at other border towns in Mexico. CBPO [REDACTED] stated the reason those tourists chose PGR for those services was because they knew they would be allowed to import the medication into the United States (Exhibit 9, Attachment 1, Timestamp 15:12:20 CDT).

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CBPO [REDACTED] shared a social media post from Director of Field Operations (DFO), San Diego and CBP Field Operations which showed a seizure of Tramadol, a schedule IV controlled substance, with the caption “Tramadol concealed in mislabeled medicine bottles from a US citizen trying to smuggle them into the U.S.” and “as a reminder when crossing the border, controlled medication must be accompanied by a prescription issued by a U.S. licensed practitioner [REDACTED] be declared to a CBPO when entering the United States” (Exhibit 9, Attachment 4). CBPO [REDACTED] stated that post contradicted PGR’s daily operations (Exhibit 9, Attachment 1, Timestamp 15:13:03 CDT).

CBPO [REDACTED] stated he interpreted CBP Directive 3310-006A, Section 6.3.1 “in addition to Federal Requirements, individual states may have additional requirements covering controlled substances. State Law may form the basis for seizing personal use quantities of controlled substances. CBPOs should advise travelers to check with State authorities to verify that a particular prescription does in fact comply with State regulations. If CBP does not intend to effect a seizure, the CBP Officer should report the violation to State law enforcement authorities,” as: a CBPO could seize a controlled substance medication under Texas law. CBPO [REDACTED] stated that if the CBPO does not seize the medication, the CBPO should contact state or local authorities. CBPO [REDACTED] summarized section 6.2 of the directive as, if it violates states law, it violates federal law (Exhibit 9, Attachment 1, Timestamp 15:18:14 CDT).

CBPO [REDACTED] stated he interpreted “informed compliance” as a discretion for items that are not prohibited but required public notice pursuant to law, such as not having proper paperwork or documentation for importation of a non-prohibited item (Exhibit 9, Attachment 1, Timestamp 15:21:21 CDT). CBPO [REDACTED] believed the informed compliance stated in section 6.7.1 “to assist in both informed compliance and enforcement efforts, a list of controlled substance most often acquired in Canada or Mexico is attached to this directive” referred to the FDA unapproved drugs or nonscheduled drugs such as antibiotics (Exhibit 9, Attachment 1, Timestamp 15:25:48 CDT).

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CBPO ██████ stated he did not believe there was corruption at PGR regarding facilitation of illegal importation of controlled substance medications by CBPOs. CBPO ██████ stated he believed if PGR stopped the illegal importation of controlled substance medications, Mexican pharmaceutical companies would close which would cause a shift in tourism and a loss in revenue. CBPO ██████ stated he spoke to several SCBPOs, but no one gave a clear answer as to why other ports seized the medication and PGR did not (Exhibit 9, Attachment 1, Timestamp 15:29:54 CDT).

CBPO ██████ stated when he called local police departments for an illegal importation of a controlled substance medication, they always responded to the port (Exhibit 9, Attachment 1, Timestamp 15:32:01 CDT).

On April 4, 2025, SSA ██████ and SA ██████ interviewed CBPO ██████, PGR (Exhibit 10).

CBPO ██████ stated medication was the top merchandise encountered at PGR, with Tramadol and Xanax identified as the medications most commonly seized by CBP at PGR (Exhibit 10, Attachment 1, Timestamp 15:58:23 CDT).

CBPO ██████ stated he was told by SCBPOs that travelers could import 50 dosage units or less of controlled substances, like Tramadol, Xanax, and Phentermine, without a prescription. CBPO ██████ stated that prior to transferring to PGR, he was stationed at LAR. In his tenure at LAR, controlled substance medications like Tramadol and Xanax would not be allowed to be imported into the United States. CBPO ██████ conducted research on the importation of controlled substance medication and found that some guidance did stipulate travelers could import dosage units. CBPO ██████ was told by fellow CBPOs that under state law, it was prohibited for a person to be in possession of controlled substance medications without a prescription. CBPO ██████ stated that when he encountered a traveler with 50 dosage units or

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more, he referred the traveler to secondary for further inspection. CBPO ██████ stated that when he encountered a traveler with a controlled substance medication and no prescription while in CBP secondary he would obtain approval from an SCBPO prior to allowing the traveler to take the medication back to Mexico (Exhibit 10, Attachment 1, Timestamp 16:01:37 CDT).

CBPO ██████ stated if a traveler was not in compliance with the importation limits, an SCBPO would make the determination if the traveler was returned to Mexico or allowed to enter the United States. CBPO ██████ stated the medication imported into the United States must have been in excess for refusal into the United States (Exhibit 10, Attachment 1, Timestamp 16:05:10 CDT).

CBPO ██████ stated that if a traveler smuggled controlled substance medication it was typically seized. CBPO ██████ stated there were times when an informed compliance was done, and the medication was sent back to Mexico. CBPO ██████ was not aware if SCBPOs had discretion when it came to seizing medication. CBPO ██████ did not think CBP managers at PGR were doing anything wrong, but did think they were too lenient. CBPO ██████ stated SCBPOs were specifically lenient on Saturdays as it was the busiest day and PGR was short staffed. CBPO ██████ stated a seizure would take on approximately two hours to complete which took away from staffing at the POE. CBPO ██████ stated there had been incidents where a traveler attempted to smuggle controlled substance medications without a prescription and the medication was not seized. The traveler was given opportunity to return the controlled substance medication back to Mexico. CBPO ██████ could not recall a specific incident that occurred (Exhibit 10, Attachment 1, Timestamp 16:06:42 CDT).

CBPO ██████ did not think controlled substance medication without a prescription should have been allowed to be imported into the United States. CBPO ██████ was not sure if controlled substance medications were allowed to be imported into the United States, but it was common practice at PGR (Exhibit 10, Attachment 1, Timestamp 16:12:30 CDT).

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CBPO ██████ stated that all PGR managers followed the same procedures regarding medication. If PGR referred all travelers for secondary inspection who attempted to import medication without prescription, PGR would have been overwhelmed with referrals to secondary inspection. CBPO ██████ stated he had not received official guidance from managers at PGR regarding the importation of medication. CBPO ██████ stated the PGR managers didn't do anything wrong but believed official guidance was needed (Exhibit 10, Attachment 1, Timestamp 16:06:42 CDT).

On A ██████ SA ██████ and SA ██████ interviewed Acting (A) Assistant Port Director (PD) ██████ PGR (Exhibit 11). (A) APD ██████ stated PGR followed the importation guidelines set forth in CBP Directive 3310-006A along with guidance from FDA. (A) APD ██████ stated if a traveler attempted to make entry into the United States with medication and no prescription, they were only allowed 50 dosage units. (A) APD ██████ stated the prescription should have annotated the number of pills per dosage. If the traveler could not present a prescription that indicated the dosage of their medication, PGR followed the 50 dosage unit rule for importation for 30 days (Exhibit 11, Attachment 1, Timestamp 13:21:25 CDT).

(A) APD ██████ stated if a traveler attempted to make entry into the United States with ten pills over the limit, PGR allowed CBPOs to utilize informed compliance to educate and inform the traveler of the importation regulations. Sometimes an informed compliance was documented in ██████ under the incident log report (IOIL) or Unified Secondary (USEC) closures. If a traveler had an excessive amount over 50 dosage units, the traveler was given the option to return the medication to Mexico. If a traveler had a history on record, the traveler would be afforded the opportunity to return to Mexico or the medication would be seized (Exhibit 11, Attachment 1, Timestamp 13:24:57 CDT).

(A) APD ██████ stated CBPOs and SCBPOs had officer discretion on primary regarding secondary referrals. (A) APD ██████ stated staffing issues played a part in decisions because a seizure could be

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time consuming. (A) APD ██████ stated PGR's top imported and seized items were medications (Exhibit 11, Attachment 1, Timestamp 13:32:05 CDT).

(A) APD ██████ stated CBPOs enforced CBP Directive 3310-006A but ██████ not enforce state laws (Exhibit 11, Attachment 1, Timestamp 13:32:42 CDT). (A) APD ██████ stated there was no outside influence on PGR managers for the facilitation of importation on medication (Exhibit 11, Attachment 1, Timestamp 13:35:00 CDT).

(A) APD ██████ stated in instances where CBPOs involved state and local entities for seizures, the response time could be lengthy because of the proximity to their location (Exhibit 11, Attachment 1, Timestamp 13:43:09 CDT).

██████████, 7, 2025, SSA ██████████ and SA ██████████, McAllen FO, interviewed CBPO ██████████ (Exhibit 12). CBPO ██████████ stated medication was the top merchandise encountered at PGR, with Tramadol and Xanax being the medications mostly seized (Exhibit 12, Attachment 1, Timestamp 10:07:36 CDT).

CBPO ██████████ was not familiar with any specific policy, directive, or training that would have ██████████ BPOs with the importation procedures of controlled substance medication. CBPO ██████████ stated that in his time at PGR, past practice and what he had been told by other CBPOs was that travelers could import a month's supply of controlled substance medications, without a prescription, every thirty days (Exhibit 12, Attachment 1, Timestamp 10:11:03 CDT).

CBPO ██████████ stated most controlled substance m ██████████ s that travelers attempted to smuggle into the United States were seized by CBP. CBPO ██████████ stated that due to an increase in the amount of controlled substance medication smuggled at PGR and a lack of staffing, travelers were given the option to voluntarily return the medication to Mexico. Generally, if travelers were over the thirty-day supply of medication without a prescription travelers were informed of importation

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requirements and allowed to enter the United States with the controlled substance medication (Exhibit 12, Attachment 1, Timestamp 10:12:52 CDT). CBPO [REDACTED] stated not all encounters with travelers who were over the allowed amount of controlled substance medication were reported to the SCBPO.

CBPO [REDACTED] stated there were disagreements with PGR managers and CBPOs regarding the importation of controlled substance medication. In the last several years PGR had a large amount of CBPOs transfer from other POEs where the importation of controlled substance medication was prohibited. PGR was seen by CBPOs as more customer oriented (Exhibit 12, Attachment 1, Timestamp 10:23:38 CDT).

CBPO [REDACTED] stated management at PGR generally treated the importation of controlled substance medication in the same manner. CBPO [REDACTED] stated that staffing played an important part in the decisions made to return or seize the controlled substance medication. A seizure would take one or two officers away from their primary duties of processing travelers. The bridge on which PGR operated was privately owned and at times the owning entity would call PGR and request traffic be sped up (Exhibit 12, Attachment 1, Timestamp 10:25:56 CDT).

CBPO [REDACTED] stated most seizures were not prosecuted at the federal level but at the state level for possession of a controlled substance. CBPO [REDACTED] did advise travelers that some controlled substance medication was allowed to enter the United States under federal law, but the State of Texas was more restrictive, and they could encounter trouble if stopped (Exhibit 12, Attachment 1, Timestamp 10:33:88 CDT).

On April 11, 2025, SSA [REDACTED] received an email from Chief CBPO [REDACTED] PGR, which provided guidance and clarification on the importation of medication (Exhibit 13). The attached documentation was Laredo FO's policy on the importation of medication dated July 2020 (Exhibit 13, Attachment 1). The policy stated "the importation of approved medication is

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permitted so long as it is not prohibited by federal or state law (i.e., such as schedule I drugs or other prohibited substances) and medication is approved by the FDA. Drugs that have not been approved for use in the United States by the FDA are prohibited entry regardless of the existence of a prescription. The importation of non-commercial medication may make entry as follows: U.S. Residents must declare the medication upon arrival (failure to declare should not include instances where there was no obvious attempt to circumvent declaration requirements). The quantity must be for personal use in its original container. Medication must be Authorized/permitted under federal and state laws. If a valid prescription issued by an authorized practitioner was presented: allow the importation of a 90-day supply of medication. If no prescription was presented, yet the medication would otherwise be permitted: allow the resident to import only an amount not to exceed 50 dosage units. Nonresidents should be allowed to import medication (except those in Schedule I or other prohibited substances) in a quantity commensurate with the duration of their stay in the US. Undeclared medication was subject to seizure and a personal penalty may be warranted pursuant to 19 USC 1497 for Failure to Declare. Policy on the issuance of Failure to Declare a controlled substance should be followed and officers were reminded to exercise discretion in instances where there was no evidence of the traveler knowingly attempting to circumvent declaration requirements. If a penalty was warranted, the penalty will be calculated consistent to the statutory language requiring that the penalty be equal to the greater of \$500 or ten times the value of the controlled substance.”

On April 15, 2025, SSA [REDACTED] and SA [REDACTED] McAllen FO, interviewed Chief [REDACTED] (Exhibit 14).

Chief [REDACTED] stated that regarding controlled substance medication, he referred to the CBP Directive 3310-006A (Exhibit 14, Attachment 2) (Exhibit 14, Attachment 1, Timestamp 14:55:55 CDT).

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Chief ██████ stated that on the Mexican side of PGR was Nuevo Progreso, which was known as a tourist area and had numerous pharmacies, doctors, and dentists. Most travelers that cross PGR were people who could not afford medications or doctors in the United States. Chief ██████ added that Nuevo Progreso was generally safer than other border towns in Mexico and travelers chose to cross through PGR for those reasons. Chief ██████ stated medications were one of the most encountered types of merchandise at PGR and the majority of the seizures at PGR were illegal substance medications like Tramadol, Xanax, Oxycodone, Ritalin, and Fentanyl. Chief ██████ stated the seizures were mostly effected on travelers who concealed the controlled substance medication and did not declare the control substance medication to CBP (Exhibit 14, Attachment 1, Timestamp 14:46:43 CDT).

Chief ██████ stated that regarding controlled substance medication without a prescription, travelers were allowed to cross up to 50 dosage units. Chief ██████ stated that schedule II controlled substance medications were not allowed to be crossed into the United States and if the traveler declared the importation of the controlled substance medication they were offered the opportunity to return the controlled substance medication to Mexico. Chief ██████ added that FDA guidelines allowed for some schedule II controlled substance medications to be imported into the United States (Exhibit 14, Attachment 1, Timestamp 14:50:58 CDT).

Chief ██████ stated that if Tramadol was declared to CBP personnel and the traveler was under the 50 dosage unit limit, the traveler was allowed to come into the United States. Chief ██████ stated on occasions travelers are made aware that the State of Texas required a valid prescription, and the traveler could be in violation of state law (Exhibit 14, Attachment 1, Timestamp 14:54:16 CDT).

Chief ██████ stated that if a traveler was under the controlled substance medication limit, CBPOs typically would not notify the supervisor. Chief ██████ stated that if travelers were over the 50 dosage units of a controlled substance medication limit, CBPOs were advised by PGR management to obtain approval of a supervisor to offer the traveler the opportunity to return the medication to

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Mexico. Chief ██████ stated they did this since CBP was not allowed to deny entry to lawful travelers. Chief ██████ stated CBP wanted to ensure CBPOs were not returning travelers to Mexico without due cause (Exhibit 14, Attachment 1, Timestamp 14:55:45 CDT).

Chief ██████ stated there were times when travelers were over the allowed quantity. In those cases, if the traveler had no prior history of bringing in medication and there was no indication of wrongdoing, the travelers notified of the importation requirements and allowed to enter the United States. Chief ██████ stated that each instance was different, and supervisors would take all the information on hand to make a determination (Exhibit 14, Attachment 1, Timestamp 14:57:28 CDT).

Chief ██████ stated CBPOs, specifically supervisors, used officer discretion when dealing with certain situations. Chief ██████ stated supervisors took all circumstances from each incident and could ultimately decide not to seize medication and handle the situation with informed compliance. Chief ██████ stated there were incidents which involved excess amounts of concealed medication and generally in those incidents the medication was seized (Exhibit 14, Attachment 1, Timestamp 15:01:03 CDT).

Chief ██████ stated that in his experience CBP could not enforce the law. Chief ██████ used an example of a drunk driver at PGR. Under federal law, Chief ██████ could not take any action against the driver but would notify the driver that he could get arrested by state and local authorities (Exhibit 14, Attachment 1, Timestamp 15:05:10 CDT).

Chief ██████ stated staffing could affect the supervisor's decision to either seize controlled substance or allow the traveler to return the controlled substance medication to Mexico. Chief ██████ stated the traveler's past history was taken into account. CBPOs generally took one to two hours to conduct a seizure and would be taken from staffing utilized to operate PGR (Exhibit 14, Attachment 1, Timestamp 15:10:40 CDT).

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Chief ██████ stated that if CBPOs would have referred all travelers with controlled substance medications for further inspections, it would have gridlocked the POE (Exhibit 14, Attachment 1, Timestamp 15:15:03 CDT). Chief ██████ stated SCBPO ██████ followed the same guidelines he did regarding medications. Chief ██████ stated that all supervisors and managers were on the same page when it came to the importation of medications at PGR (Exhibit 14, Attachment 1, Timestamp 15:15:50 CDT).

On April 15, 2025, SSA ██████ and SA ██████ interviewed SCBPO ██████ (Exhibit 15).

SCBPO ██████ stated medication was one of the most encountered types of merchandise at PGR and the majority of the seizures at PGR were controlled substance medications (Exhibit 15, Attachment 1, Timestamp 8:57:46 CDT).

SCBPO ██████ stated that regarding controlled substance medications, he referred to CBP Directive 3310-006A (Exhibit 15, Attachment 2) (Exhibit 15, Attachment 1, Timestamp 8:59:35 CDT).

SCBPO ██████ stated he followed PGR guidance regarding controlled substance medication without a prescription. SCBPO ██████ stated the guidance received was that travelers were allowed to cross up to 50 dosage units every thirty days. As a supervisor, he followed the same and each encounter with travelers was handled on a case-by-case basis. SCBPO ██████ stated he interpreted dosage units as one, two, or maybe three pills, depending on the traveler and medication (Exhibit 15, Attachment 1, Timestamp 9:00:31 CDT).

SCBPO ██████ stated if a traveler declared controlled substance medication to CBP personnel and the traveler was under the 50 dosage units limit, the traveler was allowed to come into the United States. On some occasions, CBPOs would refer the traveler for further inspection to

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annotate inspection results and have accountability. SCBPO ██████████ stated if a traveler was over the 50 dosage unit limit, it was handled on a case-by-case basis. Some CBPOs would allow the traveler to enter the United States, and some would refer the traveler for further inspection because some controlled substance medication, like Tramadol, was sold in a 6 ██████████ and it would have been unjust to have to send the traveler back to Mexico. SCBPO ██████████ based the decisions on multiple factors, like the traveler's history, quantities of medication, types of medication, and so forth. SCBPO ██████████ stated that generally, if the controlled substance medication was declared, the traveler was given the opportunity to return the controlled substance medication to Mexico. If the controlled substance medication was not declared, most of the time, the controlled substance medication would ██████████ depending on the quantity of the controlled substance medication and staffing. SCBPO ██████████ stated it was not operationally feasible to conduct a seizure for low quantities of controlled substance medication and lose staffing for two to three hours. In those cases, SCBPO ██████████ allow the controlled substance medication to enter the United States. SCBPO ██████████ stated he utilized officer discretion and would determine how situations were handled (Exhibit 15, Attachment 1, Timestamp 9:02:43 CDT).

SCBPO ██████████ stated there had been instances where travelers were over the allowed 50 dosage units. In those cases, the totality of the circumstances dictated the outcome. For instance, a traveler with no history of violations, age, and health would have generally been allowed into the United States and an informed compliance would have been conducted and recorded in the inspection results for future accountability (Exhibit 15, Attachment 1, Timestamp 9:06:54 CDT).

SCBPO ██████████ stated that CBP Di ██████████ 0-006A was written in a manner where it was very vague and contradictory. SCBPO ██████████ stated that state and local authorities were called w ██████████ ed substance medications were seized, if federal prosecution was declined. SCBPO ██████████ stated state and local authorities would ██████████ e each situation on a case-by-case basis and did not always respond to seizures. SCBPO ██████████ attributed it to staffing and

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the amount of controlled substance medication involved (Exhibit 15, Attachment 1, Timestamp 9:09:42 CDT)

SCBPO ██████ stated that all supervisors and managers at PGR followed the same directive and enforcement posture regarding controlled medications. SCBPO ██████ stated SCBPO ██████ followed the same guidelines regarding medications. SCBPO ██████ did not think SCBPO ██████ violated policy. SCBPO ██████ stated he did not think PGR, in general, violated policy regarding controlled substance medications (Exhibit 15, Attachment 1, Timestamp 9:14:22 CDT).

SCBPO ██████ stated he did not believe there was any outside pressure for CBP to allow substance medication to be imported into the United States through PGR. SCBPO ██████ had never seen or experienced any circumstance that would have been indicative of CBP being pressured to circumvent policy. SCBPO ██████ believed PGR followed policy regarding controlled substance medications (Exhibit 15, Attachment 1, Timestamp 9:20:45 CDT).

On April 16, 2025, SSA ██████ and SA ██████ interviewed PD ██████ (Exhibit 16).

PD ██████ stated that regarding the importation of medication and controlled substance medication, he obtained guidance and followed CBP Directive 3310-006A (Exhibit 16, Attachment 2). The guidelines provided stated travelers were allowed up to 50 dosage units of controlled substance medication without a prescription. PD ██████ stated dosage units were determined by the instructions on the label or by researching the medication. If no instructions were available then 50 dosage units were taken as 50 pills or units (Exhibit 16, Attachment 1, Timestamp 9:09:49 CDT).

PD ██████ stated if a traveler declared a controlled substance medication and exceeded 50 dosage units, it was handled on a case-by-case basis. If there was no indication of wrongdoing by the

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traveler and the quantity was not in excess an informed compliance conducted, and the traveler was allowed to enter the United States with the medication. PD [REDACTED] stated if a traveler did not declare the controlled substance medication, each case was handled differently. There may have been instances the traveler could have simply forgotten to declare the medication and an informed compliance would have been conducted. PD [REDACTED] stated in instances where a traveler legitimately concealed the medication, CBPOs would research the traveler's criminal history and would possibly pursue federal or state prosecution (Exhibit 16, Attachment 1, Timestamp 9:13:45 CDT).

PD [REDACTED] state s not familiar with the requirements state law had on controlled substance medication. PD [REDACTED] stated that at CBP POEs, they do not enforce state law and instead focus on federal laws. PD [REDACTED] stated olled substance medication was the most encountered and seized merchandise at PGR. PD [REDACTED] stated PGR lead CBP with the number of seizures and penalties that involved medication (Exhibit 16, Attachment 1, Timestamp 9:17:36 CDT).

PD [REDACTED] stated the owning entity of the bridge where PGR operated had never exerted pressure on management to ease CBP's enforcement posture. PD [REDACTED] believed all of the PGR managers and supervisors followed the same guidance provided by CBP Directive 3310-006A (Exhibit 16, Attachment 1, Timestamp 9:21:00 CDT).

PD [REDACTED] stated SCBPO [REDACTED] followed pro y regarding controlled substance medications, and he had never observed SCBPC [REDACTED] violate policy regarding controlled substance medications (Exhibit 16, Attachment 1, Timestamp 9:22:57 CDT).

PD [REDACTED] stated PGR supervisors exercised officer discretion, on a case-by-case basis, weighing the totality of the circumstances of each encounter with travelers. Supervisors could have had a scenario where a seizure would have been in order, but based on the traveler's particular

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circumstances, the encounter was handled with an informed compliance (Exhibit 16, Attachment 1, Timestamp 9:25:17 CDT).

On April 23, 2025, SSA [REDACTED] and SA [REDACTED], McAllen FO, interviewed SCBPO [REDACTED] (Exhibit 17). SCBPO [REDACTED] stated that regarding the importation of medication and controlled substance medications he followed CBP Directive 3310-006A (Exhibit 17, Attachment 2) (Exhibit 17, Attachment 1, Timestamp 13:00:56 CDT).

SCBPO [REDACTED] stated if a traveler declared a controlled substance medication and was under 50 dosage units, the traveler was allowed to enter the United States as per CBP Directive 3310-006A. SCBPO [REDACTED] stated, generally, inspection results were annotated in [REDACTED] to keep a record of the frequency travelers crossed with medication. If a traveler declared a controlled substance medication and was over the 50 dosage units, dependent on the amount of medication, some travelers were allowed to enter the United States. SCBPO [REDACTED] stated in those instances an informed compliance was conducted and annotated in [REDACTED]. SCBPO [REDACTED] stated that not all travelers were referred for a secondary inspection as it was up to the CBPO and what they wanted to accomplish. If travelers had small amounts of medication, they were afforded the opportunity to return to Mexico. SCBPO [REDACTED] stated he usually agreed with the CBPO's decision of the inspection and had never demanded CBPOs release a traveler with excess medication (Exhibit 17, Attachment 1, Timestamp 13:03:28 CDT).

SCBPO [REDACTED] stated if a traveler was found to have undeclared controlled substance medication and it was not concealed, the travelers were offered the opportunity to return to Mexico. SCBPO [REDACTED] stated there had been instances where travelers were allowed to enter the United States with undeclared controlled substance medication over the 50 dosage units, but that was due to staffing and other factors (Exhibit 17, Attachment 1, Timestamp 13:08:37 CDT).

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SCBPO [REDACTED] stated that PGR followed the 50 dosage unit allowance but the [REDACTED] occasions where a traveler had been allowed to enter with up to 90 dosage units. SCBPO [REDACTED] stated that each case was dependent on factors of the case and allowed under the CBP Directive 3310-006A (Exhibit 17, Attachment 1, Timestamp 13:12:10 CDT).

SCBPO [REDACTED] stated that CBP did not enforce state law. There had been times when state and local authorities were called to assist with controlled substance medication seizures. When local [REDACTED] [REDACTED] were called to assist, they were not consistent in securing state prosecution. SCBPO [REDACTED] stated that PGR has always followed the same enforcement posture (Exhibit 17, Attachment 1, Timestamp 13:14:32 CDT).

SCBPO [REDACTED] stated during his tenure as an SCBPO at PGR, he never experienced outside pressure being exerted on PGR to facilitate the importation of controlled substance medication (Exhibit 17, Attachment 1, Timestamp 13:18:31 CDT).

SCBPO [REDACTED] stated that PGR management adhered to CBP Directive 3310-006A (Exhibit 17, Attachment 1, Timestamp 13:22:26 CDT).

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EXHIBITS

Exhibit	Description
1	Source Document
2	CBP Directive 3310-006A
3	IAR - Secondary Inspection Results
4	IAR - Policy 1
5	IAR - PGR Medication Seizure Log
6	IAR - Interview of CBPO [REDACTED]
7	IAR - AMSCO Data Pull
8	IAR - Interview of CBPO [REDACTED]
9	IAR - Interview of CBPO [REDACTED]
10	IAR - Interview of [REDACTED]
11	IAR - Interview of SCBPO [REDACTED]
12	IAR - Interview of CBPO [REDACTED]
13	IAR - Policy 2
14	IAR - Interview of Chief C [REDACTED]
15	IAR - Interview of SCBPO [REDACTED]
16	IAR - Interview of PD [REDACTED]
17	IAR - Interview of SCBPO [REDACTED]

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From: [REDACTED]
To: [REDACTED]
Subject: FW: OSC Investigation - Progreso POE
Date: Friday, March 21, 2025 9:52:02 AM
Attachments: [Referral - DI-25-000591 CBP.pdf](#)

[REDACTED]

Investigative Operations Directorate
Office of Professional Responsibility

[REDACTED] tecton
[REDACTED]

From: [REDACTED]
Sent: Thursday, March 20, 2025 1:09 PM
To: [REDACTED]
Subject: FW: OSC Investigation - Progreso POE

[REDACTED] please keep me posted on the LOG/event number on this and please route to OPR McAllen. I am will notify OPS and OCC on this OSC case. Thanks [REDACTED]

[REDACTED]
[REDACTED] rate
Office of Professional Responsibility
U.S. Customs and Border Protection

[REDACTED]

From: [REDACTED]
Sent: Thursday, March 20, 2025 11:49 AM
To: JOINT INTAKE <JOINTINTAKE@cbp.dhs.gov>; [REDACTED]
Subject: OSC Investigation - Progreso POE

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

* * *

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U.S. OFFICE OF SPECIAL COUNSEL
1730 M Street, N.W., Suite 300
Washington, D.C. 20036-4505

The Special Counsel

March 4, 2025

The Honorable Kristi Noem
Secretary
U.S. Department of Homeland Security
301 7th Street, S.W.
Washington, D.C. 20024

Re: OSC File No. DI-25-000591
Request for Investigation—5 U.S.C. § 1213(c)

Dear Secretary Noem:

I am referring to you for investigation a whistleblower disclosure that employees at the Department of Homeland Security, U.S. Customs and Border Protection (CBP), Progreso Point of Entry (POE), Weslaco, Texas, engaged in conduct that may constitute a violation of law, rule or regulation, gross mismanagement, and a substantial and specific danger to public health and safety. A report of your investigation on these allegations and any related matters is due to the Office of Special Counsel (OSC) by May 5, 2025.

The whistleblower, Mr. [REDACTED], a CBP Officer at the Progreso POE who consented to release of his name, disclosed that the CBP management officials stationed at the CBP Progreso POE immigration checkpoints are routinely directing CBP officers to allow U.S. residents crossing the border between Progreso, Texas and Nuevo Progreso, Mexico, to bring controlled substances into the U.S. without enforcing compliance with federal importation laws and CBP directives.

Federal importation laws and regulations provide that “[a]ny individual who has in his/her possession a controlled substance listed in schedules II, III IV or V [of the Controlled substances Act, 21 U.S. C. §812] which he/she has lawfully obtained for his/her personal medical use...” may enter or depart the United States with the substance provided the substance is in its original container and provided the individual makes a declaration to the

appropriate customs officer that complies with the law.¹ Federal regulations also provide that the importation must not exceed “50 dosage units *combined of all such controlled substances in the individual’s possession that were obtained abroad for personal medical use.*” (emphasis added).² However, this 50-unit personal use limitation does not apply if the U.S. resident obtained the controlled substance pursuant to a prescription from a DEA-registered medical professional.³

Further, federal law expressly provides that, to the extent that state law provides criminal penalties for possession of specifically delineated controlled substances, the state law takes precedence, and CBP officials conducting customs procedures should act accordingly, including advising individuals of potential prohibitions under state law, seizing the materials, and/or effectuating arrests, if appropriate.⁴ Similarly, CBP directives implementing the foregoing federal regulations warn that individual state laws may be more restrictive than federal laws and that individuals should make themselves aware of state restrictions before bringing controlled substances across the borders.⁵ For example, importation of Tramadol, an opioid and schedule IV controlled substance, is allowed to be imported under federal law in any quantity with a valid prescription or in quantities of less than 50 units without a valid prescription. However, Tramadol is considered a “Group 3” controlled substance under Texas law, and possession of Tramadol in any quantity without a valid prescription constitutes a criminal offense.⁶ Thus, under applicable federal and state law and CBP regulations, an attempt to import Tramadol in any quantity without a valid prescription may result in seizure of the substance or possibly arrest.⁷

Mr. █████ explained that while working at the Progreso POE, he routinely witnesses agency management officials permitting individuals to import controlled substances in excess of 50 units in violation of the foregoing laws, regulations and directives. Mr. █████ provided several examples of violations he personally witnessed over the past two months that included, but were not limited to, the following incidents:

¹ This includes declaring the controlled substance is possessed for the individual’s personal use and ensuring the trade or chemical name is apparent and complies with all additional requirements. 21 U.S.C § 956 (1998); 21 C.F.R. §1301.26.

² These regulations pertain to U.S. residents as defined in 21 C.F.R. §1301.26(c).

³ Requirements for a valid prescription include the patient’s name and date of birth; medication name, strength, dosage, quantity and directions; route of administration; frequency of use; medical professional’s full name, address and Drug Enforcement Administration number; prescription date and signature of the prescriber. 21 C.F.R. §1306 (2004).

⁴ 21 U.S.C § 956(a).

⁵ CBP Directive No. 3310-006A (July 22, 2003), Section 6.2, “Procedures.”

⁶ Texas Health and Safety Code, Tx. Stat §481.117 (a). This law prohibits the knowing possession of any controlled substance in penalty group 3, which includes Tramadol, “unless the person obtains the substance directly from or under a valid prescription or order of a practitioner acting the course of professional practice,” and classifies the possession as a misdemeanor criminal offense.

⁷ 19 USC 1595(a).

- On or about January 11, 2025, an individual attempted to import 50 Tramadol pills and 3 injectable vials of liquid Tramadol without a valid prescription. This individual was referred to “secondary inspection”⁸ pursuant to agency protocol, where Supervisory Border Protection Officer (SCBPO) [REDACTED] intervened and instructed the CBP officer conducting the secondary inspection to allow the individual to import the substance.
- On or about January 11, 2025, an individual attempted to import two bottles containing approximately 30 pills each of Adderall without a valid prescription.⁹ This individual was referred to secondary inspection where Mr. [REDACTED] intervened and instructed the secondary inspection officer to allow the individual to import the substance.
- On or about February 6, 2025, Mr. [REDACTED] the assigned primary customs officer, witnessed an individual attempt to import 30 Alprazolam pills and 60 Phentermine pills without a valid U.S. prescription. Mr. [REDACTED] referred the individual to secondary inspection where SCBP [REDACTED] intervened and instructed the CBP officer conducting the secondary inspection to allow the individual to import the substances.¹⁰
- On or about February 6, 2025, Mr. [REDACTED] the assigned primary customs officer, witnessed an individual attempt to import 90 Phentermine pills without a valid U.S. prescription. Mr. [REDACTED] referred the individual to secondary inspection where Mr. [REDACTED] intervened and instructed the inspector to allow the importation of the substance.¹¹

Mr. [REDACTED] explained that he has encountered similar violations on an ongoing basis over the last two years. He reported his concerns to former Progreso POE Port Director [REDACTED] in December 2024, providing a copy of the applicable CBP directives to Mr. [REDACTED]. However, Mr. [REDACTED] failed to acknowledge the violations and declined to take action to address them.¹² Mr. [REDACTED] estimates that approximately 3,000 individuals cross the border via the Progreso POE each day and that he encounters these types of violations almost daily. Mr.

⁸ Mr. [REDACTED] explained that CBP officers work multiple post assignments throughout their shifts. On any given shift, CBP officers are assigned as “primary” and “secondary” customs officers. The primary officer conducts the initial customs review. If further investigation into the matter is warranted, the primary CBP officer refers the individual to the secondary officer who may conduct searches, pat-downs, drug unit counts, or more detailed examinations of the substance(s).

⁹ Adderall is federally classified as a Scheduled II controlled substance and is a central nervous system stimulant.

¹⁰ Under federal law Alprazolam is a Schedule IV depressant and under Texas State law it is a Penalty Group 3 controlled substance. Texas law also criminalizes possession of Alprazolam in any quantity without valid prescription (Class A Misdemeanor).

¹¹ Under federal law Phentermine is a Schedule IV stimulant and under Texas State law it is a Penalty Group 3 controlled substance. Texas law also criminalizes possession of Phentermine in any quantity without valid prescription (Class A Misdemeanor).

¹² Mr. [REDACTED] recently left this position and was replaced by Port Director [REDACTED] who, according to the whistleblower, had adopted the same policies and procedures as his predecessor.

The Honorable Kristi Noem

March 4, 2025

Page 4 of 4

██████ asserts that this culture of non-adherence to federal, state, and CBP directives has resulted in excessive amounts of controlled substances crossing over the United States-Mexico border, undermining CBP's mission to protect the borders, and creating an undue risk to public health and safety.

Pursuant to my authority under 5 U.S.C. § 1213(c), I have concluded that there is a substantial likelihood that the information provided to OSC discloses violations of law, rule, or regulation, gross mismanagement, and a substantial and specific danger to public health and safety. Please note that specific allegations and references to specific violations of law, rule or regulation are not intended to be exclusive. If, in the course of your investigation, you discover additional violations, please include your findings on these additional matters in the report to OSC. As previously noted, your agency must conduct an investigation of these matters and produce a report, which must be reviewed and signed by you. Per statutory requirements, I will review the report for sufficiency and reasonableness before sending copies of the agency report along with the whistleblower's comments and any comments or recommendations I may have, to the President and congressional oversight committees and making these documents publicly available.

Additional important requirements and guidance on the agency report are included in the attached Appendix, which can also be accessed at <https://osc.gov/Documents/Public%20Files/1213%20Appendix.pdf>. If your investigators have questions regarding the statutory process or the report required under section 1213, please contact Catherine A. McMullen, Chief, Disclosure Unit, at (202) 804-7088 or cmcmullen@osc.gov for assistance. I am also available for any questions you may have.

Sincerely,



Hampton Dellinger
Special Counsel

Enclosure

APPENDIX

AGENCY REPORTS UNDER 5 U.S.C. § 1213(c)

GUIDANCE ON 1213(c) REPORT

- OSC requires that your investigators interview the whistleblower at the beginning of the agency investigation when the whistleblower consents to the disclosure of his or her name.
- OSC will consider extension requests when an agency evidences that it is conducting a good faith investigation that will require more time to complete.
- OSC requests that agencies fulfill the Congressional mandate that the report “shall be reviewed and signed by the head of the agency.” 5 U.S.C. § 1213(d). At a minimum, OSC requires a clear statement in the report that states the head of the agency is personally aware of the whistleblower’s allegations, agrees with the agency’s investigation findings, and supports the proposed remedial actions or lack thereof.
- Identify agency employees by position title in the report and attach a key identifying the employees by both name and position. The key identifying employees will be used by OSC in its review and evaluation of the report. OSC will place the report without the employee identification key in its public file.
- Do not include in the report personally identifiable information, such as social security numbers, home addresses and telephone numbers, personal e-mails, dates and places of birth, and personal financial information.
- Include information about actual or projected financial savings as a result of the investigation as well as any policy changes related to the financial savings.
- Reports previously provided to OSC may be reviewed through OSC’s public file, which is available here: <https://osc.gov/Pages/Resources-PublicFiles.aspx>. Please refer to our file number in any correspondence on this matter.

RETALIATION AGAINST WHISTLEBLOWERS

In some cases, whistleblowers who have made disclosures to OSC that are referred for investigation pursuant to 5 U.S.C. § 1213(c) also allege retaliation for whistleblowing once the agency is on notice of their allegations. The Special Counsel strongly recommends the agency take all appropriate measures to protect individuals from retaliation and other prohibited personnel practices.

EXCEPTIONS TO PUBLIC FILE REQUIREMENT

OSC will place a copy of the agency report in its public file unless it is classified or prohibited from release by law or by Executive Order requiring that information be kept secret in the interest of national defense or the conduct of foreign affairs. 5 U.S.C. § 1219(a).

EVIDENCE OF CRIMINAL CONDUCT

If the agency discovers evidence of a criminal violation during the course of its investigation and refers the evidence to the Attorney General, the agency must notify the Office of Personnel Management and the Office of Management and Budget. 5 U.S.C. § 1213(f). In such cases, the agency must still submit its report to OSC, but OSC must not share the report with the whistleblower or make it publicly available. See 5 U.S.C. §§ 1213(f), 1219(a)(1).

CUSTOMS AND BORDER PROTECTION DIRECTIVE

ORIGINATING OFFICE: FO:P

DISTRIBUTION: S-01

CBP DIRECTIVE NO. 3310-006A

DATE: JULY 22, 2003

SUPERSEDES: 3310-006, 12/15/99

REVIEW DATE: JULY 2006

SUBJECT: IMPORTATION OF CONTROLLED SUBSTANCES BY UNITED STATES RESIDENTS

1 PURPOSE. This directive sets forth the treatment to be accorded United States residents who enter the United States through an international land border port of entry with a controlled substance (except a substance in Schedule I or other prohibited substances) for which the individual does not possess a valid prescription or documentation verifying that a prescription has been issued to that individual. This directive also addresses unapproved drugs.

2 POLICY.

2.1 In accordance with Section 1006(a) of the Controlled Substances Import and Export Act (21 U.S.C. 956(a)), as amended, a United States resident who enters the United States through an international land border port of entry with a controlled substance (except a substance in Schedule I or other prohibited substances) for which the individual does not possess a valid prescription or documentation verifying that a prescription has been issued to that individual may not import the controlled substance in an amount that exceeds 50 dosage units.

2.2 For a prescription to be deemed valid, it must be issued by a practitioner licensed to practice in the United States in accordance with Federal and State law.

2.3 The United States Federal Food, Drug, and Cosmetic Act (21 U.S.C. 331(d), 355(a)), which is administered by Food and Drug Administration (FDA), prohibits the introduction into interstate commerce (which includes importation) of unapproved drugs, regardless of the existence of a prescription.

2.3.1 Some drugs sold outside the United States (including drugs manufactured for sale outside the United States) may not be approved by FDA and would not be appropriate for importation. However, FDA has developed guidance entitled "Coverage of Personal Importations" which sets forth that agency's enforcement priorities with respect to the importation of unapproved drugs by individuals for their personal use. The guidance identifies circumstances in which FDA may consider exercising enforcement discretion and refrain from taking action against particular imported unapproved drugs.

2.3.2 The general rule for personal use quantities of unapproved drugs and controlled

substances does not apply to prohibited substances, such as Rohypnol, GHB, and Fen-Phen. Pursuant to 19 U.S.C. 1595a(c), the Bureau of Customs and Border Protection (CBP) is authorized to seize and forfeit all such importations of prohibited controlled substances. In the case of unapproved drugs, if FDA determines that the import should not be allowed, the drugs are deemed to be prohibited merchandise. In such cases, CBP may be asked to do a summary forfeiture so the drugs are promptly destroyed.

3 AUTHORITIES/REFERENCES. Public Law 105-357; Section 1006(a) of the Controlled Substances Import and Export Act, as amended (21 U.S.C. 956(a), 802(21)); The United States Federal Food, Drug, and Cosmetic Act (21 U.S.C. 331(d), 355(a)); Merchandise Introduced Contrary to Law (19 U.S.C. 1595a(c)); Summary Forfeiture of Prohibited Merchandise (19 U.S.C. 1607); Exemptions From Import or Export Requirements for Personal Medical Use (21 C.F.R. 1301.26); Schedule II through V of the Controlled Substances Act (21 C.F.R. Part 1308), Customs Directive 4510-016 Customs Officers Responding to State Crimes.

4 DEFINITIONS. Unapproved drugs are any controlled substances and non-controlled prescription substances, including foreign-made versions of United States approved drugs, that have not received FDA approval to demonstrate they meet the federal requirements for safety and effectiveness.

5 RESPONSIBILITIES.

5.1 Directors, Field Operations, with land border ports of entry within their jurisdiction that conduct COMPEX examinations must ensure that data on controlled and noncontrolled prescription substances is collected during each COMPEX exam. This data collection is in accordance with the memorandum titled "Capturing Data on Controlled Substances and Noncontrolled Prescription Substances (TC# PO01-0878)."

5.2 Port Directors are responsible for developing and establishing procedures to ensure proper implementation of this directive.

5.3 Chief Inspectors (or their equivalent) shall manage the implementation of this policy.

5.4 Supervisors shall ensure that inspectional personnel assigned to the processing of the passengers are familiar with the procedures outlined in this directive.

6 PROCEDURES.

6.1 A United States resident bringing in a controlled substance, through a land border port of entry, must present to the CBP inspector evidence that a practitioner, as defined in 21 U.S.C. 802(21), has prescribed this controlled substance.

6.1.1 Such evidence could be a prescription or note from his/her United States

practitioner. In most cases, the practitioner will be a physician or dentist and, in all cases, must be licensed, registered, or otherwise permitted to practice within one or more of the 50 states, the District of Columbia, Puerto Rico, the Virgin Islands, Guam, American Samoa, or the Trust Territories of the Pacific Islands, and hold a valid DEA registration.

6.1.2 These controlled substances must be declared to CBP upon arrival, be for that individual's personal use, and be in their original container. The importation of the controlled substances must also be authorized or permitted under other Federal laws and applicable State law. If all these conditions are met, a United States resident may import the type and amount of the controlled substance (except a substance in Schedule I or other prohibited substances) as specified on the prescription.

6.2 If the controlled substances are declared and the importation otherwise meets the requirements set forth in paragraph 6.1.2, but the United States resident does not possess a valid prescription issued by a practitioner (as defined above), the United States resident may bring in only an amount not to exceed 50 dosage units. However, in all circumstances, all other applicable Federal and State laws continue to apply, and may preclude import (e.g., State law may prohibit importation/possession of anabolic steroids, thereby making importation for personal use illegal under 21 C.F.R. 1301.26). Consult with your local Associate or Assistant Chief Counsel for further guidance.

6.2.1 Travelers may attempt to circumvent Federal and State laws by importing controlled substances so that they are in compliance with the "not to exceed 50 dosage units." For example, a traveler may attempt to import 50 units of a controlled substance on day one and declare it as personal use. The same traveler may attempt to import another 50 units of the same controlled substance on day two and declare it as personal use. Legally, the traveler is still in compliance with applicable Federal and State laws; however, the traveler may be structuring their importation of controlled substance in order to circumvent applicable Federal and State laws. If a CBP officer believes or discovers that the importer is attempting to circumvent applicable Federal and State laws as they relate to importation of the controlled substance in this directive, the CBP officer should document this in the Inspection Operations Incident Log (IOIL) module of the Treasury Enforcement Communication System.

6.3 Laws administered by the FDA affect the importation of controlled substances that constitute unapproved drugs.

6.3.1 In addition to Federal requirements, individual states may have additional requirements covering controlled substances or noncontrolled prescription drugs (see paragraph 6.2). State law may form the basis for seizing personal use quantities of controlled substances under 21 C.F.R. 1301.26. The CBP officers should advise travelers to check with State authorities, where they reside or are traveling, to verify that a particular prescription does in fact comply with State regulations. If CBP does not intend to effect a seizure, the CBP officer should report the violation to State law enforcement authorities, who may request that CBP detain the violator until the State

authorities arrive. The CBP officers should consult the Customs Directive 4510-016, "Customs Officers Responding to State Crimes," to determine their authority to detain violators for violations of State law.

6.4 This directive does not apply to nonresidents entering the United States. Nonresidents should continue to be allowed to import controlled substances (except those in Schedule I or other prohibited substances) in a quantity commensurate with the duration of their stay in the United States, provided they comply with other applicable laws and regulations (See 21 U.S.C. 956(a)(1) and 21 C.F.R. 1301.26).

6.5 This directive does not impact noncontrolled prescription substances, such as contraceptives, antibiotics, and certain heart/blood pressure medicines, which continue to be subject to the FDA guidance entitled "Coverage of Personal Importations."

6.6 The data collected on controlled and noncontrolled prescription substances, as outlined in section 5.1 of this directive, shall be compiled by the Directors, Field Operations, in a monthly summary report and will be sent to the Prescription Drugs program officer/manager in Passenger Operations at CBP Headquarters. The name of the current Prescription Drug program officer/manager can be obtained by calling Passenger Operations at (202) 927-0291.

6.6.1 On a monthly basis, Headquarters will track and monitor the data collected on controlled and noncontrolled prescription substances as outlined in section 5.1 of this directive.

6.7 All legal controlled substances are listed in Schedules II through V of 21 C.F.R. 1308. It is also important to remember that controlled substances make up only a small portion of prescription medicines. In fact, some medications requiring prescriptions in the United States are sold over the counter in other countries.

6.7.1 To assist in both informed compliance and enforcement efforts, a list of controlled substances most often acquired in Canada and Mexico is attached to this directive.

6.7.2 When the type of drug, the quantity, or the combination of various drugs arouse suspicion, CBP inspectors should contact the nearest FDA office (or DEA office if controlled substances are involved) for advice. These offices will provide guidance concerning whether to release or detain the article.

6.7.3 If more assistance is needed, contact DEA Headquarters, International Drug Unit, at (202) 307-2414; (202) 307-4747; or by fax at (202) 307-7503.

7 MEASURES. Headquarters will monitor the quantities of controlled and noncontrolled prescription substances imported into the United States based on data gathered during COMPEX examinations as outlined in section 5.1 of this directive.

8 NO PRIVATE RIGHT CREATED. This directive is an internal policy statement of

the Bureau of Customs and Border Protection. It does not create or confer any rights, privileges, or benefits for any person or entity. United States v. Caceres, 440 U.S. 741 (1979).

Assistant Commissioner
Office of Field Operations

Attachment

**CANADA - MEXICO- UNITED STATES
CONTROLLED SUBSTANCES REFERENCE LIST**

alprazolam

Tafil	(Mexico)
Xanax	(Canada and US)
Apo-Alpraz	(Canada)
Novo-Alprazol	(Canada)
Nu-Alpraz	(Canada)
alprazolam	

bromazepam

Lexstan	(Mexico)
Lectopam	(Canada)

buprenorphine

Buprenex	(Canada and US)
Temgesic	(Mexico)

butalbital

Esgic	(US)
Esgic Plus	(US)
Fioricet	(US)

clobenzorex

Asenlix	(Mexico)
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clonazepam

Klonopin	(US)
Rivotril	(Canada and Mexico)
Clonapam	(Canada)

codeine

Tylenol with Codeine	(US)
Fioricet with Codeine	(US)
Soma Compound with Codeine	(US)
Acetaminophen with Codeine	(US)
Phenaphen with Codeine	(US)
222s	(Canada)

dexfenfluramine

Diomeride	(Mexico)
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diazepam

Alboral	(Mexico)
Ortopsique	(Mexico)
Relazepam	(Mexico)
Valium	(Canada, Mexico, and US)
Diazemuls	(Canada)
Vivol	(Canada)
Canazepam	(Canada)
E-Pam	(Canada)
Erital	(Canada)
Meval	(Canada)
Neo-Calme	(Canada)
Novodipam	(Canada)
Pacitran	(Mexico)
Rival	(Canada)
Serenack	(Canada)
Sonacon	(Canada)
Stress-Pam	(Canada)
Vivol	(Canada)
diazepam	
diazepam and propoxyphene combination	
Qual	(Mexico)
diazepam and fenproporex combination	
Esbelcaps	(Mexico)
diethylpropion	
IFA Norex	(Mexico)
Neobes	(Mexico)
Tenuate Dospan	(US)
Tenuate	(Canada)
estazolam	
Tasedan	(Mexico)
ProSom	(Canada and US)
fenfluramine	
Ponderex	(US)
Ponderal	(Canada)
Pondimin	(Canada)
fenproporex	
IFA-Diety	(Mexico)
lorazepam	
Ativan	(Canada, Mexico, and US)

Novo-Lorazam	(Canada)
Nu-Loraz	(Canada)
mazindol	
Diestet	(Mexico)
Solucaps	(Mexico)
Sanorex	(Canada and US)
methylphenidate	
Ritalin	(Canada and US)
Riphenidate	(Canada)
methylphenidate	
midazolam	
Dormicum	(Mexico)
Versed Injectable	(Canada and US)
oxycodone	
Percodan	(US)
Percocet	(US)
Tylox	(US)
OxyContin	(Canada)
Supeudol	(Canada)
Eudol	(Canada)
phentermine	
IFA Reduucing	(Mexico)
Diminex	(Mexico)
Adipex	(US)
Fastin	(Canada and US)
Ionamin	(Canada and US)
Dapex	(US)
phentermine	
propoxyphene	
Darvon	(US)
Darvon N	(Canada and US)
Wygesic	(US)
Darvocet	(US)
Neo-Percodan	(Mexico)
Propacet	(US)
Comprimes 642	(Canada)
Novopropoxyn	(Canada)
642 Tablets	(Canada)
propoxyphene	

anabolic steroids

Stenox
Anabolex
Testosterona
Andriol
Sostanon
Sostenon
Sustanon
Sustenan
Deca-Durabolin
Primoteston
Sten
Durabolin
Equipoise
Laurabolin
Primobolan
Testoviron-Depot
testosterone
nandrolone
methandrostenolone
oxymetholone
stanozolol
oxandrolone
methyltestosterone

triazolam

Halcion	(Canada and US)
Apo-Triazo	(Canada)
Novo-Triolam	(Canada)
Nu-Triazo	(Canada)



INVESTIGATIVE ACTIVITY REPORT

Case Number	202508100E
Field Office	
Case Agent	[REDACTED]
Case Title	OSC referral for investigation doc (OSC File No. DI-25-000591 Request for Investigation–5 U.S.C. § 1213)
Date of Activity	03/25/2025
Activity Type	Action
Type of Action	Other - Information Request
Report Status	Approved

APPROVALS

Digitally Signed

Prepared by	[REDACTED]	04/03/2025
Approved by	[REDACTED]	04/04/2025

ATTACHMENTS

1	IO04 Inspections
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DETAILS OF ACTIVITY

On March 25, 2025, Senior Special Agent (SSA) [REDACTED], U.S. Customs and Border Protection (CBP), Office of Professional Responsibility (OPR), McAllen Field Office (FO), McAllen, TX, conducted a database search pertaining to an allegation received regarding the importation and of medication on specific dates through the Progreso Port of Entry (PGR), Progreso, TX. SA [REDACTED] obtained four Secondary Inspection Reports regarding the specific importation of medication incidents which were outlined in the initial allegation (Attachment 1).

SA [REDACTED] reviewed the reports which revealed the following.

On January 11, 2025, two secondary inspection referrals, related to the importation of medication, were conducted. One secondary inspection was conducted by CBP Officer (CBPO) [REDACTED] PGR. The comment annotated by CBPO [REDACTED] stated "Subject had 50 Tramadol pills and three injectable vials of Tramadol. CBPO [REDACTED], PGR, in concurrence with SCBPO D. [REDACTED] PGR, admitted the meds. DTR."

The second inspection, on January 11, 2025, was referred by CBPO [REDACTED] and inspected by CBPO [REDACTED]. The comments entered by CBPO [REDACTED] noted "Subject advised on the proper amount of Adderall permitted to cross. Inspection completed with negative results. Subject heading to Weslaco where he resides. Released vehicle without further incident."

On February 6, 2025, two secondary referral inspections were conducted. Both inspections were referred for secondary inspection by CBPO [REDACTED]. The first inspection had comments entered by CBPO [REDACTED], PGR, which stated "Subject declared 90 pills of Phentermine. Subject has been advised about the importation of phentermine. Subject released".

The second inspection had comments entered by CBPO [REDACTED], PGR, which stated "Declared 2 boxes of Axcion and 1 Xanax. Advised of amount of medication she could bring in one month. WHTI Non-Compliance. Declared 30 xanax and 60 phentermine – check meds – enf said she crossed yesterday as well".



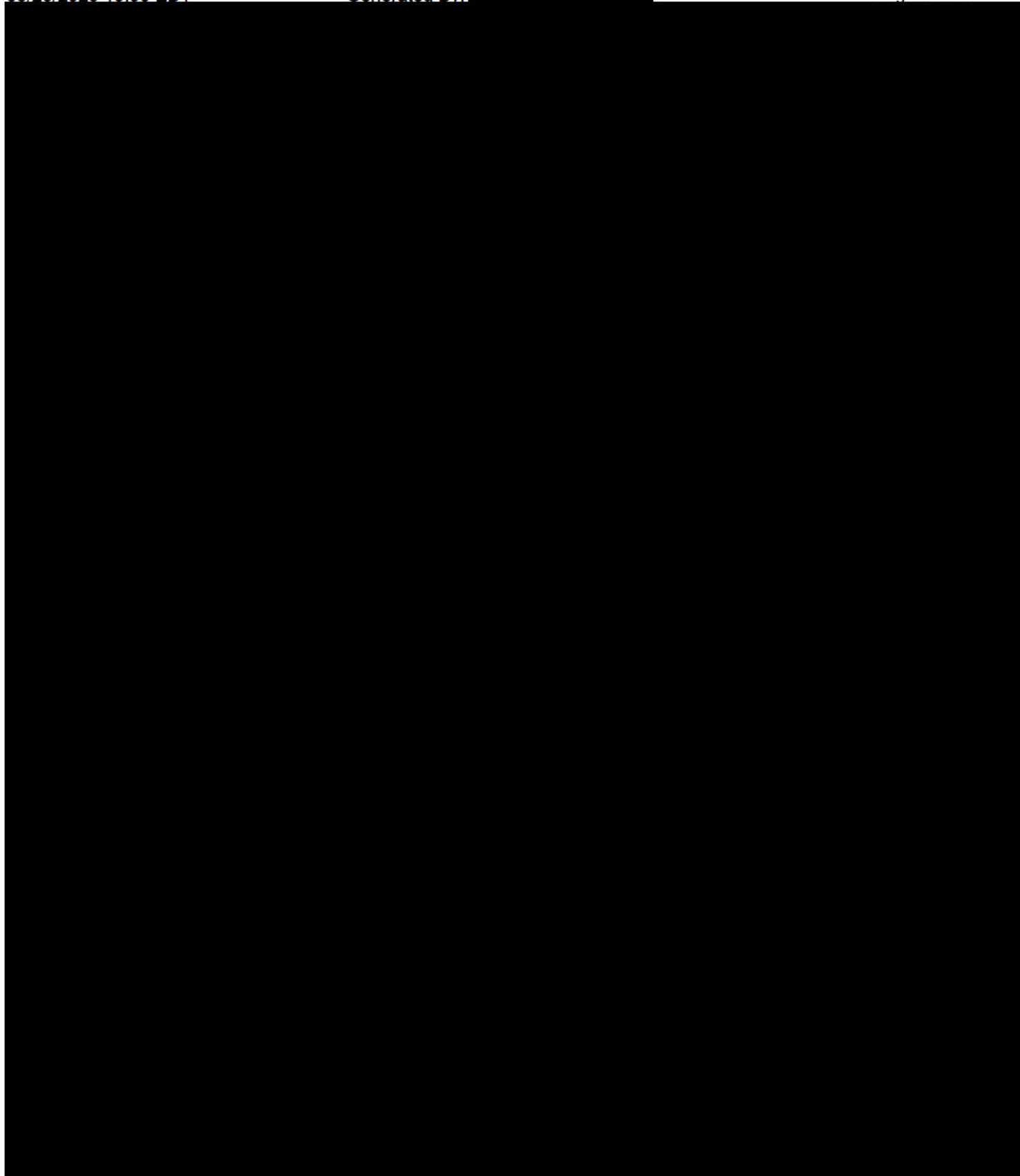
U.S. Customs and Border Protection
U.S. Department of Homeland Security

██████████ Secondary Inspection Report

03/25/2025 15:30 EDT

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Page 1 of 2





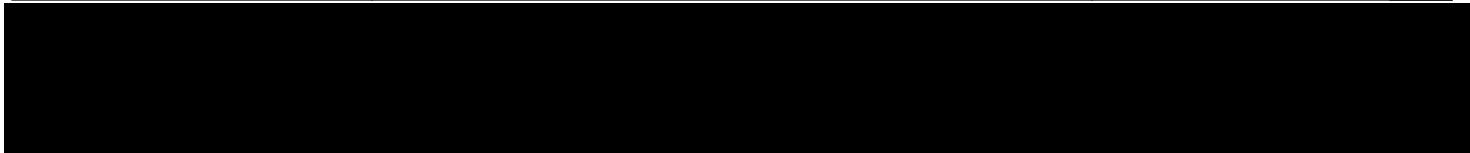
U.S. Customs and Border Protection
U.S. Department of Homeland Security

██████ - Secondary Inspection Report

03/25/2025 15:30 EDT

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Page 2 of 2





U.S. Customs and Border Protection
U.S. Department of Homeland Security
[REDACTED] Secondary Inspection Report

03/25/2025 15:25 EDT

Generated By: [REDACTED]

Page 2 of 2



INVESTIGATIVE ACTIVITY REPORT

Case Number	202508100E
Field Office	McAllen, TX
Case Agent	██████████
Case Title	OSC referral for investigation doc (OSC File No. DI-25-000591 Request for Investigation–5 U.S.C. § 1213)
Date of Activity	03/26/2025
Activity Type	Action
Type of Action	Other - Policy Request
Report Status	Approved

APPROVALS

Digitally Signed

Prepared by	██████████	04/10/2025
Approved by	██████████	04/11/2025

ATTACHMENTS

1	Personal Use__Importation of Medication__03262025.pdf
2	CBP Directive 3310-006A Importation of Controlled Substances by United States Residents (July 22, 2003).PDF



DETAILS OF ACTIVITY

On March 26, 2025, Special Agent (SA) [REDACTED], U.S. Customs and Border Protection (CBP), Office of Professional Responsibility (OPR), McAllen Field Office (FO), McAllen, TX, requested documentation regarding the importation of controlled substances from Investigative Analyst (IA) [REDACTED], Threat Mitigation and Analysis Division (TMAD), McAllen FO.

A copy of the Personal Use Importation of Medication and DEA Controlled Substance charts were provided by IA [REDACTED] (Attachment 1).

The documents revealed the importation laws for controlled substances under schedule II-V pertaining to United States Citizens (USC) and Residents stated under "21 CFR 1301.26 / 21 USC 956, a U.S. resident may import into the United States no more than 50 dosage units combined of all such controlled substances in the individual's possession that were lawfully obtained abroad for personal medical use. The medication must be in original container, it must have been declared to CBP stating it's for his/her personal use, or for an animal accompanying him/her and the trade/chemical name and the symbol designating the schedule of the controlled substance if it appears on the container label, or, if such name does not appear on the label, the name and address of the pharmacy or practitioner who dispensed the substance and the prescription number. If the controlled substance is not for personal use, or does not meet the three requirements, the controlled substance is in violation of 21 USC 952 and is unlawful to import. If the controlled substance is for personal use and meets the three requirements listed above, the medication is still illegal to import under the FDA. The Anabolic Steroid Control Act 1990 / 2004 stated generally, importations will be allowed if the steroids are needed for medical, scientific, or other legitimate uses. Must be for personal use and meet the criteria above as with other controlled substances."

The importation law for controlled substances under schedule II-V pertaining to Foreign Visitors or USCs residing abroad stated "it is advised that you travel with no more than personal use quantities, a rule of thumb is no more than a 90-day supply. If your medications or devices are not in their

U.S. Customs and Border Protection
Office of Professional Responsibility
Investigative Operations Directorate



original containers, you must have a copy of your prescription with you or a letter from your doctor. A valid prescription or doctors note is required on all medication entering the U.S.”.

CBP Directive 3310-006A titled, Importation of Controlled Substances by United States Residents stated “In accordance with Section 1006(a) of the Controlled Substances Import and Export Act (21 U.S.C. 956(a)), as amended, a United States resident who enters the United States through an international land border port of entry with a controlled substance (except a substance in Schedule I or other prohibited substances) for which the individual does not possess a valid prescription or documentation verifying that a prescription has been issued to that individual may not import the controlled substance in an amount that exceeds 50 dosage units. For a prescription to be deemed valid, it must be issued by a practitioner licensed to practice in the United States in accordance with Federal and State law. These controlled substances must be declared to CBP upon arrival, be for that individual’s personal use and be in their original container. The importation of the controlled substances must also be authorized or permitted under other Federal laws and applicable State law. This directive does not apply to nonresidents entering the United States (Attachment 2).

Non-residents should continue to be allowed to import controlled substances (except those in Schedule I or other prohibited substances) in a quantity commensurate with the duration of their stay in the United States, provided they comply with other applicable laws and regulations.”

PERSONAL USE

The Importation of Foreign and Domestic Narcotics / Controlled Substances / Scheduled Drugs / Other Medications

If a United States Citizen or Resident has a valid U.S. prescription for their personal medication that is from the United States, no seizure or detention will be needed.

Importations by United States Citizens and Residents

<p>Controlled Substance Schedule I</p>	<p>21 USC 952 - It shall be unlawful to import into the customs territory of the United States from any place outside thereof (but within the United States), or to import into the United States from any place outside thereof, any controlled substance in schedule I.</p>
<p>Controlled Substances Schedule II – V Anabolic Steroids Schedule III</p>	<p>21 CFR 1301.26 / 21 USC 956 - a United States resident may import into the United States no more than <u>50 dosage units combined</u> of all such controlled substances in the individual's possession that were lawfully obtained abroad <u>for personal medical use</u>.</p> <ol style="list-style-type: none">1. Must be in original container,2. <u>Must have been declared to CBP stating it's for his/her personal use</u>, or for an animal accompanying him/her.3. Trade/Chemical name and the symbol designating the schedule of the controlled substance if it appears on the container label, or, if such name does not appear on the label, the name and address of the pharmacy or practitioner who dispensed the substance and the prescription number. <p>If the controlled substance is not for personal use, or does not meet the three requirements, the controlled substance is in violation of 21 USC 952 and is unlawful to import.</p> <p>If the controlled substance is for personal use and meets the three requirements listed above, the medication is <u>still illegal to import</u> under the FDA.</p> <p>Anabolic Steroid Control Act 1990 / 2004 Generally, importations will be allowed if the steroids are needed for medical, scientific, or other legitimate uses. Must be for personal use and meet the criteria above as with other controlled substances.</p>

	<p>If such an anabolic steroid intended for use in animals is prescribed, dispensed, distributed, imported, or exported for human use, it falls within the controlled substances definition and is violative.</p> <p>If seized, no penalty shall be assessed. Seizure and forfeiture of the steroids will suffice.</p> <p>*Refer to FDA Section* - the importation of drugs that lack FDA approval, whether for personal use or otherwise, violates the Act and is illegal.</p> <p><i>*Detain any amount of medication acquired abroad and request to FDA for seizure.</i></p>
Undeclared Controlled Substances	Any undeclared controlled substance found in personal use quantities on the person or in the baggage of a person arriving in the United States from foreign <u>or</u> on or about a non-commercial conveyance arriving from foreign shall be seized under 19 U.S.C. 1497 .
Other Medications	If the medication is <u>not</u> a narcotic, controlled substance, or anabolic steroid please refer to the FDA information below.
Drug Paraphernalia w/residue	<p>Noncommercial quantities of drug paraphernalia with residue will be treated like any other controlled substance.</p> <p><u>Declared</u> drug paraphernalia shall be seized under 19 USC 1595a(c).</p> <p><u>Undeclared</u> drug paraphernalia shall be seized under 19 USC 1497.</p>
Drug Paraphernalia (Clean or New)	<p>Clean drug paraphernalia will not be seized <u>unless</u> it meets the specific description and/or circumstances set forth in 21 U.S.C. 863. That is, it must be clearly and primarily intended and designed for use in the processing, distribution, or <u>consumption</u> of controlled substance, possession of which is unlawful under Title 21 of the USC.</p> <p><i>*The passenger must admit he/she will be intending on using the drug paraphernalia for the consumption of illegal drugs.*</i></p>
Importations by Foreign Visitors or USC's Residing Abroad	
Controlled Substance Schedule I	21 USC 952 - It shall be unlawful to import into the customs territory of the United States from any place outside thereof (but within the United States), or to import into the United States from any place outside thereof, any controlled substance in schedule I.
Controlled Substances Schedule II – V and Other Medications	It is advised that you travel with no more than personal use quantities, a rule of thumb is no more

	<p>than a 90-day supply. If your medications or devices are not in their original containers, you must have a copy of your prescription with you or a letter from your doctor. A valid prescription or doctors note is required on all medication entering the U.S.</p>
<p>Anabolic Steroids</p>	<p>Anabolic Steroid Control Act 1990 / 2004 – Visitors must have obtained the Anabolic Steroid lawfully and possess a valid prescription or doctors note.</p> <p>If such an anabolic steroid intended for use in animals is prescribed, dispensed, distributed, imported or exported for human use, it falls within the controlled substances definition and is violative.</p>
<p>Drug Paraphernalia w/residue</p>	<p>Noncommercial quantities of drug paraphernalia with residue will be treated like any other controlled substance.</p> <p><u>Declared</u> drug paraphernalia shall be seized under 19 USC 1595a(c). <u>Undeclared</u> drug paraphernalia shall be seized under 19 USC 1497.</p>
<p>Drug Paraphernalia (Clean or New)</p>	<p>Clean drug paraphernalia will not be seized unless it meets the specific description and/or circumstances set forth in 21 U.S.C. 863. That is, it must be clearly and primarily intended and designed for use in the processing, distribution, or consumption of controlled substance, possession of which is unlawful under Title 21 of the USC. <i>*The passenger must admit he/she will be intending on using the drug paraphernalia for the consumption of illegal drugs.*</i></p>
<p>FDA (Food and Drug Administration)</p>	
<p>FDA Coverage of Personal Importations</p> <p>To provide operating procedures for the coverage of personal-use quantities of FDA regulated imported products in baggage and mail and to gain the greatest degree of public protection with allocated resources.</p> <p>Is it legal to import medicine into the United States from other countries? No. The United States Federal Food, Drug, and Cosmetic Act (The Act) prohibits the interstate shipment (which includes importation) of unapproved new drugs. Thus, the importation of drugs that lack FDA approval, whether for personal use or otherwise, violates the Act and is illegal. Unapproved new drugs are any drugs -- including foreign-made versions of U.S. approved drugs -- that have not been manufactured in accordance with and pursuant to FDA approval.</p> <p>The importation of drugs for personal use into the U.S. remains illegal and FDA may determine that such drugs should be refused entry or seized.</p>	

FDA personnel are not to examine personal baggage. This responsibility rests with the CBP. It is expected that a CBP officer will notify their designated FDA representative when he or she has detected a shipment of an FDA-regulated article intended for commercial distribution (see GENERAL INSTRUCTIONS below) an article that FDA has specifically requested be detained, or an FDA regulated article that appears to represent a health fraud or an unknown risk to health.

General Instructions - FDA personnel may allow entry of shipments when the quantity and purpose are clearly for personal use, and the product does not present an unreasonable risk to the user. Even though all products that appear to be in violation of statutes administered by FDA are subject to refusal, FDA personnel may examine the background, risk, and purpose of the product before making a final decision. Although FDA may use discretion to allow admission of certain violative items, this should not be interpreted as a license to individuals to bring in such shipments.

**Based on the information of the FDA, even though all products appear to be in violation of statutes administered by the FDA are subject to refusal, FDA personnel may examine the background, risk, and purpose of the product before making a final decision. Thus, the FDA will determine the refusal, seizure, or discretion to allow admission. CBP will detain and request seizure through the FDA.*

Zero-Tolerance Penalty

The U.S. Customs Services implemented Zero Tolerance (ZT) with the intent of penalizing drug users for their illegal actions. Zero tolerance focused on Schedule I controlled substances (marijuana, heroin, etc.)

Declared Controlled Substances	Penalties cannot be assessed under 19 U.S.C. 1497 because the controlled substances were declared.
Drug Paraphernalia w/residue	No penalties will be issued if a measurable amount does not remain after field-testing.
Undeclared Controlled Substances / Medications	<p>Any undeclared controlled substance found in personal use quantities on the person or in the baggage of a person arriving in the United States from foreign <u>or</u> on or about a non-commercial conveyance arriving from foreign shall be seized under 19 U.S.C. 1497.</p> <p>If state or local prosecution is not accepted, the following penalty will be assessed:</p> <p>First Offense - the greater of \$500 or ten times the street value, not to exceed \$5,000. Subsequent Offense - the greater of \$500 or ten times the street value, not to exceed \$10,000.</p> <p>On-Site Mitigation of Penalty</p> <p>First offense - mitigate to an amount no less than \$500. No mitigation will be afforded if the amount assessed is \$500. Subsequent offense - mitigate to an amount no less than \$1,000. No mitigation will be afforded if the amount assessed is less than \$1,000.</p>

	<p>Customs may always deny mitigation should the facts and circumstances surrounding a violation so warrant.</p> <p>A petition must be filed by the violator, usually on a CF-4609. (Used when subject wants relief from forfeiture of seized property or penalty for onsite mitigation.)</p>
<p>Penalty Payment</p>	<p>The mitigated penalty may be paid by cash, cashier check or personal check. All collections for payment of ZT penalties must be posted to Accounting Class Code 327.</p> <p>A promissory note for the mitigated amount (or any outstanding balance) which the violator is unable to pay on site will be executed at the time of the violation to secure future payment.</p> <p>If the violator refuses to sign a promissory note, <u>no mitigation</u> will be afforded on site, and a Notice of Penalty (CF 5955A) will be issued for the full amount. NOTE: The Customs Officer will annotate the promissory note (which will become part of the case file) to show that the violator refused to sign the note.</p>

References

Customs Directive 4410-010A Personal Use Quantities of Controlled Substances
Seized Asset Management and Enforcement Procedures Handbook (SAMEPH) HB 4400-01B
Drug Enforcement Administration (DEA) Diversion Control Division
U.S. Food & Drug Administration (FDA) Regulatory Procedures Manual Chapter 9
United States Code / Code of Federal Regulation

CUSTOMS AND BORDER PROTECTION DIRECTIVE

ORIGINATING OFFICE: FO:P

DISTRIBUTION: S-01

CBP DIRECTIVE NO. 3310-006A

DATE: JULY 22, 2003

SUPERSEDES: 3310-006, 12/15/99

REVIEW DATE: JULY 2006

SUBJECT: IMPORTATION OF CONTROLLED SUBSTANCES BY UNITED STATES RESIDENTS

1 PURPOSE. This directive sets forth the treatment to be accorded United States residents who enter the United States through an international land border port of entry with a controlled substance (except a substance in Schedule I or other prohibited substances) for which the individual does not possess a valid prescription or documentation verifying that a prescription has been issued to that individual. This directive also addresses unapproved drugs.

2 POLICY.

2.1 In accordance with Section 1006(a) of the Controlled Substances Import and Export Act (21 U.S.C. 956(a)), as amended, a United States resident who enters the United States through an international land border port of entry with a controlled substance (except a substance in Schedule I or other prohibited substances) for which the individual does not possess a valid prescription or documentation verifying that a prescription has been issued to that individual may not import the controlled substance in an amount that exceeds 50 dosage units.

2.2 For a prescription to be deemed valid, it must be issued by a practitioner licensed to practice in the United States in accordance with Federal and State law.

2.3 The United States Federal Food, Drug, and Cosmetic Act (21 U.S.C. 331(d), 355(a)), which is administered by Food and Drug Administration (FDA), prohibits the introduction into interstate commerce (which includes importation) of unapproved drugs, regardless of the existence of a prescription.

2.3.1 Some drugs sold outside the United States (including drugs manufactured for sale outside the United States) may not be approved by FDA and would not be appropriate for importation. However, FDA has developed guidance entitled "Coverage of Personal Importations" which sets forth that agency's enforcement priorities with respect to the importation of unapproved drugs by individuals for their personal use. The guidance identifies circumstances in which FDA may consider exercising enforcement discretion and refrain from taking action against particular imported unapproved drugs.

2.3.2 The general rule for personal use quantities of unapproved drugs and controlled

substances does not apply to prohibited substances, such as Rohypnol, GHB, and Fen-Phen. Pursuant to 19 U.S.C. 1595a(c), the Bureau of Customs and Border Protection (CBP) is authorized to seize and forfeit all such importations of prohibited controlled substances. In the case of unapproved drugs, if FDA determines that the import should not be allowed, the drugs are deemed to be prohibited merchandise. In such cases, CBP may be asked to do a summary forfeiture so the drugs are promptly destroyed.

3 AUTHORITIES/REFERENCES. Public Law 105-357; Section 1006(a) of the Controlled Substances Import and Export Act, as amended (21 U.S.C. 956(a), 802(21)); The United States Federal Food, Drug, and Cosmetic Act (21 U.S.C. 331(d), 355(a)); Merchandise Introduced Contrary to Law (19 U.S.C. 1595a(c)); Summary Forfeiture of Prohibited Merchandise (19 U.S.C. 1607); Exemptions From Import or Export Requirements for Personal Medical Use (21 C.F.R. 1301.26); Schedule II through V of the Controlled Substances Act (21 C.F.R. Part 1308), Customs Directive 4510-016 Customs Officers Responding to State Crimes.

4 DEFINITIONS. Unapproved drugs are any controlled substances and non-controlled prescription substances, including foreign-made versions of United States approved drugs, that have not received FDA approval to demonstrate they meet the federal requirements for safety and effectiveness.

5 RESPONSIBILITIES.

5.1 Directors, Field Operations, with land border ports of entry within their jurisdiction that conduct COMPEX examinations must ensure that data on controlled and noncontrolled prescription substances is collected during each COMPEX exam. This data collection is in accordance with the memorandum titled "Capturing Data on Controlled Substances and Noncontrolled Prescription Substances (TC# PO01-0878)."

5.2 Port Directors are responsible for developing and establishing procedures to ensure proper implementation of this directive.

5.3 Chief Inspectors (or their equivalent) shall manage the implementation of this policy.

5.4 Supervisors shall ensure that inspectional personnel assigned to the processing of the passengers are familiar with the procedures outlined in this directive.

6 PROCEDURES.

6.1 A United States resident bringing in a controlled substance, through a land border port of entry, must present to the CBP inspector evidence that a practitioner, as defined in 21 U.S.C. 802(21), has prescribed this controlled substance.

6.1.1 Such evidence could be a prescription or note from his/her United States

practitioner. In most cases, the practitioner will be a physician or dentist and, in all cases, must be licensed, registered, or otherwise permitted to practice within one or more of the 50 states, the District of Columbia, Puerto Rico, the Virgin Islands, Guam, American Samoa, or the Trust Territories of the Pacific Islands, and hold a valid DEA registration.

6.1.2 These controlled substances must be declared to CBP upon arrival, be for that individual's personal use, and be in their original container. The importation of the controlled substances must also be authorized or permitted under other Federal laws and applicable State law. If all these conditions are met, a United States resident may import the type and amount of the controlled substance (except a substance in Schedule I or other prohibited substances) as specified on the prescription.

6.2 If the controlled substances are declared and the importation otherwise meets the requirements set forth in paragraph 6.1.2, but the United States resident does not possess a valid prescription issued by a practitioner (as defined above), the United States resident may bring in only an amount not to exceed 50 dosage units. However, in all circumstances, all other applicable Federal and State laws continue to apply, and may preclude import (e.g., State law may prohibit importation/possession of anabolic steroids, thereby making importation for personal use illegal under 21 C.F.R. 1301.26). Consult with your local Associate or Assistant Chief Counsel for further guidance.

6.2.1 Travelers may attempt to circumvent Federal and State laws by importing controlled substances so that they are in compliance with the "not to exceed 50 dosage units." For example, a traveler may attempt to import 50 units of a controlled substance on day one and declare it as personal use. The same traveler may attempt to import another 50 units of the same controlled substance on day two and declare it as personal use. Legally, the traveler is still in compliance with applicable Federal and State laws; however, the traveler may be structuring their importation of controlled substance in order to circumvent applicable Federal and State laws. If a CBP officer believes or discovers that the importer is attempting to circumvent applicable Federal and State laws as they relate to importation of the controlled substance in this directive, the CBP officer should document this in the Inspection Operations Incident Log (IOIL) module of the Treasury Enforcement Communication System.

6.3 Laws administered by the FDA affect the importation of controlled substances that constitute unapproved drugs.

6.3.1 In addition to Federal requirements, individual states may have additional requirements covering controlled substances or noncontrolled prescription drugs (see paragraph 6.2). State law may form the basis for seizing personal use quantities of controlled substances under 21 C.F.R. 1301.26. The CBP officers should advise travelers to check with State authorities, where they reside or are traveling, to verify that a particular prescription does in fact comply with State regulations. If CBP does not intend to effect a seizure, the CBP officer should report the violation to State law enforcement authorities, who may request that CBP detain the violator until the State

authorities arrive. The CBP officers should consult the Customs Directive 4510-016, "Customs Officers Responding to State Crimes," to determine their authority to detain violators for violations of State law.

6.4 This directive does not apply to nonresidents entering the United States. Nonresidents should continue to be allowed to import controlled substances (except those in Schedule I or other prohibited substances) in a quantity commensurate with the duration of their stay in the United States, provided they comply with other applicable laws and regulations (See 21 U.S.C. 956(a)(1) and 21 C.F.R. 1301.26).

6.5 This directive does not impact noncontrolled prescription substances, such as contraceptives, antibiotics, and certain heart/blood pressure medicines, which continue to be subject to the FDA guidance entitled "Coverage of Personal Importations."

6.6 The data collected on controlled and noncontrolled prescription substances, as outlined in section 5.1 of this directive, shall be compiled by the Directors, Field Operations, in a monthly summary report and will be sent to the Prescription Drugs program officer/manager in Passenger Operations at CBP Headquarters. The name of the current Prescription Drug program officer/manager can be obtained by calling Passenger Operations at (202) 927-0291.

6.6.1 On a monthly basis, Headquarters will track and monitor the data collected on controlled and noncontrolled prescription substances as outlined in section 5.1 of this directive.

6.7 All legal controlled substances are listed in Schedules II through V of 21 C.F.R. 1308. It is also important to remember that controlled substances make up only a small portion of prescription medicines. In fact, some medications requiring prescriptions in the United States are sold over the counter in other countries.

6.7.1 To assist in both informed compliance and enforcement efforts, a list of controlled substances most often acquired in Canada and Mexico is attached to this directive.

6.7.2 When the type of drug, the quantity, or the combination of various drugs arouse suspicion, CBP inspectors should contact the nearest FDA office (or DEA office if controlled substances are involved) for advice. These offices will provide guidance concerning whether to release or detain the article.

6.7.3 If more assistance is needed, contact DEA Headquarters, International Drug Unit, at (202) 307-2414; (202) 307-4747; or by fax at (202) 307-7503.

7 MEASURES. Headquarters will monitor the quantities of controlled and noncontrolled prescription substances imported into the United States based on data gathered during COMPEX examinations as outlined in section 5.1 of this directive.

8 NO PRIVATE RIGHT CREATED. This directive is an internal policy statement of

the Bureau of Customs and Border Protection. It does not create or confer any rights, privileges, or benefits for any person or entity. United States v. Caceres, 440 U.S. 741 (1979).

Assistant Commissioner
Office of Field Operations

Attachment

**CANADA - MEXICO- UNITED STATES
CONTROLLED SUBSTANCES REFERENCE LIST**

alprazolam

Tafil	(Mexico)
Xanax	(Canada and US)
Apo-Alpraz	(Canada)
Novo-Alprazol	(Canada)
Nu-Alpraz	(Canada)
alprazolam	

bromazepam

Lexstan	(Mexico)
Lectopam	(Canada)

buprenorphine

Buprenex	(Canada and US)
Temgesic	(Mexico)

butalbital

Esgic	(US)
Esgic Plus	(US)
Fioricet	(US)

clobenzorex

Asenlix	(Mexico)
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clonazepam

Klonopin	(US)
Rivotril	(Canada and Mexico)
Clonapam	(Canada)

codeine

Tylenol with Codeine	(US)
Fioricet with Codeine	(US)
Soma Compound with Codeine	(US)
Acetaminophen with Codeine	(US)
Phenaphen with Codeine	(US)
222s	(Canada)

dexfenfluramine

Diomeride	(Mexico)
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diazepam

Alboral	(Mexico)
Ortopsique	(Mexico)
Relazepam	(Mexico)
Valium	(Canada, Mexico, and US)
Diazemuls	(Canada)
Vivol	(Canada)
Canazepam	(Canada)
E-Pam	(Canada)
Erital	(Canada)
Meval	(Canada)
Neo-Calme	(Canada)
Novodipam	(Canada)
Pacitran	(Mexico)
Rival	(Canada)
Serenack	(Canada)
Sonacon	(Canada)
Stress-Pam	(Canada)
Vivol	(Canada)
diazepam	
diazepam and propoxyphene combination	
Qual	(Mexico)
diazepam and fenproporex combination	
Esbelcaps	(Mexico)
diethylpropion	
IFA Norex	(Mexico)
Neobes	(Mexico)
Tenuate Dospan	(US)
Tenuate	(Canada)
estazolam	
Tasedan	(Mexico)
ProSom	(Canada and US)
fenfluramine	
Ponderex	(US)
Ponderal	(Canada)
Pondimin	(Canada)
fenproporex	
IFA-Diety	(Mexico)
lorazepam	
Ativan	(Canada, Mexico, and US)

Novo-Lorazam	(Canada)
Nu-Loraz	(Canada)
mazindol	
Diestet	(Mexico)
Solucaps	(Mexico)
Sanorex	(Canada and US)
methylphenidate	
Ritalin	(Canada and US)
Riphenidate	(Canada)
methylphenidate	
midazolam	
Dormicum	(Mexico)
Versed Injectable	(Canada and US)
oxycodone	
Percodan	(US)
Percocet	(US)
Tylox	(US)
OxyContin	(Canada)
Supeudol	(Canada)
Eudol	(Canada)
phentermine	
IFA Reduucing	(Mexico)
Diminex	(Mexico)
Adipex	(US)
Fastin	(Canada and US)
Ionamin	(Canada and US)
Dapex	(US)
phentermine	
propoxyphene	
Darvon	(US)
Darvon N	(Canada and US)
Wygesic	(US)
Darvocet	(US)
Neo-Percodan	(Mexico)
Propacet	(US)
Comprimes 642	(Canada)
Novopropoxyn	(Canada)
642 Tablets	(Canada)
propoxyphene	

anabolic steroids

Stenox
Anabolex
Testosterona
Andriol
Sostanon
Sostenon
Sustanon
Sustenan
Deca-Durabolin
Primoteston
Sten
Durabolin
Equipoise
Laurabolin
Primobolan
Testoviron-Depot
testosterone
nandrolone
methandrostenolone
oxymetholone
stanozolol
oxandrolone
methyltestosterone

triazolam

Halcion	(Canada and US)
Apo-Triazo	(Canada)
Novo-Triolam	(Canada)
Nu-Triazo	(Canada)



INVESTIGATIVE ACTIVITY REPORT

Case Number	202508100E
Field Office	McAllen, TX
Case Agent	██████████
Case Title	OSC referral for investigation doc (OSC File No. DI-25-000591 Request for Investigation–5 U.S.C. § 1213)
Date of Activity	03/26/2025
Activity Type	Action
Type of Action	Other - Receipt of PGR Seizure Log
Report Status	Approved

APPROVALS

Digitally Signed

Prepared by	██████████	04/03/2025
Approved by	██████████	04/06/2025

ATTACHMENTS

1	
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DETAILS OF ACTIVITY

On March 26, 2025, Special Agent (SA) [REDACTED] Rodriguez, U.S. Customs and Border Protection (CBP), Office of Professional Responsibility (OPR), McAllen Field Office (FO), McAllen, TX, received a 2025 Medication Seizure log from Chief CBP Officer (CCBPO) [REDACTED], Progreso Port of Entry (PGR), Progreso, TX (Attachment 1).

The seizure log was used by port management officials to keep track of seizures at PGR. From October 2024 to March 26, 2025, PGR recorded 81 seizures involving medication. Of the 81 seizures, 30 were prosecuted by state and local agencies and one was prosecuted federally. The medications commonly seized by PGR were listed as testosterone, Tramadol, Xanax, Acxion, Fentanyl, Ritalin, Adderall, Clonazepam, Diazepam, Phentermine, Hydrocodone, and Oxycodone. Refer to the log for a complete list.

From: [REDACTED]
To: [REDACTED]
Cc: [REDACTED]
Subject: RE: PGR Seizures
Date: Wednesday, March 26, 2025 9:23:46 AM
Attachments: [2025 Progreso Medication Seizure Log.xlsx](#)

Good morning [REDACTED],

Attached is the 2025 log we keep for all medication seizures at the Progreso POE. If you need anything else or have any questions on the spread sheet, please let me know. Thank you.

Respectfully,

[REDACTED]

WARNING: This document is LAW ENFORCEMENT SENSITIVE and is designated FOR OFFICIAL USE ONLY. It contains information that may be exempt from public release under the Freedom of Information Act (5USC552). This document is to be controlled, handled, transmitted, distributed and disposed of in accordance with DHS policy relating to FOUO information, and is not to be released outside of CBP or the public without the prior approval from Field Operations Progreso/Donna Port of Entry.

From: [REDACTED]
Sent: Tuesday, March 25, 2025 7:16 PM
To: [REDACTED]
Subject: PGR Seizures

Gents, in furtherance of an OPR investigation, can you get me a report of PGR's seizures involving prescribed or non-prescribed medications from January 1st to current? I am looking for a brief overview of the types and quantities you are seizing.

Thank you!!

[REDACTED]

1100 E. LAUREL AVENUE SUITE 200; MCALLEN, TEXAS 78501



Date	Narcotic Type	Units	SEIZURE NUMBER	FPF #	Federal PROS (Yes/No)	State PROS (Yes/No)	Local PROS (Yes/No)	Federal, State, and Local, Prosecution Indicator	Penalty Collected	# SZ
10/13/2024	Testosterone	2			N	Y	N			1
10/16/2024	Tramadol/Xanax/Acxion	1013			N	Y	N			2
10/17/2024	Fentanyl/Ritalin/Xanax	89			N	Y	N			3
10/18/2024	Testosterone	5			N	Y	N			4
10/23/2024	Fentanyl	7			N	Y	N			5
10/23/2024	Clonazepam	300			N	N	N		500	6
10/23/2024	Acxion/Diazepam	90			N	N	N		500	7
10/23/2024	Xanax	290			N	N	N		500	8
10/24/2024	Tramadol	1327			N	N	N		500	9
11/6/2024	Xanax	10			N	N	N			10
11/6/2024	Tramadol	541			N	N	N		500	11
11/9/2024	Tramadol	316			N	Y	N			12
11/11/2024	Xanax	761			N	N	N		500	13
11/16/2024	Testo/Test/Trenbo/DECA	9			N	N	N			14
11/18/2024	Xanax	270			N	Y	N			15
11/19/2024	Fentanyl/Methadone	16			N	Y	N			16
11/21/2024	Tramadol/Xanax	879			N	Y	N			17
11/21/2024	Fentanyl/Tramadol/Xanax	1729			Y	N	N			18
11/22/2024	Ritalin/Xanax/Stilnox	118			N	N	N		500	19
11/25/2024	Tramadol/Xanax	317			N	Y	N			20
11/25/2024	Phentermine	210			N	Y	N			21
11/26/2024	Xanax	229			N	Y	N			22
11/29/2024	Fentanyl/Marijuana ZT	10			N	N	N		500	23
12/1/2024	Tramadol/Xanax	2760			N	Y	N			24
12/1/2024	Xanax	180			N	Y	N			25
12/1/2024	Tramadol/Xanax	2760			N	Y	N			26
12/2/2024	Tramadol	1400			N	N	N		500	27
12/4/2024	Xanax	69			N	N	N		500	28
12/5/2024	Zolpidem	180			N	N	N		500	29
12/7/2024	Tramadol	360			N	N	N		500	30
12/7/2024	Ritalin/Adderall/Tramadol	565			N	N	N		500	31
12/7/2024	Xanax	120			N	N	N			32
12/11/2024	Xanax	61			N	Y	N			33
12/11/2024	Adderall/Xanax	328			N	N	N		500	34
12/14/2024	Tramadol	252			N	N	N			35
12/17/2024	Tramadol	119			N	Y	N			36
12/19/2024	Xanax	62			N	N	N		500	37
12/22/2024	Xanax	90			N	N	N		500	38
12/26/2024	Tramadol/Adderall/Xanax	804			N	N	N		500	39
1/4/2025	Xanax/Tramadol	856			N	Y	N			40
1/4/2025	Xanax	30			N	N	N			41
1/6/2025	Xanax	150			N	N	N		500	42
1/10/2025	Xanax/Fentanyl	205			N	Y	N			43
1/10/2025	Phentermine/Amfepramone	780			N	N	N		500	44
1/11/2025	Tramadol/Amfepramone	2046			N	N	N		500	45
1/11/2025	Xanax	180			N	N	N		2358	46
1/15/2025	Hydrocodone/tramadol/Xanax	180			N	Y	N			47
1/15/2025	Tramadol/Xanax	510			N	N	N		500	48
1/15/2025	Tramadol/Adderall/Xanax	658			N	N	N		500	49
1/15/2025	Buprenorfina	24			N	N	N		500	50
1/17/2025	Xanax	292			N	N	N		500	51
1/28/2025	Xanax	858			N	Y	N			52
1/28/2025	Xanax	151			N	Y	N			53
2/1/2025	Tramadol	239			N	N	N		500	54
2/3/2025	Xanax	603			N	N	N		500	55
2/3/2025	Tramadol	679			N	N	N			56
2/7/2025	Acxion	608			N	N	N		500	57
2/8/2025	Oxycodone/Xanax/Tramadol/Atenolol	1202			N	N	N			58
2/11/2025	Xanax/Ritalin	1763			N	Y	N			59
2/12/2025	Ritalin/Adderall/Tramadol	150			N	N	N			60

2/16/2025	Ritalin	59			N	N	N		61
2/18/2025	Tramadol	599			N	N	N	500	62
2/19/2025	Xanax	120			N	N	N		63
2/20/2025	Xanax	170			N	Y	N		64
2/21/2025	Xanax	917			N	N	N	500	65
2/23/2025	Acxion	900			N	N	N	500	66
2/25/2025	Xanax/Fentanyl	93			N	Y	N		67
2/27/2025	Tramadol	720			N	N	N		68
3/3/2025	Acxion	300			N	N	N	500	69
3/4/2025	Tramadol	2386			N	N	N	50	70
3/5/2025	Xanax/Tramadol	298			N	Y	N		71
3/5/2025	Tramadol/Oxycodone/Xanax	159			N	Y	N		72
3/5/2025	Clonazepam/Tramadol/Ritalin/Tramadol	2000			N	N	N	500	73
3/7/2025	Morphine	397			N	N	N	500	74
3/8/2025	Tramadol/Xanax	378			N	N	N	500	75
3/15/2025	Tramadol/Acxion	427			N	N	N	500	76
3/17/2025	Ritalin	118			N	Y	N		77
3/18/2025	Xanax	180			N	N	N	500	78
3/23/2025	Xanax/Acxion	377			N	N	N	500	79
3/23/2025	Methadone/Xanax/Acxion/Meloxicam	330			N	Y	N		80
3/26/2025	Tramadol/Cyclobenzaprine	227			N	Y	N		81
									82
									83
									84
									85
									86
									87
									88
									89
									90
									91

Total units **41967**

	Federal	State	Local
Prosecutions	1	30	0

Collected on the spot \$ 20,908.00

Total SA **31**

	Units	arrests	penalty	cases
FY20	269154	120	\$93,000.00	374
FY21	302677	74	\$71,893.00	268
FY22	181733	33	\$70,500.00	193
FY23	149108	25	\$73,500.00	175
FY24	61412	17	\$ 29,000.00	85
FY25	41967	31	\$ 20,908.00	39
Totals	1006051	300	\$358,801.00	1134



INVESTIGATIVE ACTIVITY REPORT

Case Number	202508100E
Field Office	McAllen, TX
Case Agent	██████████
Case Title	OSC referral for investigation doc (OSC File No. DI-25-000591 Request for Investigation–5 U.S.C. § 1213)
Subject Name & Title	N/A
Date of Activity	03/28/2025
Activity Type	Interview
Report Status	Approved

APPROVALS

Digitally Signed

Prepared by	██████████	04/03/2025
Approved by	██████████	04/06/2025

ATTACHMENTS

1	Interview of CBPO ██████████
2	Signed by CBPO ██████████



DETAILS OF ACTIVITY

On March 28, 2025, Special Agent (SA) [REDACTED], U.S. Customs and Border Protection (CBP), Office of Professional Responsibility (OPR), McAllen Field Office (FO), McAllen, TX, and SA [REDACTED], McAllen FO, interviewed CBP Officer (CBPO) [REDACTED], Progreso Port of Entry (PGR), Progreso, TX, at the McAllen FO, located at 1100 E. Laurel Ave., Suite 200, McAllen, Tx.

The interview was audio and video recorded using StarWitness equipment and uniquely identified by Authentication Code: [REDACTED] (Attachment 1).

This report does not provide a verbatim account of the interview. Instead, it provides a summary of statements made. Refer to the recording for an exact account.

CBPO [REDACTED] stated he was assigned to Passenger Processing at PGR, Passenger Processing was the term used to describe the unit where CBPOs were assigned to land border operations at the Ports of Entry (POE). CBPO [REDACTED] stated that regarding the importation of prescription and non-prescription medication, he referred to CBP's "Know Before You Go" web page, which guided travelers on the proper importation of medication. CBPO [REDACTED] stated the web page stated that any medication crossed through a POE needed to follow the rules and regulations of the Food and Drug Administration (FDA). If the medication was a controlled substance, it needed to follow the rules and regulations of the Drug Enforcement Agency (DEA) (Attachment 1, Timestamp 14:20:00 CDT).

CBPO [REDACTED] stated if he encountered medication that was over fifty dosages and the traveler did not possess a prescription, he would refer the traveler for further inspection, also referred to as secondary inspection/referral. If a traveler did not have a prescription, they interpreted fifty dosages as fifty pills and would refer to secondary inspection; more so if the medication was a Schedule II medication like Adderall, Ritalin, Codeine, OxyContin, or Hydrocodone. Tramadol was a Schedule IV, but also a narcotic and must have followed the DEA rules and regulations.

U.S. Customs and Border Protection
Office of Professional Responsibility
Investigative Operations Directorate



CBPO ██████ stated whether a traveler was a resident or non-resident, there was no difference in the medication importation requirements (Attachment 1, Timestamp 14:20:00 CDT).

CBPO ██████ stated, that at PGR, medications were the top merchandise encountered and seized by CBP. CBPO ██████ added, if he encountered travelers with medication and without a valid prescription, issued within the United States, he would annotate in CBP's ██████ database that the traveler had medication. That was to keep accountability on the traveler, the traveler would then be released (Attachment 1, Timestamp 14:25:00 CDT).

CBPO ██████ stated if a traveler had over fifty dosage units, the traveler was referred for secondary inspection. Generally, travelers were normally advised of the importation requirements, then released without further action by CBP. If a traveler was over the fifty dosage units, CBPO ██████ would try to get the traveler to return the medication to Mexico with the concurrence of a Supervisory CBPO (SCBPO) but on more occasions than not, he was denied the action and was told to conduct and informed compliance on the traveler. CBPO ██████ explained that an informed compliance was a term used to annotate and record inspection results. CBPO ██████ stated he had experienced instances where SCBPOs did return medication to Mexico (Attachment 1, Timestamp 14:28:55 CDT).

CBPO ██████ described an instance when he encountered a female that was attempting to hide one-hundred and fifty pills of Xanax. CBPO ██████ referred the female for secondary inspection. When CBPO ██████ ended his primary duties, he returned to the secondary inspection area and found out that the female was released and allowed to keep the medication. CBPO ██████ did not recall the name of the female or the date of the encounter (Attachment 1, Timestamp 14:31:55 CDT).

CBPO ██████ stated that at PGR, the importation of medication is not enforced enough by CBP management. If CBPOs wanted to return a traveler, with too much medication, to Mexico, they had to obtain approval from a SCBPO. Generally, if the medication was not a controlled substance, and the traveler did not have any prior history with CBP regarding medication, SCBPOs would allow the traveler to keep the medication and have them released. CBPO ██████ gave an

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example of a traveler he encountered with three hundred pills of Viagra who was released by a SCBPO from secondary inspection. The traveler worked in the oil refineries which CBPOs knew was a common place for people to sell Viagra. CBPO ██████ did not recall the details of the encounter (Attachment 1, Timestamp 14:33:00 CDT).

CBPO ██████ described an encounter with a traveler who was smuggling Acxion. Initially, a SCBPO advised CBPO ██████ that if the traveler did not have any prior history with the importation of medications, to release the traveler. During the inspection, CBPO ██████ learned from the traveler he had done that before. CBPO ██████ then insisted to SCBPO ██████, PGR, the medication be seized, which it ultimately was. CBPO ██████ stated had he not insisted, the seizure would not have occurred (Attachment 1, Timestamp 14:35:32 CDT).

CBPO ██████ stated if a traveler had a small quantity over the allowed dosage units to enter, he always pushed for the medication to be returned but was generally told to do an informed compliance on the traveler. CBPO ██████ explained that a traveler was not to be denied entry, but CBP could deny entry to merchandise, and that was how medication could be returned to Mexico. CBPO ██████ stated in approximately sixty percent of the encounters of travelers with too much medication, the traveler was returned to Mexico with the medication. Always with the concurrence of a SCBPO (Attachment 1, Timestamp 14:40:30 CDT).

CBPO ██████ was presented with a CBP ██████-Secondary Inspection Report, dated January 11, 2025, which involved a traveler who attempted to import Adderall, without a prescription, and was allowed to continue into the United States with the concurrence of SCBPO ██████, PGR. CBPO ██████ did not recall the inspection, however SCBPO ██████ had instructed him to allow Adderall into the United States under an informed compliance (Attachment 2) (Attachment 1, Timestamp 14:44:20 CDT).

CBPO ██████ described SCBPO ██████ as a good supervisor and had discussions with him regarding the importation of medications. SCBPO ██████ had explained policies regarding medication to CBPO ██████ and it was common for SCBPO ██████ to follow the practice of informed compliances. If a traveler did not have history with importing medications, most

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SCBPOs would record an informed compliance (Attachment 1, Timestamp 14:48:00 CDT). CBPO ██████ did not think that SCBPO ██████ was blatantly disregarding policy. SCBPO ██████ had conversed with CBPO ██████ on the guidance they received and all of PGRs managers followed the same mindset when it came to the interpretation of policy and guidance regarding the importation of medication (Attachment 1, Timestamp 14:49:38 CDT).

CBPO ██████ explained that the bridge, which PGR operates on, was owned by a private entity. The private entity advertised on social media and promoted the purchase of medications in Mexico. CBPO ██████ did not know if there was collusion with the private entity and CBP to promote medication (Attachment 1, Timestamp 14:51:55 CDT).

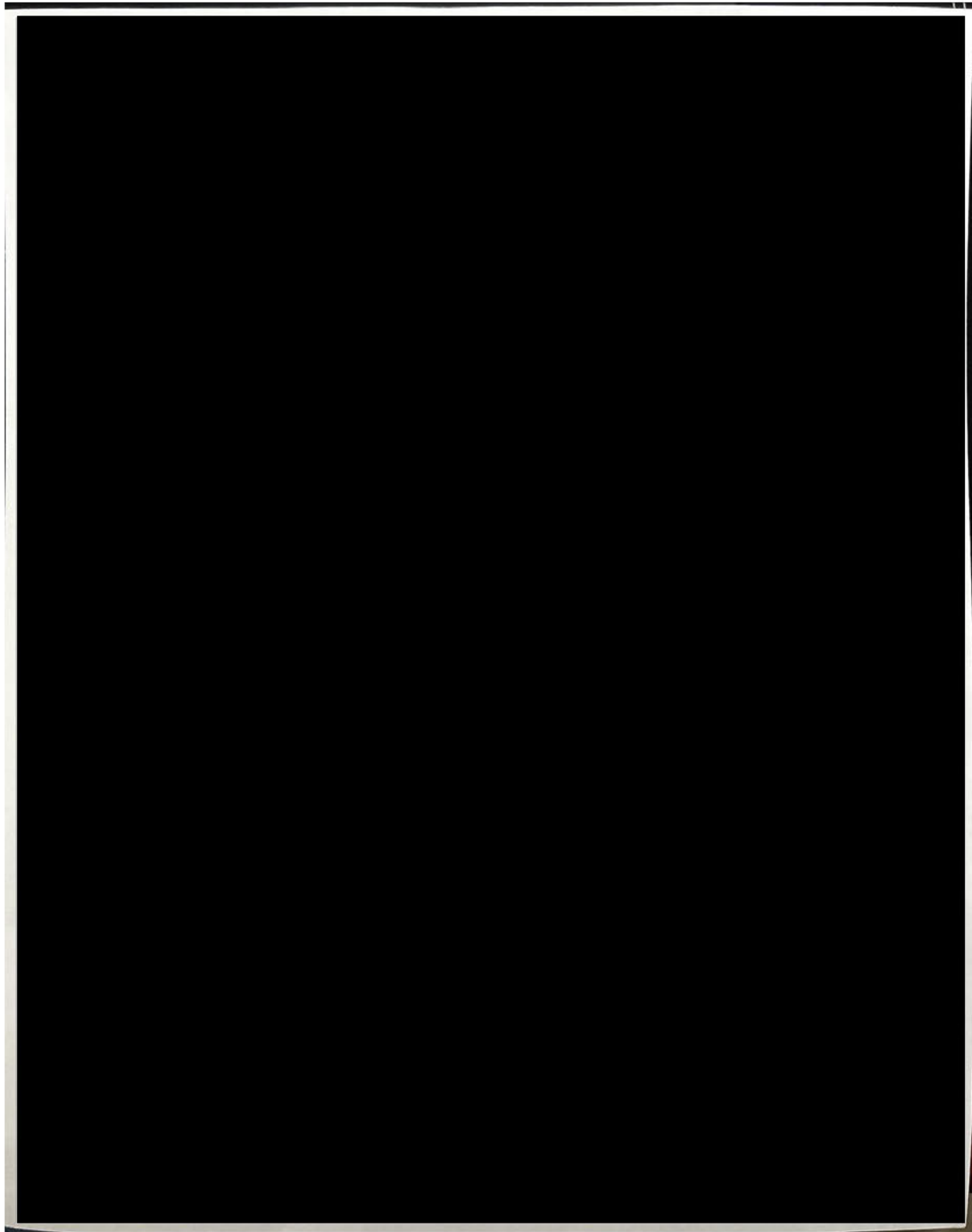
CBPO ██████ stated they did encounter many travelers who were retired, and medication was cheaper in Mexico (Attachment 1, Timestamp 14:54:38 CDT).

CBPO ██████ stated he did not know what specific policies or governing documents pertained to the importation of medications (Attachment 1, Timestamp 15:00:28 CDT).

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Signed by [REDACTED]





INVESTIGATIVE ACTIVITY REPORT

Case Number	202508100E
Field Office	McAllen, TX
Case Agent	[REDACTED]
Case Title	OSC referral for investigation doc (OSC File No. DI-25-000591 Request for Investigation–5 U.S.C. § 1213)
Date of Activity	04/01/2025
Activity Type	Action
Type of Action	Other - AMSCO Data Pull - PGR Inspections
Report Status	Approved

APPROVALS

Digitally Signed

Prepared by	[REDACTED]	04/04/2025
Approved by	[REDACTED]	04/06/2025

ATTACHMENTS

1	Progresso POE meds report January 2025.xlsx
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DETAILS OF ACTIVITY

On April 1, 2025, Special Agent (SA) [REDACTED], U.S. Customs and Border Protection (CBP), Office of Professional Responsibility (OPR), McAllen Field Office (FO), McAllen, TX, received a spreadsheet containing research results of encounters at the Progreso Port of Entry (PGR), Progreso, TX, for January 2025 from Acting(A) Branch Chief [REDACTED], Analytical Management Systems Control Office (AMSCO), Washington, DC (Attachment 1).

The research focused on CBP encounters at PGR vehicle primary involving medication that did not result in an arrest, seizure, and or penalty by CBP. For the month of January 2025, research identified approximately 25 travelers who attempted to cross various types of medication, to include Tramadol, Xanax, Acxion, and Clonazepam, and were allowed to return to Mexico to dispose of the medication. Research identified approximately 83 travelers who attempted to cross various types of medication. The travelers were advised of proper importation requirements and allowed to continue into the United States. Only three records indicated a supervisor was advised of inspection results.



INVESTIGATIVE ACTIVITY REPORT

Case Number	202508100E
Field Office	McAllen, TX
Case Agent	██████████
Case Title	OSC referral for investigation doc (OSC File No. DI-25-000591 Request for Investigation–5 U.S.C. § 1213)
Subject Name & Title	CBP OFFCR ██████████
Date of Activity	04/02/2025
Activity Type	Interview
Report Status	Approved

APPROVALS

Digitally Signed

Prepared by	██████████	04/04/2025
Approved by	██████████	04/06/2025

ATTACHMENTS

1	Interview of CBPO ██████████
2	Signed by CBPO ██████████
3	Signed by ██████████



DETAILS OF ACTIVITY

On April 2, 2025, Special Agent (SA) [REDACTED], U.S. Customs and Border Protection (CBP), Office of Professional Responsibility (OPR), McAllen Field Office (FO), McAllen, TX, and SA [REDACTED], McAllen FO, interviewed CBP Officer (CBPO) [REDACTED], Progreso Port of Entry (PGR), Progreso, TX, at the McAllen FO, located at 1100 E. Laurel Ave, Suite 200, McAllen, Tx.

The interview was audio and video recorded using StarWitness equipment and uniquely identified by Authentication Code: [REDACTED] (Attachment 1).

This report does not provide a verbatim account of the interview. Instead, it provides a summary of statements made. Refer to the recording for an exact account.

CBPO [REDACTED] stated she was assigned to Passenger Processing at PGR, Passenger Processing is the term used to describe the unit where CBPOs were assigned to land border operations at the Ports of Entry (POE). CBPO [REDACTED] transferred from the Presidio POE (PRE), Presidio, TX to PGR on September 7, 2024. CBPO Robles stated, when she transferred to PGR in 2024, she was advised by Supervisory CBP Officers (SCBPO) at PGR that travelers could bring up to a one-month supply of prescription and non-prescription medication into the United States. CBPO Robles explained 50 milligrams of Tramadol, one bottled of Xanax, and one box of Acxion was allowed to be brought into the United States from Mexico as per PGR management (Attachment 1, Timestamp 8:21:54 CDT).

CBPO [REDACTED] referred to CBP's "Know Before You Go" web page, which stated that every medication coming into the United States required a valid United States prescription. CBPO [REDACTED] stated when she encountered travelers who declared non-prescribed medication, she would conduct research, record inspection results in a CBP database, and advise a SCBPO of the inspection results. CBPO [REDACTED] did this to keep accountability of medications a traveler was

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bringing into the country. If a traveler was encountered while attempting to smuggle the medication, seizures were usually initiated by CBP (Attachment 1, Timestamp 8:25:44 CDT).

CBPO [REDACTED] stated she generally did not have a hard time with SCBPOs regarding undeclared medication but there were times when SCBPOs would allow a traveler to return the medication to Mexico. SCBPOs would not deny entry into the United States to travelers but would give the opportunity for the traveler to return to the pharmacy, in Mexico, to receive a refund for their medication (Attachment 1, Timestamp 8:28:55 CDT).

CBPO [REDACTED] stated Xan [REDACTED] Tramadol were the medications most often encountered and seized by CBP at PGR. CBPO [REDACTED] stated PGR was a known tourism POE where there are many pharmacies and medical industries across the border in Mexico where medications were easy to obtain (Attachment 1, Timestamp 8:32:53 CDT).

CBPO [REDACTED] stated CBP management at PGR were inclined to allow travelers to continue their travel into the United States with medication even if they were over the allowed amount. On two occasions CBPO [REDACTED] encountered travelers with injectable Tramadol and was advised by SCBPO [REDACTED], PGR, to allow the traveler to enter the United States. In her experience, injectable Tramadol was not allowed to be brought into the United States, but CBPO [REDACTED] was not sure what the regulations regarding injectable tramadol were (Attachment 1, Timestamp 8:36:44 CDT).

CBPO [REDACTED] stated her married name was [REDACTED] which she recently changed to Robles. CBPO [REDACTED] was presented with a TECS-Secondary Inspection Report, dated January 11, 2025, which involved a traveler who attempted to bring Adderall, into the United States, without a prescription (Attachment 2). The traveler was allowed to continue into the United States. CBPO [REDACTED] did not recall the inspection, however CBPO [REDACTED] stated she did recall advising a SCBPO on duty who advised her to allow Adderall into the United States and to advise the traveler of the importation requirements (Attachment 1, Timestamp 8:39:01 CDT).

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CBPO [REDACTED] was presented with a [REDACTED]-Secondary Inspection Report, dated January 11, 2025, involving a traveler who brought injectable Tramadol into the United States (Attachment 3). The traveler [REDACTED] ed to continue into the United States. CBPO Robles did recall the inspection, SCBPO [REDACTED] advised her to allow the Tramadol into the United States and to advise the traveler of the importation requirements (Attachment 1, Timestamp 8:42:01 CDT).

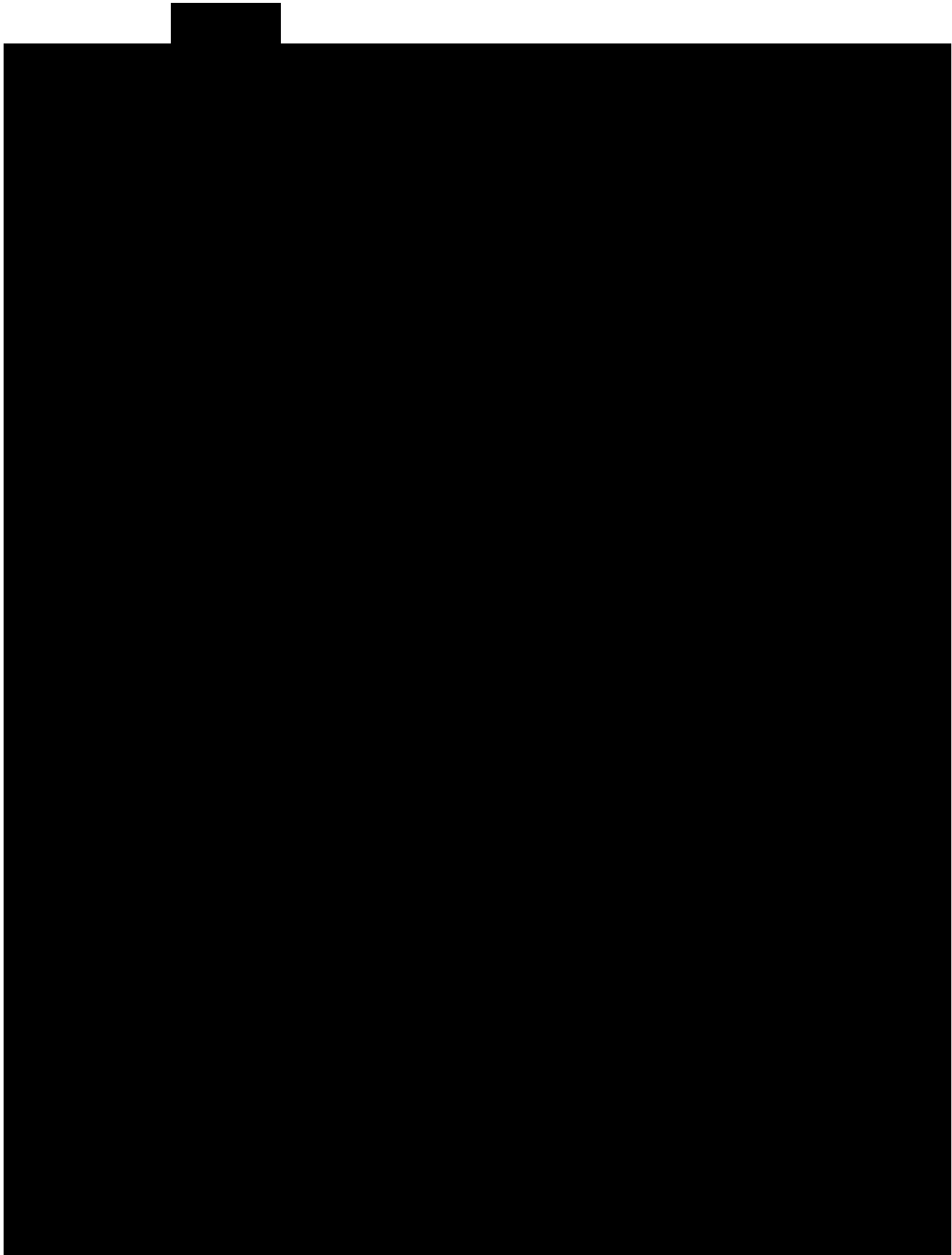
CBPO [REDACTED] stated it was common for CBPOs at PGR to allow travelers, without prior history of importing medication, to continue if they were over the allowed amount of medication. SCBPOs would advise CBPOs to annotate inspection results in order to keep accountability on the travelers in order to avoid reoccurrence (Attachment 1, Timestamp 8:43:22 CDT).

CBPO [REDACTED] explained CBPOs had discretion to determine if a traveler [REDACTED] pted to smuggle the medication or legitimately was in possession of the medication. CBPO [REDACTED] stated not all inspec [REDACTED] travelers with medication over the allowed amount was presented to the SCBPOs. CBPO [REDACTED] stated CBP allowing medication over the allowed amount created a bigger problem. That allowed the public to become dependent on certain medications and was when travelers attempted to circumvent CBP and smuggle medication (Attachment 1, Timestamp 8:46:22 CDT).

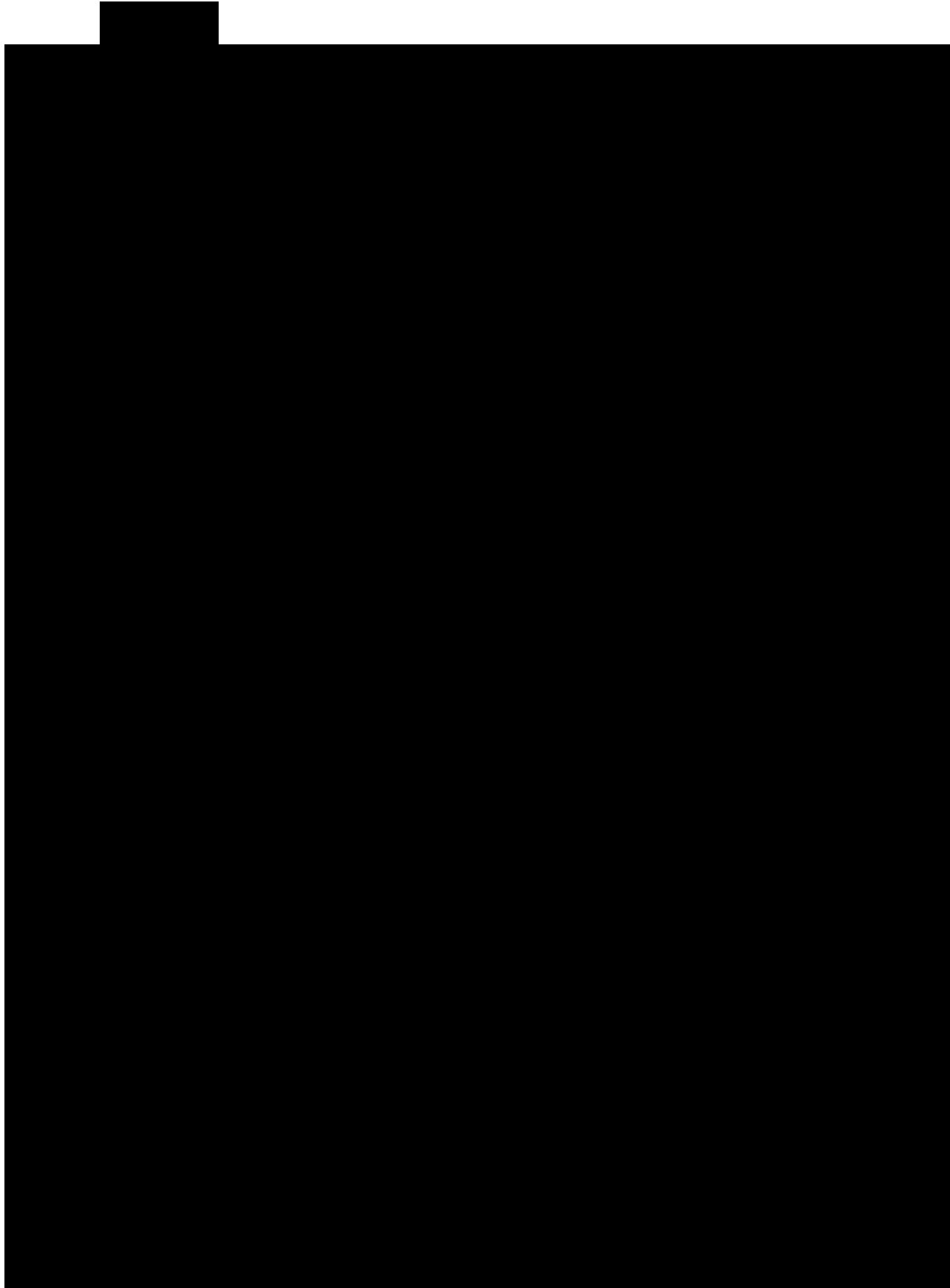
CBPO [REDACTED] attributed PGRs enforcement posture, or lack of enforcement, to staffing issues. If a seizure was initiated at PGR, it created a staffing shortage due to the work needed to conduct the seizure, which was [REDACTED] son management was more likely to allow the medication to be returned to Mexico. CBPO [REDACTED] stated all managers at PGR operated with the same mentality. CBPO [REDACTED] added there were no issues when it came to legitimate smuggling incidents which usually did result in seizures executed (Attachment 1, Timestamp 8:50:36 CDT).

CBPO [REDACTED] was not aware of any criminal wrongdoing on behalf of PGR management, and staffing would have been the reason behind decisions by SCBPOs (Attachment 1, Timestamp 8:56:30 CDT).

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INVESTIGATIVE ACTIVITY REPORT

Case Number	202508100E
Field Office	McAllen, TX
Case Agent	[REDACTED]
Case Title	OSC referral for investigation doc (OSC File No. DI-25-000591 Request for Investigation–5 U.S.C. § 1213)
Subject Name & Title	CBP OFFCR [REDACTED]
Date of Activity	04/04/2025
Activity Type	Interview
Report Status	Approved

APPROVALS

Digitally Signed

Prepared by	[REDACTED]	04/09/2025
Approved by	[REDACTED]	04/09/2025

ATTACHMENTS

1	202508100E- Interview of CBPO [REDACTED].mov
2	Original Allegation.pdf
3	CBP Directive 3310-006A Importation of Controlled Substances by United States Residents (July 22, 2003).PDF
4	San Diego Seizure Picture.pdf



DETAILS OF ACTIVITY

On April 4, 2025, Senior Special Agent (SSA) [REDACTED], U.S. Customs and Border Protection (CBP), Office of Professional Responsibility (OPR), McAllen Field Office (FO), McAllen, TX, and SA [REDACTED], McAllen FO, interviewed CBP Officer (CBPO) [REDACTED] [REDACTED] Progreso Port of Entry (PGR), Progreso, TX, at the McAllen FO, located at 1100 E. Laurel Ave, Suite 200, McAllen, Tx.

The interview was audio and video recorded using StarWitness equipment and uniquely identified by Authentication Code: [REDACTED] (Attachment 1).

This report does not provide a verbatim account of the interview. Instead, it provides a summary of statements made. Refer to the recording for an exact account.

CBPO [REDACTED] stated he had been working with CBP since 2019 and had five years of previous experience as a Deputy Sheriff with Cameron County Sheriff's Office (Attachment 1, Timestamp 14:27:53 CDT). CBPO [REDACTED] stated he started his federal career as a CBPO at the Laredo Port of Entry (LRD), Laredo, TX, and then transferred to PGR in 2022 (Attachment 1, Timestamp 14:28:30 CDT). CBPO [REDACTED] stated his duties included processing passengers, via motor vehicle and pedestrian, entering the United States from Mexico. CBPO [REDACTED] stated his allegation referenced the illegal importations regarding controlled substance at PGR (Attachment 2) (Attachment 1, Timestamp 14:29:48 CDT). CBPO [REDACTED] stated he was familiar with the federal and state laws regarding possession of controlled substance and, while at LRD, he was trained on which medications were prohibited from entering the United States (Attachment 1, Timestamp 14:31:05 CDT). CBPO [REDACTED] stated when he transferred to PGR, he was advised that because PGR was known as a "medication port" due to the frequent importation of controlled substances into the country, CBPOs would allow the importation to exceed 50 pills (Attachment 1, Timestamp 14:31:44 CDT). CBPO [REDACTED] stated he brought the importation issue up to Supervisory CBPO (SCBPO) [REDACTED], PGR, who provided him with the CBP Directive regarding Importation on Controlled Substance (Directive-3310-006A) (Attachment 3) which referenced the allowed importation dosage of no more 50 pills without a valid prescription issued in the United States

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(Attachment 1, Timestamp 14:31:58 CDT). CBPO ██████ stated while at PGR, he witnessed inconsistencies with CBPOs who allowed medication labeled, under the same schedule, being either allowed or prohibited (Attachment 1, Timestamp 14:34:59 CDT). CBPO ██████ stated he was instructed to record the instances he encountered importation violations by CBPOs. CBPO ██████ stated he documented that on January 11, 2025, SCBPO ██████, PGR, advised CBPOs to admit controlled substances into the United States without a valid prescription violating CBP Directive-3310-006A (Attachment 1, Timestamp 14:35:25 CDT). CBPO ██████ stated that according to the CBP Directive-3310-006A, you are allowed to import up to 50 pills of controlled substance without a valid prescription, if it abides by federal and state importation laws. CBPO ██████ stated the federal drug scheduling determines how controlled substances are labeled, from schedule I, hard narcotics, through schedule V. Furthermore, in Texas, there are penalty groups, I through IV, in which some drugs are given a different threat level than federal laws. That required certain medication to be accompanied by a valid prescription regardless the amount, therefore under CBP Directive-3310-006A, the importation of controlled substances must abide by federal and state laws (Attachment 1, Timestamp 14:38:58 CDT).

CBPO ██████ stated all CBPOs were instructed to allow the importation of controlled substances of over 50 pills by upper management, primarily former Port Director (PD) ██████, recently retired. CBPO ██████ stated after PD ██████ retired, Acting PD (APD) ██████, PGR, continued allowing the importation to exceed 50 pills (Attachment 1, Timestamp 14:43:26 CDT). CBPO ██████ stated, at times, the quantities that were allowed to enter were up to 200 pills (Attachment 1, Timestamp 14:44:10 CDT). CBPO ██████ stated the PGR bridge is privately owned by the ██████ family, who had a big influence in Congress, therefore it was believed PD ██████ would allow the importation of controlled substance to exceed 50 pills which would bring in more tourism and generate more revenue, for the ██████ Family, through tolls (Attachment 1, Timestamp 14:45:15 CDT). CBPO ██████ stated he did not believe PD ██████ was corrupt nor had financially gained by allowing the policies to be violated (Attachment 1, Timestamp 14:47:58 CDT). CBPO ██████ stated he found it odd that PD ██████ would open vehicle and pedestrian lanes and man them himself (Attachment 1, Timestamp 14:48:26 CDT).

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CBPO [REDACTED] stated [REDACTED]
[REDACTED]
[REDACTED]. CBPO [REDACTED] stated he was unaware [REDACTED]
[REDACTED] (Attachment 1, Timestamp 14:50:57
CDT).

CBPO [REDACTED] stated if a passenger imported more than 30 pills of a controlled substance, schedule I through IV, without a valid prescription CBPOs should seize the medication or give the traveler options in-leu of a seizure, such as voluntarily return to Mexico. CBPO [REDACTED] stated the option in-leu of a seizure could be found in the CBP Seizure Handbook (Attachment 1, Timestamp 14:56:08 CDT). CBPO [REDACTED] stated if a passenger arrived at primary and truthfully declared the medication it was allowed to enter the country regardless of the amount, even though it violated policy. CBPO [REDACTED] stated there were instances when a vehicle was referred to secondary inspection in the CBP computer system even though the vehicle had been released. This tactic was used to annotate finding in the CBP computer system because if the vehicle was released at primary without a referral, CBPOs did not have the option to make annotations (Attachment 1, Timestamp 14:59:58 CDT). CBPO [REDACTED] stated if a CBPO was assigned to secondary and the referred passenger was in possession of over 50 pills, the CBPO either released the driver with the narcotics, seized the medication, or gave them the option to voluntarily return to Mexico. CBPO [REDACTED] stated if he was assigned to close inspections within the CBP computer system, he would annotate findings; however, these assignments could be given to other CBPOs. CBPO [REDACTED] clarified the 50 pill rule only applied to medication that was not illegal statewide (Attachment 1, Timestamp 15:04:03 CDT). CBPO [REDACTED] stated when the medication was being smuggled or being hidden, either the medication was seized or the passenger was given the option to voluntarily return to Mexico (Attachment 1, Timestamp 15:05:25 CDT).

CBPO [REDACTED] stated the most imported item in PGR is medication; however, it is also the most seized (Attachment 1, Timestamp 15:06:48 CDT). CBPO [REDACTED] stated he believed passengers chose PGR to import medication because they knew CBPOs would allow the importation of these controlled substances (Attachment 1, Timestamp 15:07:20 CDT). CBPO [REDACTED] stated SCBPO [REDACTED] believed it was acceptable to import Phentermine because PGR allowed it, so he

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attempted to import and declared one box of Phentermine through Hidalgo Port of Entry (HID), Hidalgo, TX, however it was seized (Attachment 1, Timestamp 15:08:42 CDT).

CBPO [REDACTED] stated the 50 pill rule took into consideration a total combined pill count. CBPO [REDACTED] stated, the previous week, a Food and Drug Administration (FDA) official went to PGR and was shocked at the amount of medication that was allowed to enter through PGR (Attachment 1, Timestamp 15:10:45 CDT).

CBPO [REDACTED] stated Nuevo Progreso, Mexico was known for medication tourism and received visitors from all over, including “Winter Texans”. CBPO [REDACTED] stated those tourists visited Nuevo Progreso for dental work and pharmaceuticals; however, he specified that dental work and pharmaceuticals were also offered at other border towns in Mexico. CBPO [REDACTED] stated the reason those tourists chose PGR for those services was because they knew they would be allowed to import the medication into the United States (Attachment 1, Timestamp 15:12:20 CDT). CBPO [REDACTED] shared a social media post from San Diego Director of Field Operation (DFO) and CBP Field Operations which depicted a seizure of Tramadol, a schedule IV controlled substance, with the caption “as a reminder when crossing the border, controlled medication must be accompanied by a prescription issued by a U.S. licensed practitioner and be declared to a CBPO when entering the United States” (Attachment 4). CBPO [REDACTED] stated that post contradicted PGR’s daily operations (Attachment 1, Timestamp 15:13:03 CDT).

CBPO [REDACTED] stated he interpreted CBP Directive 3310-006A, Section 6.3.1 “in addition to Federal Requirements, individual states may have additional requirements covering controlled substances. State Law may form the basis for seizing personal use quantities of controlled substances. CBP Officers should advise travelers to check with State authorities to verify that a particular prescription does in fact comply with State regulations. If CBP does not intend to effect a seizure, the CBP Officer should report the violation to State law enforcement authorities” as a CBPO could seize a controlled substances under Texas law; however, if the CBPO did not seize the medication, the CBPO should contact state or local authorities. CBPO [REDACTED] clarified with annotating section 6.2 summarizing that if it violates states law, it violates federal law (Attachment 1, Timestamp 15:18:14 CDT).

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CBPO ██████ stated he interpreted “informed compliance” as a discretion for items that are not prohibited but required public notice pursuant to law, such as not having proper paperwork or documentation for importation of a non-prohibited item (Attachment 1, Timestamp 15:21:21 CDT). CBPO ██████ stated CBPOs utilized informed compliance with controlled substances; however, the fact that they were prohibited was overlooked (Attachment 1, Timestamp 15:22:05 CDT). CBPO ██████ believed the informed compliance stated in section 6.7.1 “to assist in both informed compliance and enforcement efforts, a list of controlled substance most often acquired in Canada or Mexico is attached to this directive” referred to the FDA unapproved drugs or nonscheduled drugs such as antibiotics (Attachment 1, Timestamp 15:25:48 CDT).

CBPO ██████ stated he did not believe there was corruption regarding the facilitation by CBPOs of illegal importation of controlled substances at PGR. CBPO ██████ stated he believed if PGR stopped the illegal importation of controlled substances, Mexican pharmaceutical companies would close which would have caused a shift in tourism and a loss in revenue; therefore, PGR continued to allow it. CBPO ██████ stated operations had always been conducted in that manner (Attachment 1, Timestamp 15:28:52 CDT). CBPO ██████ stated he had spoken to several SCBPOs, but no one gave a clear answer as to why other ports were seizing the medication and PGR was not (Attachment 1, Timestamp 15:29:54 CDT).

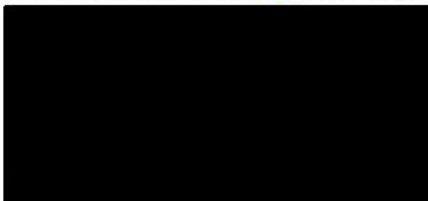
CBPO ██████ stated when he had called local police departments for an illegal importation of a controlled substance, they always responded to the location (Attachment 1, Timestamp 15:32:01 CDT).

I am submitting this report to bring attention to violations of statutes, regulations, and directives at the Progreso Port of Entry (POE) under the instruction of management officials (Port Director, Chiefs and Supervisors). These violations involve allowing controlled substances into the United States without compliance with federal importation laws, directly undermining CBP's mission to safeguard public health and safety. Immediate action is necessary to address these violations and restore integrity to operations at the Progreso POE.

On January 11, 2025, at approximately 1016 hours, a traveler identified as [REDACTED] attempted to import 50 tramadol pills and 3 injectable vials of liquid tramadol without a valid U.S. prescription. This is a violation of federal importation law and a felony under state law, as tramadol is a controlled opioid. CBPO [REDACTED] the secondary officer conducting the inspection, was instructed by Supervisory Customs and Border Protection Officer (SCBPO) [REDACTED] to allow the controlled substances to enter the United States. Later that same day, at approximately 1407 hours, a traveler identified as [REDACTED] attempted to import 2 bottles of adderall without a valid U.S. prescription. This is also a violation of federal importation law and a felony under state law, as adderall is a controlled amphetamine. CBPO [REDACTED] the secondary officer conducting the inspection, was also instructed by SCBPO [REDACTED] to allow the controlled substances into the country. I am mentioning these incidents in case investigators require specific examples for the investigation. While these may appear to be two small cases, when multiplied by the volume of daily traffic through the Progreso POE, the scope of the issue becomes much larger. These incidents are not isolated, but part of a daily pattern at the Progreso POE, where all supervisors, following instructions from the Port Director, routinely pressure officers to allow the unlawful importation of controlled substances. This ongoing practice undermines the integrity of CBP operations.

CBP Officers at the Progreso POE have been instructed by management, to allow controlled substances to be imported into the United States without enforcing compliance with federal importation laws. The substances permitted include amphetamines (e.g., adderall), methylphenidate (e.g., ritalin), benzodiazepines (e.g., alprazolam, clonazepam, and diazepam), and opioids (e.g., tramadol, hydrocodone, and morphine). Many of these substances are highly addictive, and possession of some without a valid U.S. prescription constitutes a felony under state law, which also makes such importation illegal under federal law. This lack of enforcement contributes to the ongoing opioid crisis, undermining CBP's mission to protect public health and safety.

It has been suggested among staff that the Port Director's insistence on allowing controlled substances into the United States is tied to the fact that the Progreso POE is privately owned by a family who exerts significant influence over the Port Director's decisions. Enforcing the prohibition on unlawful importation of controlled substances will slow down tourism through the Progreso POE, potentially reducing revenue for the owners and reducing revenue for the Mexican Gulf Cartel, who control the sale of controlled substances in Nuevo Progreso, Tamaulipas, Mexico. This may explain why



4/4/25

Intel
Complaint

other POEs do not permit the unlawful importation of controlled substances, while it is permitted at Progreso POE.

Under federal statutes, regulations, and directives, the importation of controlled substances must comply with all legal requirements. The Port Director's instructions to allow importation without adherence to these laws directly violates the following:

- **19 USC 1595a(c)(1)(B)** – Requires CBP to seize controlled substances imported in violation of applicable law, including state law. Failure to seize such substances violates CBP's statutory duties.
<https://uscode.house.gov/view.xhtml?req=granuleid:USC-1999-title19-section1595a&num=0&edition=1999>
- **21 USC 956(a)(2)** – States that controlled substances may not be imported into the U.S. unless they comply with both federal and state laws. Violating state law makes the importation illegal under federal law.
[https://uscode.house.gov/view.xhtml?req=\(title:21%20section:956%20edition:prelim\)](https://uscode.house.gov/view.xhtml?req=(title:21%20section:956%20edition:prelim))
- **Public Law 105-357** – Establishes that federal requirements, such as 21 USC 956(a)(2), do not limit states from imposing stricter conditions. In Texas, possessing controlled substances without a valid U.S. prescription from a DEA-registered physician is a criminal offense, making such importation illegal under both state and federal law.
<https://www.congress.gov/105/plaws/publ357/PLAW-105publ357.pdf>
- **21 CFR 1301.26** – Permits the importation of controlled substances for personal use, with a combined maximum of 50 dosage units, only if all federal and state laws are satisfied.
<https://www.ecfr.gov/current/title-21/chapter-II/part-1301/subject-group-ECFRa5bd18e3d01cd02/section-1301.26>
- **2004 Amendment (69 FR 55347)** – Clarified that compliance with DEA regulations does not excuse non-compliance with state laws, reinforcing that importation of controlled substances must meet both federal and state requirements.
<https://www.federalregister.gov/documents/2004/09/14/04-20628/exemption-from-importexport-requirements-for-personal-medical-use#page-55347>
- **21 CFR 1307.02** – States that no federal provision permits the importation of controlled substances unless authorized under both federal and state law. <https://www.ecfr.gov/current/title-21/chapter-II/part-1307/subject-group-ECFR9876b995678379/section-1307.02>
- **41 CFR 102-74.15 (b)** – Requires that crimes occurring on federal property be reported to the Federal Protective Services (FPS) and, where appropriate, to local law enforcement, including violations involving controlled substances. <https://www.ecfr.gov/current/title-41/subtitle-C/chapter-102/subchapter-C/part-102-74/subpart-B/section-102-74.15>
- **CBP Directive 3310-006A** –
 - **Section 6.1.2:** Controlled substances may only be imported if permitted under applicable state law.

- o **Section 6.2:** Emphasizes that state law applies fully to controlled substance imports, citing anabolic steroids as an example where state law prohibits importation, making it illegal under federal law as well.
- o **Section 6.3.1:** States that CBP may seize controlled substances based on state law violations and directs officers to report non-seizures to state law enforcement. *(PDF Attached)*
- **Texas Health and Safety Code Chapter 481 (Texas Controlled Substance Act)** – Criminalizes possession of controlled substances without a valid prescription from a DEA-registered physician, thus making it a violation of federal importation law.
<https://statutes.capitol.texas.gov/Docs/HS/htm/HS.481.htm>

This report highlights significant concerns about compliance and integrity at the Progreso POE. The Port Director's instructions to allow controlled substances into the U.S. without adhering to federal and state laws undermines CBP's mission to protect public health and safety. These actions suggest undue influence prioritizing private interests over lawful enforcement, raising concerns about corruption and operational integrity.

Integrity, a core CBP value, is critical to its mission. Permitting controlled substances without proper oversight threatens the safety of Americans, as counterfeit pills laced with fentanyl enter undetected, exacerbating the opioid crisis. Most CBP officers understand the requirements outlined in CBP Directive 3310-006A but fear retaliation for challenging the Port Director's instructions, causing significant stress as they are forced to disregard their training and integrity due to management pressure.

Bringing this issue to light is essential to uphold the rule of law and prevent private interests from undermining CBP's duties. I respectfully request that the Office of Professional Responsibility (OPR) conduct a thorough investigation to address these violations and to reinforce the integrity at the Progreso POE.

Thank you,

CBPO 

CUSTOMS AND BORDER PROTECTION DIRECTIVE

ORIGINATING OFFICE: FO:P

DISTRIBUTION: S-01

CBP DIRECTIVE NO. 3310-006A

DATE: JULY 22, 2003

SUPERSEDES: 3310-006, 12/15/99

REVIEW DATE: JULY 2006

SUBJECT: IMPORTATION OF CONTROLLED SUBSTANCES BY UNITED STATES RESIDENTS

1 PURPOSE. This directive sets forth the treatment to be accorded United States residents who enter the United States through an international land border port of entry with a controlled substance (except a substance in Schedule I or other prohibited substances) for which the individual does not possess a valid prescription or documentation verifying that a prescription has been issued to that individual. This directive also addresses unapproved drugs.

2 POLICY.

2.1 In accordance with Section 1006(a) of the Controlled Substances Import and Export Act (21 U.S.C. 956(a)), as amended, a United States resident who enters the United States through an international land border port of entry with a controlled substance (except a substance in Schedule I or other prohibited substances) for which the individual does not possess a valid prescription or documentation verifying that a prescription has been issued to that individual may not import the controlled substance in an amount that exceeds 50 dosage units.

2.2 For a prescription to be deemed valid, it must be issued by a practitioner licensed to practice in the United States in accordance with Federal and State law.

2.3 The United States Federal Food, Drug, and Cosmetic Act (21 U.S.C. 331(d), 355(a)), which is administered by Food and Drug Administration (FDA), prohibits the introduction into interstate commerce (which includes importation) of unapproved drugs, regardless of the existence of a prescription.

2.3.1 Some drugs sold outside the United States (including drugs manufactured for sale outside the United States) may not be approved by FDA and would not be appropriate for importation. However, FDA has developed guidance entitled "Coverage of Personal Importations" which sets forth that agency's enforcement priorities with respect to the importation of unapproved drugs by individuals for their personal use. The guidance identifies circumstances in which FDA may consider exercising enforcement discretion and refrain from taking action against particular imported unapproved drugs.

2.3.2 The general rule for personal use quantities of unapproved drugs and controlled

substances does not apply to prohibited substances, such as Rohypnol, GHB, and Fen-Phen. Pursuant to 19 U.S.C. 1595a(c), the Bureau of Customs and Border Protection (CBP) is authorized to seize and forfeit all such importations of prohibited controlled substances. In the case of unapproved drugs, if FDA determines that the import should not be allowed, the drugs are deemed to be prohibited merchandise. In such cases, CBP may be asked to do a summary forfeiture so the drugs are promptly destroyed.

3 AUTHORITIES/REFERENCES. Public Law 105-357; Section 1006(a) of the Controlled Substances Import and Export Act, as amended (21 U.S.C. 956(a), 802(21)); The United States Federal Food, Drug, and Cosmetic Act (21 U.S.C. 331(d), 355(a)); Merchandise Introduced Contrary to Law (19 U.S.C. 1595a(c)); Summary Forfeiture of Prohibited Merchandise (19 U.S.C. 1607); Exemptions From Import or Export Requirements for Personal Medical Use (21 C.F.R. 1301.26); Schedule II through V of the Controlled Substances Act (21 C.F.R. Part 1308), Customs Directive 4510-016 Customs Officers Responding to State Crimes.

4 DEFINITIONS. Unapproved drugs are any controlled substances and non-controlled prescription substances, including foreign-made versions of United States approved drugs, that have not received FDA approval to demonstrate they meet the federal requirements for safety and effectiveness.

5 RESPONSIBILITIES.

5.1 Directors, Field Operations, with land border ports of entry within their jurisdiction that conduct COMPEX examinations must ensure that data on controlled and noncontrolled prescription substances is collected during each COMPEX exam. This data collection is in accordance with the memorandum titled "Capturing Data on Controlled Substances and Noncontrolled Prescription Substances (TC# PO01-0878)."

5.2 Port Directors are responsible for developing and establishing procedures to ensure proper implementation of this directive.

5.3 Chief Inspectors (or their equivalent) shall manage the implementation of this policy.

5.4 Supervisors shall ensure that inspectional personnel assigned to the processing of the passengers are familiar with the procedures outlined in this directive.

6 PROCEDURES.

6.1 A United States resident bringing in a controlled substance, through a land border port of entry, must present to the CBP inspector evidence that a practitioner, as defined in 21 U.S.C. 802(21), has prescribed this controlled substance.

6.1.1 Such evidence could be a prescription or note from his/her United States

practitioner. In most cases, the practitioner will be a physician or dentist and, in all cases, must be licensed, registered, or otherwise permitted to practice within one or more of the 50 states, the District of Columbia, Puerto Rico, the Virgin Islands, Guam, American Samoa, or the Trust Territories of the Pacific Islands, and hold a valid DEA registration.

6.1.2 These controlled substances must be declared to CBP upon arrival, be for that individual's personal use, and be in their original container. The importation of the controlled substances must also be authorized or permitted under other Federal laws and applicable State law. If all these conditions are met, a United States resident may import the type and amount of the controlled substance (except a substance in Schedule I or other prohibited substances) as specified on the prescription.

6.2 If the controlled substances are declared and the importation otherwise meets the requirements set forth in paragraph 6.1.2, but the United States resident does not possess a valid prescription issued by a practitioner (as defined above), the United States resident may bring in only an amount not to exceed 50 dosage units. However, in all circumstances, all other applicable Federal and State laws continue to apply, and may preclude import (e.g., State law may prohibit importation/possession of anabolic steroids, thereby making importation for personal use illegal under 21 C.F.R. 1301.26). Consult with your local Associate or Assistant Chief Counsel for further guidance.

6.2.1 Travelers may attempt to circumvent Federal and State laws by importing controlled substances so that they are in compliance with the "not to exceed 50 dosage units." For example, a traveler may attempt to import 50 units of a controlled substance on day one and declare it as personal use. The same traveler may attempt to import another 50 units of the same controlled substance on day two and declare it as personal use. Legally, the traveler is still in compliance with applicable Federal and State laws; however, the traveler may be structuring their importation of controlled substance in order to circumvent applicable Federal and State laws. If a CBP officer believes or discovers that the importer is attempting to circumvent applicable Federal and State laws as they relate to importation of the controlled substance in this directive, the CBP officer should document this in the Inspection Operations Incident Log (IOIL) module of the Treasury Enforcement Communication System.

6.3 Laws administered by the FDA affect the importation of controlled substances that constitute unapproved drugs.

6.3.1 In addition to Federal requirements, individual states may have additional requirements covering controlled substances or noncontrolled prescription drugs (see paragraph 6.2). State law may form the basis for seizing personal use quantities of controlled substances under 21 C.F.R. 1301.26. The CBP officers should advise travelers to check with State authorities, where they reside or are traveling, to verify that a particular prescription does in fact comply with State regulations. If CBP does not intend to effect a seizure, the CBP officer should report the violation to State law enforcement authorities, who may request that CBP detain the violator until the State

authorities arrive. The CBP officers should consult the Customs Directive 4510-016, "Customs Officers Responding to State Crimes," to determine their authority to detain violators for violations of State law.

6.4 This directive does not apply to nonresidents entering the United States. Nonresidents should continue to be allowed to import controlled substances (except those in Schedule I or other prohibited substances) in a quantity commensurate with the duration of their stay in the United States, provided they comply with other applicable laws and regulations (See 21 U.S.C. 956(a)(1) and 21 C.F.R. 1301.26).

6.5 This directive does not impact noncontrolled prescription substances, such as contraceptives, antibiotics, and certain heart/blood pressure medicines, which continue to be subject to the FDA guidance entitled "Coverage of Personal Importations."

6.6 The data collected on controlled and noncontrolled prescription substances, as outlined in section 5.1 of this directive, shall be compiled by the Directors, Field Operations, in a monthly summary report and will be sent to the Prescription Drugs program officer/manager in Passenger Operations at CBP Headquarters. The name of the current Prescription Drug program officer/manager can be obtained by calling Passenger Operations at (202) 927-0291.

6.6.1 On a monthly basis, Headquarters will track and monitor the data collected on controlled and noncontrolled prescription substances as outlined in section 5.1 of this directive.

6.7 All legal controlled substances are listed in Schedules II through V of 21 C.F.R. 1308. It is also important to remember that controlled substances make up only a small portion of prescription medicines. In fact, some medications requiring prescriptions in the United States are sold over the counter in other countries.

6.7.1 To assist in both informed compliance and enforcement efforts, a list of controlled substances most often acquired in Canada and Mexico is attached to this directive.

6.7.2 When the type of drug, the quantity, or the combination of various drugs arouse suspicion, CBP inspectors should contact the nearest FDA office (or DEA office if controlled substances are involved) for advice. These offices will provide guidance concerning whether to release or detain the article.

6.7.3 If more assistance is needed, contact DEA Headquarters, International Drug Unit, at (202) 307-2414; (202) 307-4747; or by fax at (202) 307-7503.

7 MEASURES. Headquarters will monitor the quantities of controlled and noncontrolled prescription substances imported into the United States based on data gathered during COMPEX examinations as outlined in section 5.1 of this directive.

8 NO PRIVATE RIGHT CREATED. This directive is an internal policy statement of

the Bureau of Customs and Border Protection. It does not create or confer any rights, privileges, or benefits for any person or entity. United States v. Caceres, 440 U.S. 741 (1979).

Assistant Commissioner
Office of Field Operations

Attachment

**CANADA - MEXICO- UNITED STATES
CONTROLLED SUBSTANCES REFERENCE LIST**

alprazolam

Tafil	(Mexico)
Xanax	(Canada and US)
Apo-Alpraz	(Canada)
Novo-Alprazol	(Canada)
Nu-Alpraz	(Canada)
alprazolam	

bromazepam

Lexstan	(Mexico)
Lectopam	(Canada)

buprenorphine

Buprenex	(Canada and US)
Temgesic	(Mexico)

butalbital

Esgic	(US)
Esgic Plus	(US)
Fioricet	(US)

clobenzorex

Asenlix	(Mexico)
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clonazepam

Klonopin	(US)
Rivotril	(Canada and Mexico)
Clonapam	(Canada)

codeine

Tylenol with Codeine	(US)
Fioricet with Codeine	(US)
Soma Compound with Codeine	(US)
Acetaminophen with Codeine	(US)
Phenaphen with Codeine	(US)
222s	(Canada)

dexfenfluramine

Diomeride	(Mexico)
-----------	----------

diazepam

Alboral	(Mexico)
Ortopsique	(Mexico)
Relazepam	(Mexico)
Valium	(Canada, Mexico, and US)
Diazemuls	(Canada)
Vivol	(Canada)
Canazepam	(Canada)
E-Pam	(Canada)
Erital	(Canada)
Meval	(Canada)
Neo-Calme	(Canada)
Novodipam	(Canada)
Pacitran	(Mexico)
Rival	(Canada)
Serenack	(Canada)
Sonacon	(Canada)
Stress-Pam	(Canada)
Vivol	(Canada)
diazepam	
diazepam and propoxyphene combination	
Qual	(Mexico)
diazepam and fenproporex combination	
Esbelcaps	(Mexico)
diethylpropion	
IFA Norex	(Mexico)
Neobes	(Mexico)
Tenuate Dospan	(US)
Tenuate	(Canada)
estazolam	
Tasedan	(Mexico)
ProSom	(Canada and US)
fenfluramine	
Ponderex	(US)
Ponderal	(Canada)
Pondimin	(Canada)
fenproporex	
IFA-Diety	(Mexico)
lorazepam	
Ativan	(Canada, Mexico, and US)

Novo-Lorazam	(Canada)
Nu-Loraz	(Canada)
mazindol	
Diestet	(Mexico)
Solucaps	(Mexico)
Sanorex	(Canada and US)
methylphenidate	
Ritalin	(Canada and US)
Riphenidate	(Canada)
methylphenidate	
midazolam	
Dormicum	(Mexico)
Versed Injectable	(Canada and US)
oxycodone	
Percodan	(US)
Percocet	(US)
Tylox	(US)
OxyContin	(Canada)
Supeudol	(Canada)
Eudol	(Canada)
phentermine	
IFA Reduucing	(Mexico)
Diminex	(Mexico)
Adipex	(US)
Fastin	(Canada and US)
Ionamin	(Canada and US)
Dapex	(US)
phentermine	
propoxyphene	
Darvon	(US)
Darvon N	(Canada and US)
Wygesic	(US)
Darvocet	(US)
Neo-Percodan	(Mexico)
Propacet	(US)
Comprimes 642	(Canada)
Novopropoxyn	(Canada)
642 Tablets	(Canada)
propoxyphene	

anabolic steroids

Stenox
Anabolex
Testosterona
Andriol
Sostanon
Sostenon
Sustanon
Sustenan
Deca-Durabolin
Primoteston
Sten
Durabolin
Equipoise
Laurabolin
Primobolan
Testoviron-Depot
testosterone
nandrolone
methandrostenolone
oxymetholone
stanozolol
oxandrolone
methyltestosterone

triazolam

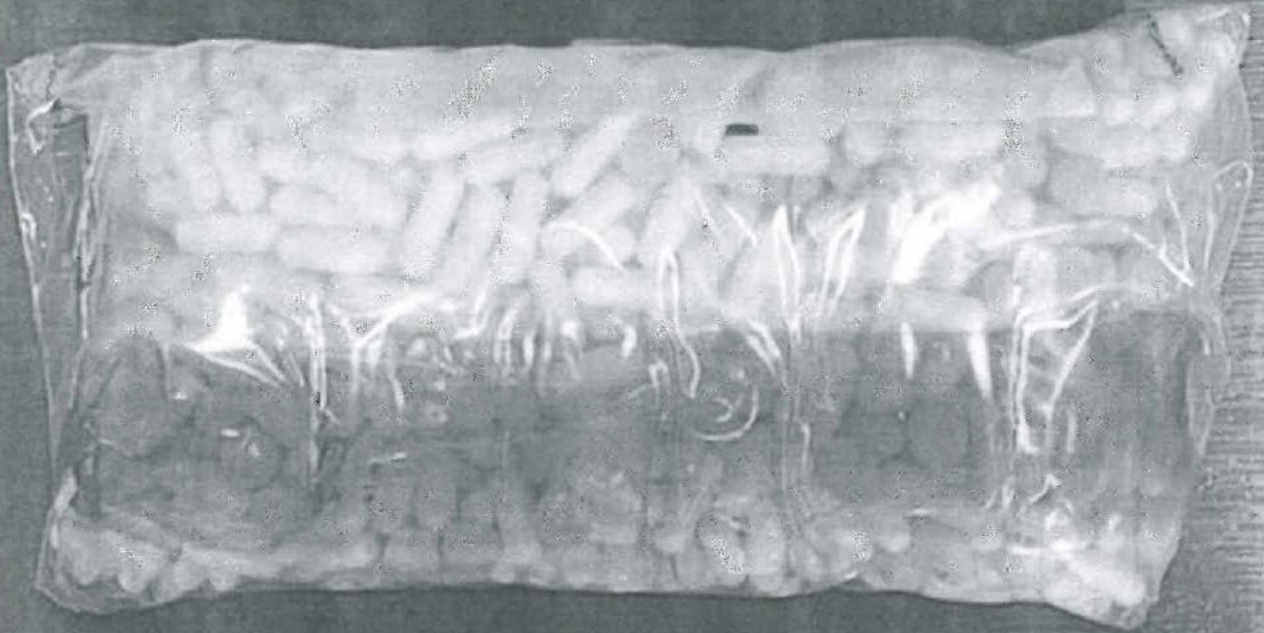
Halcion	(Canada and US)
Apo-Triazo	(Canada)
Novo-Triolam	(Canada)
Nu-Triazo	(Canada)



dfosandiegoca and cbpfieldops

🎵 Bon Jovi · Bad Medicine

Follow



CR No.	CRIME
DATE	TIME
REMARKS	



👍 Liked by cbpfieldops and others


dfosandiegoca Intercepted at the border! #AndradePOE @cbpgov officers seize Tramadol concealed in mislabeled

medicine bottles from a US citizen trying to smuggle them into the U.S. — keeping prohibited pharmaceuticals off the streets. Subject was arrested by @imperialcountysheriff. #OFOProud



As a reminder, when crossing the border, controlled medications must be accompanied by a prescription issued by a U.S. licensed practitioner and declared to a CBP Officer when entering the United States.

Respectfully,


Customs and Border Protection Officer
Department of Homeland Security
U.S. Customs and Border Protection
Office of Field Operations
Progreso/Donna, TX Port of Entry | Laredo Field Office



INVESTIGATIVE ACTIVITY REPORT

Case Number	202508100E
Field Office	McAllen, TX
Case Agent	[REDACTED]
Case Title	OSC referral for investigation doc (OSC File No. DI-25-000591 Request for Investigation–5 U.S.C. § 1213)
Subject Name & Title	CBP OFFCR [REDACTED]
Date of Activity	04/04/2025
Activity Type	Interview
Report Status	Approved

APPROVALS

Digitally Signed

Prepared by	[REDACTED]	04/15/2025
Approved by	[REDACTED]	04/21/2025

ATTACHMENTS

1	Interview of CBPO [REDACTED].mp4
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DETAILS OF ACTIVITY

On April 4, 2025, Senior Special Agent (SSA) [REDACTED], U.S. Customs and Border Protection (CBP), Office of Professional Responsibility (OPR), McAllen Field Office (FO), McAllen, TX, and SA [REDACTED], McAllen FO, interviewed CBP Officer (CBPO) [REDACTED] Progreso Port of Entry (PGR), Progreso, TX, at the McAllen FO, located at 1100 E. Laurel Ave, Suite 200, McAllen, TX.

The interview was audio and video recorded using StarWitness equipment and uniquely identified by Authentication Code: [REDACTED] (Attachment 1).

This report does not provide a verbatim account of the interview. Instead, it provides a summary of statements made. Refer to the recording for an exact account.

CBPO [REDACTED] stated he was assigned to Passenger Processing at PGR, Passenger Processing was the term used to describe the unit where CBPOs were assigned to land border operations at the Ports of Entry (POE). CBPO [REDACTED] stated that Nuevo Progreso, Mexico, which was on the Mexican side of PGR, was known as a tourist town that travelers usually visited for pleasure and obtained medication. CBPO [REDACTED] stated medication was the top merchandise encountered at PGR, with Tramadol and Xanax identified as the medications mostly seized by CBP at PGR (Attachment 1, Timestamp 15:58:23 CDT).

CBPO [REDACTED] stated when he transferred to PGR from the Laredo POE (LAR), Laredo, TX, he was told by CBPOs and Supervisory CBPOs (SCBPOs) that travelers could import 50 pills or less of controlled medication, like Tramadol, Xanax, and Phentermine, without a prescription. In his tenure at LAR, medication was not encountered often, but when it was encountered, medications like Tramadol and Xanax would not be allowed to be brought into the United States. CBPO [REDACTED] conducted research on the importation of controlled substances and found that some guidance did stipulate travelers could import dosage units. CBPO [REDACTED] was told by fellow CBPOs that under state law, it was prohibited to be in possession of controlled substances without a prescription. If CBPO Medrano encountered a traveler with 50 or more pills, he would refer the

U.S. Customs and Border Protection
Office of Professional Responsibility
Investigative Operations Directorate



traveler for a further inspection. If CBPO ██████ encountered a traveler with a controlled substance without a prescription, while in CBP secondary, CBPO ██████ would obtain approval from a SCBPO prior to allowing the traveler to take the medication back to Mexico (Attachment 1, Timestamp 16:01:37 CDT).

CBPO ██████ stated, if a traveler was not in compliance with the importation limits, a SCBPO would ask about the traveler's history of crossing with controlled substances into the United States. If the traveler had never been advised by CBP on proper importation requirements regarding controlled substances without a prescription, generally, the traveler would be advised, noted in the inspection results, and allowed to enter the United States. CBPO ██████ stated the medication brought into the United States must have been an excessive amount to be refused importation into the United States (Attachment 1, Timestamp 16:05:10 CDT).

CBPO ██████ stated that if a traveler did smuggle controlled medication, it was typically seized by most SCBPOs. CBPO ██████ stated there were times where an informed compliance was done, and the medication was sent back to Mexico. CBPO ██████ was not aware what type of discretion SCBPOs had when it came to seizing medication. CBPO ██████ did not think CBP managers at PGR were doing anything wrong, but did think they were too lenient, specifically on Saturdays which was the busiest day and short staffed. CBPO ██████ stated a seizure would take one CBPO approximately two hours to complete which took away from staffing at the POE. CBPO ██████ stated there had been incidents where a traveler attempted to smuggle controlled substances without a prescription and the medication was not seized. The traveler was given the opportunity to return the controlled substance back to Mexico. CBPO ██████ could not recall specific incidents (Attachment 1, Timestamp 16:06:42 CDT).

CBPO ██████ did not think controlled substances without a prescription should be allowed to be brought into the United States. CBPO ██████ was not sure if controlled substances were allowed to be imported into the United States, but it was common practice at PGR for the importation to occur (Attachment 1, Timestamp 16:12:30 CDT).

U.S. Customs and Border Protection
Office of Professional Responsibility
Investigative Operations Directorate



CBPO ██████ stated that all the PGR managers followed the same procedures regarding medication. If PGR would refer all travelers who attempted to import medication without a prescription, PGR would have been flooded with referrals to secondary inspection. CBPO ██████ stated he had not received any official guidance from managers at PGR regarding the importation of medication. CBPO ██████ did not think there was anything wrong being done by managers, but CBPO ██████ did think official guidance was needed (Attachment 1, Timestamp 16:06:42 CDT).



INVESTIGATIVE ACTIVITY REPORT

Case Number	202508100E
Field Office	McAllen, TX
Case Agent	[REDACTED]
Case Title	OSC referral for investigation doc (OSC File No. DI-25-000591 Request for Investigation–5 U.S.C. § 1213)
Subject Name & Title	SUPVY CBP OFFCR [REDACTED]
Date of Activity	04/04/2025
Activity Type	Interview
Report Status	Approved

APPROVALS

Digitally Signed

Prepared by	[REDACTED]	04/18/2025
Approved by	[REDACTED]	04/21/2025

ATTACHMENTS

1	202508100E- Interview of [REDACTED].mov
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DETAILS OF ACTIVITY

On April 4, 2025, Senior Special Agent (SSA) [REDACTED], U.S. Customs and Border Protection (CBP), Office of Professional Responsibility (OPR), McAllen Field Office (FO), McAllen, TX, and SA [REDACTED], McAllen FO, interviewed Acting Assistant Port Director A-APD [REDACTED], Progreso Port of Entry (PGR), Progreso, TX, at the McAllen FO, located at 1100 E. Laurel Ave, Suite 200, McAllen, TX.

The interview was audio and video recorded using StarWitness equipment and uniquely identified by Authentication Code: [REDACTED] (Attachment 1).

This report does not provide a verbatim account of the interview. Instead, it provides a summary of statements made. Refer to the recording for an exact account.

A-APD [REDACTED] stated his duties included ensuring all administrative duties and functions at PGR were met by CBP Officers (CBPOs) (Attachment 1, Timestamp 13:19:02 CDT). A-APD [REDACTED] stated PGR followed the importation guidelines set forth in CBP Directive 3310-006A along with guidance from Food and Drug Administration (FDA) (Attachment 1, Timestamp 13:20:09 CDT).

A-APD [REDACTED] stated if a traveler attempted to make entry into the United States with medication without a prescription, they were only allowed 50 units; however, the prescription should have annotated the number of pills per dosage. If the traveler could not present a prescription that indicated the dosage of their medication, PGR followed the 50-unit rule for importation for 30 days (Attachment 1, Timestamp 13:21:25 CDT).

A-APD [REDACTED] stated if a traveler attempted to make entry into the United States with ten pills over the limit, PGR allowed CBPOs to utilize informed compliance to educate and inform the traveler of the importation regulations (Attachment 1, Timestamp 13:22:03 CDT). A-APD [REDACTED] stated, sometimes, informed compliance was documented in [REDACTED] under the incident log report (IOIL) or Unified Secondary (USEC) closures (Attachment 1, Timestamp 13:23:20 CDT).

U.S. Customs and Border Protection
Office of Professional Responsibility
Investigative Operations Directorate



A-APD [REDACTED] stated if a traveler had an excessive amount over 50 units, the traveler was be given the option to return to Mexico (Attachment 1, Timestamp 13:24:23 CDT). A-APD [REDACTED] stated if CBPO had the traveler's history on record, the traveler would be afforded the opportunity to return to Mexico or the medication would be seized (Attachment 1, Timestamp 13:24:57 CDT).

A-APD [REDACTED] stated CBPOs and SCBPOs had officer discretion on primary and secondary referrals (Attachment 1, Timestamp 13:28:15 CDT). A-APD [REDACTED] stated staffing issues played a part in decisions because a seizure would tie CBPOs down (Attachment 1, Timestamp 13:29:44 CDT). A-APD [REDACTED] stated PGRs top imported items were medication but also the most seized (Attachment 1, Timestamp 13:32:05 CDT).

A-APD [REDACTED] stated CBPOs enforced CBP Directive 3310-006A but did not enforce state laws (Attachment 1, Timestamp 13:32:42 CDT). A-APD [REDACTED] stated there was no outside influence on PGR managers for the facilitation of importation on medication (Attachment 1, Timestamp 13:35:00 CDT). A-APD [REDACTED] stated in instances where CBPOs involved state and local entities for seizures, the response time could be lengthy because of the proximity to their location (Attachment 1, Timestamp 13:43:09 CDT).



INVESTIGATIVE ACTIVITY REPORT

Case Number	202508100E
Field Office	McAllen, TX
Case Agent	[REDACTED]
Case Title	OSC referral for investigation doc (OSC File No. DI-25-000591 Request for Investigation–5 U.S.C. § 1213)
Subject Name & Title	CBP OFFCR [REDACTED]
Date of Activity	04/07/2025
Activity Type	Interview
Report Status	Approved

APPROVALS

Digitally Signed

Prepared by	[REDACTED]	04/08/2025
Approved by	[REDACTED]	04/08/2025

ATTACHMENTS

1	Interview of CBPO [REDACTED]
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DETAILS OF ACTIVITY

On April 7, 2025, Special Agent (SA) [REDACTED], U.S. Customs and Border Protection (CBP), Office of Professional Responsibility (OPR), McAllen Field Office (FO), McAllen, TX, and SA [REDACTED], McAllen FO, interviewed CBP Officer (CBPO) [REDACTED], Progreso Port of Entry (PGR), Progreso, TX, at the McAllen FO, located at 1100 E. Laurel Ave, Suite 200, McAllen, TX.

The interview was audio and video recorded using StarWitness equipment and uniquely identified by Authentication Code: [REDACTED] (Attachment 1).

This report does not provide a verbatim account of the interview. Instead, it provides a summary of statements made. Refer to the recording for an exact account.

CBPO [REDACTED] stated he was assigned to Passenger Processing at PGR, Passenger Processing was the term used to describe the unit where CBPOs were assigned to land border operations at the Ports of Entry (POE). CBPO [REDACTED] stated that the city on the Mexican side of PGR was known as a tourist town that travelers usually visited for pleasure and to obtain medication. CBPO [REDACTED] stated medication was the top merchandise encountered at PGR, with Tramadol and Xanax being the medications mostly seized by CBP (Attachment 1, Timestamp 10:07:36 CDT).

CBPO [REDACTED] was not familiar with any specific policy, directive, or training that would have guided CBPOs with the importation procedures of medication. CBPO [REDACTED] stated that in his time at PGR, past practices and what he had been told by other CBPOs, was travelers could bring into the United States a month's supply of medications, without a prescription, every thirty days (Attachment 1, Timestamp 10:11:03 CDT).

CBPO [REDACTED] stated, in the past, most medications that were attempted to be smuggled into the United States were seized by CBP. However, more recently, due to an increase in the amount of medication smuggled at PGR, and a lack of staffing, travelers were given the option to voluntarily return the medication to Mexico. Generally, if travelers were over the thirty-day supply of

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medication without a prescription, and depending on the CBPO, travelers were informed of importation requirements, which was known as an informed compliance, and allowed to enter the United States with the medication (Attachment 1, Timestamp 10:12:52 CDT). CBPO [REDACTED] stated not all encounters with travelers over the allowed amount of medication were reported to the Supervisory CBPO (SCBPO).

CBPO [REDACTED] stated there were disagreements with PRG managers and CBPOs regarding the importation of medication. In the last several years, PGR had seen a large amount of CBPOs transfer from other POEs, where medication was not allowed to cross. PGR was seen by CBPOs as more customer oriented (Attachment 1, Timestamp 10:23:38 CDT).

CBPO [REDACTED] stated that staffing played an important part of the decisions made to return or seize the medication. A seizure would take one or two officers away from their primary duties, of processing travelers, which would slow the processing down. The bridge on which PGR operates is privately owned, and at times, the entity would call CBP, and request traffic be sped up (Attachment 1, Timestamp 10:25:56 CDT).

CBPO [REDACTED] stated management at PGR generally all treated the importation of medication in the same manner. CBPO [REDACTED] stated the owning entity of the bridge did exert influence with CBP, but CBPO [REDACTED] thought it was generally in relation to the type of business that was involved (Attachment 1, Timestamp 10:29:45 CDT).

CBPO [REDACTED] stated most seizures were not prosecuted at the federal level but at the state level for possession of a controlled substance. CBPO [REDACTED] did advise travelers that some medication was allowed to enter the United States under federal law, but the State of Texas could have been more restrictive, and they could possibly have encountered trouble if stopped with medication (Attachment 1, Timestamp 10:33:88 CDT).



INVESTIGATIVE ACTIVITY REPORT

Case Number	202508100E
Field Office	McAllen, TX
Case Agent	[REDACTED]
Case Title	OSC referral for investigation doc (OSC File No. DI-25-000591 Request for Investigation–5 U.S.C. § 1213)
Date of Activity	04/11/2025
Activity Type	Action
Type of Action	Other - Updated Policy IAR
Report Status	Approved

APPROVALS

Digitally Signed

Prepared by	[REDACTED]	03/27/2025
Approved by	[REDACTED]	04/14/2025

ATTACHMENTS

1	New Policy Guidance (LRD)
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DETAILS OF ACTIVITY

On April 11, 2025, Senior Special Agent (SSA) [REDACTED], U.S. Customs and Border Protection (CBP), Office of Professional Responsibility (OPR), McAllen Field Office (FO), McAllen, TX, received an email from Chief [REDACTED], Progreso Port of Entry (PGR), Progreso, TX, which provided guidance and clarification on the importation of medication (Attachment 1).

SA [REDACTED] McAllen FO, reviewed the reports which revealed the following.

The attached documentation was Laredo FO's policy on the importation of medication dated July 2020 (Attachment 1). The policy stated "the importation of approved medication is permitted so long as it is not prohibited by federal or state law (i.e., such as schedule I drugs or other prohibited substances) and medication is approved by the U.S. Food and Drug Administration (FDA). Drugs that have not been approved for use in the United States by the FDA are prohibited entry regardless of the existence of a prescription. The importation of non-commercial medication may make entry as follows:

U.S. Residents must declare the medication upon arrival (failure to declare should not include instances where there is no obvious attempt to circumvent declaration requirements). The quantity must be for personal use in its original container. Medication must be authorized/permitted under federal and state laws. If a valid prescription issued by an authorized practitioner is presented: allow the importation of a 90-day supply of medication. If no prescription is presented, yet the medication would otherwise be permitted: allow the resident to import only an amount not to exceed 50 dosage units.

Nonresidents should be allowed to import medication (except those in Schedule I or other prohibited substances) in a quantity commensurate with the duration of their stay in the US.

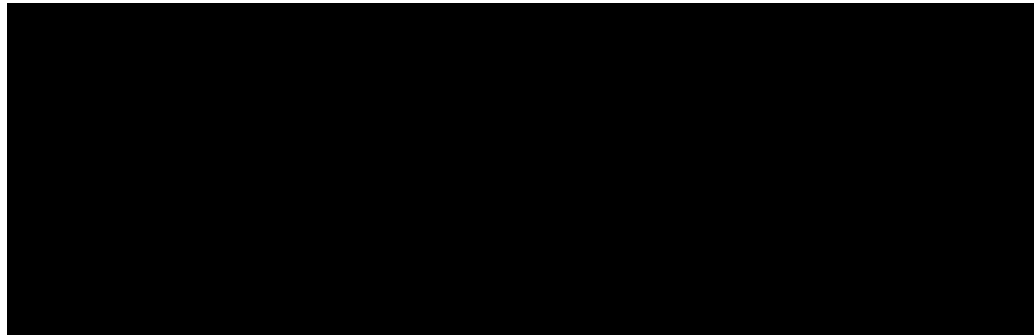
Undeclared medication is subject to seizure and a personal penalty may be warranted pursuant to 19USC1497 for Failure to Declare. Policy on the issuance of Failure to Declare a controlled

U.S. Customs and Border Protection
Office of Professional Responsibility
Investigative Operations Directorate



substance should be followed and officers are reminded to exercise discretion in instances where there is no evidence of the traveler knowingly attempting to circumvent declaration requirements. If a penalty is warranted, the penalty will be calculated consistent to the statutory language requiring that the penalty be equal to the greater of \$500 or ten times the value of the controlled substance”.

From:
To:



Cc:

Subject: FPF Guidance 2020-0001- Importation of Medication/Category -Other Drugs and Barbiturates (ODB's)
Date: Friday, July 31, 2020 1:57:00 PM
Importance: High

Good Afternoon:

The purpose of this message is to provide guidance and clarification on the Importation of Medication. The importation of approved medication is permitted so long as it is not prohibited by federal or state law (i.e., such as schedule I drugs or other prohibited substances) and medication is approved by the US Food and Drug Administration (FDA). Drugs that have not been approved for use in the US by the FDA are prohibited entry regardless of the existence of a prescription.^[1] The importation of non-commercial medication may make entry as follows:

US Residents:

- *Must declare* the medication upon arrival (*failure to declare should not include instances where there is no obvious attempt to circumvent declaration requirements*).
- Quantity must be for personal use in its original container.
- Medication must be authorized/permitted under federal and state laws.
- If a valid prescription issued by an authorized practitioner^[2] is presented:
 - allow the importation of a 90 day supply of medication.
- If no prescription is presented, yet the medication would otherwise be permitted:
 - allow the resident to import only an amount not to exceed 50 dosage units.

Nonresidents:

Nonresidents should be allowed to import medication (except those in Schedule I or other prohibited substances) in a quantity commensurate with the duration of their stay in the US.

Undeclared Medication:

Undeclared medication is subject to seizure and a personal penalty *may be* warranted pursuant to 19USC1497 for Failure to Declare. Policy on the issuance of Failure to Declare a controlled substance should be followed and Officers are reminded to exercise discretion in instances where there is no evidence of the traveler knowingly attempting to circumvent declaration requirements.

If a penalty is warranted, the penalty will be calculated consistent to the statutory language requiring that the penalty be equal to the greater of \$500 or ten times the

value of the controlled substance.

Please muster with personnel to ensure compliance. Questions regarding this guidance may be directed to Deputy FPFO Ruben Riojas at (956) 523-7350 or Supervisory Paralegal Specialist, Leticia R. Martinez at (956) 523-7371.

Reference Material:

Seized Asset Management Enforcement Policy Handbook
Controlled Substance Schedule List – Alphabetical Order
U.S. Food and Drug Personal Importation Policy Guide

Foot Note:

[1] FDA has developed guidance entitled "Coverage of Personal Importations" which sets forth that agency's enforcement priorities with respect to the importation of unapproved drugs by individuals for their personal use. The guidance identifies circumstances in which FDA may consider exercising enforcement discretion and refrain from taking action against particular imported unapproved drugs. In those instances FDA must be consulted.

[1] 21 U.S.C. 802(21) physician, dentist, veterinarian, scientific investigator, pharmacy, hospital, or other person licensed, registered, or otherwise permitted, by the United States or the jurisdiction in which he practices or does research, to distribute, dispense, conduct research with respect to, administer, or use in teaching or chemical analysis, a controlled substance in the course of professional practice or research.

Thank you,

[REDACTED]

Fines, Penalties and Forfeitures Officer - Laredo Field Office
700 Zaragoza Street, Lincoln Juarez Bridge II, Laredo, Texas 78044
P.O. Box 3130 | Laredo, Texas 78044-3130
Phone [REDACTED]
Centralized Storage Facility: [REDACTED]
Email: [REDACTED]

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[1] FDA has developed guidance entitled "Coverage of Personal Importations" which sets forth that agency's

enforcement priorities with respect to the importation of unapproved drugs by individuals for their personal use. The guidance identifies circumstances in which FDA may consider exercising enforcement discretion and refrain from taking action against particular imported unapproved drugs. In those instances FDA must be consulted.

[\[2\]](#) 21 U.S.C. 802(21) physician, dentist, veterinarian, scientific investigator, pharmacy, hospital, or other person licensed, registered, or otherwise permitted, by the United States or the jurisdiction in which he practices or does research, to distribute, dispense, conduct research with respect to, administer, or use in teaching or chemical analysis, a controlled substance in the course of professional practice or research.



INVESTIGATIVE ACTIVITY REPORT

Case Number	202508100E
Field Office	McAllen, TX
Case Agent	[REDACTED]
Case Title	OSC referral for investigation doc (OSC File No. DI-25-000591 Request for Investigation–5 U.S.C. § 1213)
Subject Name & Title	SUPVY CBP OFFCR [REDACTED]
Date of Activity	04/14/2025
Activity Type	Interview
Report Status	Approved

APPROVALS

Digitally Signed

Prepared by	[REDACTED]	04/15/2025
Approved by	[REDACTED]	04/21/2025

ATTACHMENTS

1	Interview of Chief [REDACTED].mp4
2	3310 Acknowledgement



DETAILS OF ACTIVITY

On April 14, 2025, Senior Special Agent (SSA) [REDACTED], U.S. Customs and Border Protection (CBP), Office of Professional Responsibility (OPR), McAllen Field Office (FO), McAllen, TX, and SA [REDACTED], McAllen FO, interviewed Chief [REDACTED], Progreso Port of Entry (PGR), Progreso, TX, at the McAllen FO, located at 1100 E. Laurel Ave., Suite 200, McAllen, TX.

The interview was audio and video recorded using StarWitness equipment and uniquely identified by Authentication Code: [REDACTED] (Attachment 1).

This report does not provide a verbatim account of the interview. Instead, it provides a summary of statements made. Refer to the recording for an exact account.

Chief [REDACTED] stated that regarding controlled substance medication, he referred to the CBP Directive 3310-006A (Attachment 2) (Attachment 1, Timestamp 14:55:55 CDT).

Chief [REDACTED] stated that on the Mexican side of PGR is Nuevo Progreso, Mexico, which is known as a tourist area and has numerous pharmacies, doctors, and dentists. Most travelers that crossed at PGR were people who could not afford medications or doctors in the United States. Chief [REDACTED] added that Nuevo Progreso was generally safer than other border towns in Mexico and travelers chose to cross through PGR for those reasons. Chief [REDACTED] stated medications are one of the most encountered types of merchandise at PGR and the majority of the seizures at PGR were controlled medications like Tramadol, Xanax, Oxycodone, Ritalin, and Fentanyl. Chief [REDACTED] stated the seizures were mostly effected on travelers who concealed the medication and did not declare the medication to CBP (Attachment 1, Timestamp 14:46:43 CDT).

Chief [REDACTED] stated that regarding controlled medication without a prescription, travelers were allowed to cross up to 50 pills. Chief [REDACTED] stated that Scheduled II controlled substances were not allowed to be crossed into the United States and if the traveler declared the importation of the medication, they were offered the opportunity to return the medication to Mexico. Chief [REDACTED]

U.S. Customs and Border Protection
Office of Professional Responsibility
Investigative Operations Directorate



added that Federal Drug Administration (FDA) guidelines did allow for some Scheduled II controlled substances to be crossed into the United States (Attachment 1, Timestamp 14:50:58 CDT).

Chief [REDACTED] stated that if Tramadol was declared to CBP personnel and the traveler was under the 50-unit limit, the traveler would be allowed to come into the United States. Chief [REDACTED] stated, on some occasions, travelers were made aware that the State of Texas did require a valid prescription, and the traveler could be in violation of state law (Attachment 1, Timestamp 14:54:16 CDT).

Chief [REDACTED] stated that if a traveler was under the 50 units of a controlled medication limit, CBP Officers typically would not notify the supervisor. Chief [REDACTED] stated that if travelers were over the 50 units of a controlled medication limit, CBP Officers were advised by PGR management to obtain approval by a supervisor to offer the traveler the opportunity to return the medication to Mexico. Chief [REDACTED] stated they did this since CBP was not allowed to deny entry to lawful travelers. Chief [REDACTED] stated CBP wanted to ensure CBP Officers were not returning travelers to Mexico without due cause (Attachment 1, Timestamp 14:55:45 CDT).

Chief [REDACTED] stated there were times when travelers were over the allowed quantity. In those cases, if the traveler had no prior history of bringing in medication and there was no indication of wrongdoing, the traveler was notified of the importation requirements and allowed to enter the United States. Chief [REDACTED] stated that each instance was different, and supervisors would take all the information on hand to make a determination (Attachment 1, Timestamp 14:57:28 CDT).

Chief [REDACTED] stated CBP Officers, specifically supervisors, used officer discretion when dealing with certain situations. Chief [REDACTED] stated supervisors took all circumstances from each incident, in this case, controlled medication, and could ultimately decide not to seize medication and handle the situation with an informed compliance. Chief [REDACTED] stated there were incidents involving excess amounts of concealed medication, and generally in those incidents, the medication was seized (Attachment 1, Timestamp 15:01:03 CDT).

U.S. Customs and Border Protection
Office of Professional Responsibility
Investigative Operations Directorate



Chief ██████ stated that in his experience regarding Texas law, CBP could not enforce state law. Chief ██████ used an example of a drunk driver at PGR. Under federal law, Chief ██████ could not take any action against the driver but would notify the driver that he could get arrested by state and local authorities (Attachment 1, Timestamp 15:05:10 CDT).

Chief ██████ stated staffing could affect the supervisor's decision to either seize controlled medication or allow the traveler to return the medication to Mexico. Chief ██████ stated the traveler's past history was taken into account. CBP Officers generally took one to two hours to conduct a seizure and would be taken from staffing utilized to operate PGR (Attachment 1, Timestamp 15:10:40 CDT).

Chief ██████ stated that if CBP Officers were to have referred all travelers with medication for further inspections, it would have gridlocked the port of entry (Attachment 1, Timestamp 15:15:03 CDT).

Chief ██████ stated Supervisory CBP Officer (SCBPO) David ██████ PGR, followed the same guidelines he did regarding medications. Chief ██████ did recall one incident he had to instruct SCBPO ██████ to initiate a seizure. Chief ██████ stated that all supervisors and managers were on the same page when it came to the importation of medications at PGR (Attachment 1, Timestamp 15:15:50 CDT).

CUSTOMS AND BORDER PROTECTION DIRECTIVE

ORIGINATING OFFICE: FO:P

DISTRIBUTION: S-01

CBP DIRECTIVE NO. 3310-006A

DATE: JULY 22, 2003

SUPERSEDES: 3310-006, 12/15/99

REVIEW DATE: JULY 2006

SUBJECT: IMPORTATION OF CONTROLLED SUBSTANCES BY UNITED STATES RESIDENTS

1 PURPOSE. This directive sets forth the treatment to be accorded United States residents who enter the United States through an international land border port of entry with a controlled substance (except a substance in Schedule I or other prohibited substances) for which the individual does not possess a valid prescription or documentation verifying that a prescription has been issued to that individual. This directive also addresses unapproved drugs.

2 POLICY.

2.1 In accordance with Section 1006(a) of the Controlled Substances Import and Export Act (21 U.S.C. 956(a)), as amended, a United States resident who enters the United States through an international land border port of entry with a controlled substance (except a substance in Schedule I or other prohibited substances) for which the individual does not possess a valid prescription or documentation verifying that a prescription has been issued to that individual may not import the controlled substance in an amount that exceeds 50 dosage units.

2.2 For a prescription to be deemed valid, it must be issued by a practitioner licensed to practice in the United States in accordance with Federal and State law.

2.3 The United States Federal Food, Drug, and Cosmetic Act (21 U.S.C. 331(d), 355(a)), which is administered by Food and Drug Administration (FDA), prohibits the introduction into interstate commerce (which includes importation) of unapproved drugs, regardless of the existence of a prescription.

2.3.1 Some drugs sold outside the United States (including drugs manufactured for sale outside the United States) may not be approved by FDA and would not be appropriate for importation. However, FDA has developed guidance entitled "Coverage of Personal Importations" which sets forth that agency's enforcement priorities with respect to the importation of unapproved drugs by individuals for their personal use. The guidance identifies circumstances in which FDA may consider exercising enforcement discretion and refrain from taking action against particular imported unapproved drugs.

2.3.2 The general rule for personal use quantities of unapproved drugs and controlled



INVESTIGATIVE ACTIVITY REPORT

Case Number	202508100E
Field Office	McAllen, TX
Case Agent	██████████
Case Title	OSC referral for investigation doc (OSC File No. DI-25-000591 Request for Investigation–5 U.S.C. § 1213)
Subject Name & Title	SUPVY CBP OFFCR ██████████
Date of Activity	04/15/2025
Activity Type	Interview
Report Status	Approved

APPROVALS

Digitally Signed

Prepared by	██████████	04/16/2025
Approved by	██████████	04/21/2025

ATTACHMENTS

1	Interview of SCBPO ██████████.mp4
2	SCBPO ██████████ Signed 3310.pdf



DETAILS OF ACTIVITY

On April 15, 2025, Senior Special Agent (SSA) [REDACTED], U.S. Customs and Border Protection (CBP), Office of Professional Responsibility (OPR), McAllen Field Office (FO), McAllen, TX, and SA [REDACTED], McAllen FO, interviewed Supervisory Customs and Border Protection Officer (SCBPO) [REDACTED], Progreso Port of Entry (PGR), Progreso, TX, at the McAllen FO, located at 1100 E. Laurel Ave., Suite 200, McAllen, TX.

The interview was audio and video recorded using StarWitness equipment and uniquely identified by Authentication Code: [REDACTED] (Attachment 1).

This report does not provide a verbatim account of the interview. Instead, it provides a summary of statements made. Refer to the recording for an exact account.

SCBPO [REDACTED] stated that on the Mexican side of PGR is Nuevo Progreso, Mexico, which was known as a tourist area and had numerous pharmacies, doctors, and dentists. SCBPO [REDACTED] stated medications was one of the most encountered types of merchandise at PGR and the majority of the seizures at PGR were controlled medications (Attachment 1, Timestamp 8:57:46 CDT).

SCBPO [REDACTED] stated that regarding controlled substance medication, he referred to the CBP Directive 3310-006A (Attachment 2) (Attachment 1, Timestamp 8:59:35 CDT).

SCBPO [REDACTED] stated he was hired in 2009 at PGR, and since then, followed guidance regarding controlled medication without a prescription. SCBPO [REDACTED] stated the guidance received was that travelers were allowed to cross up to 50 dosage units every thirty days. As a supervisor, he followed the same guidance and each encounter with travelers was handled on a case-by-case basis. SCBPO [REDACTED] stated he interpreted dosages as one, two, or maybe three pills, depending on the traveler and medication (Attachment 1, Timestamp 9:00:31 CDT).

SCBPO [REDACTED] stated if a traveler declared controlled medication to CBP personnel and the traveler was under the 50-unit limit, the traveler would be allowed to come into the United States.

U.S. Customs and Border Protection
Office of Professional Responsibility
Investigative Operations Directorate



On some occasions, CBP Officers would refer to the traveler for a further inspection to annotate inspection results and have accountability. SCBPO ██████ stated if a traveler was over the 50-unit limit, it was handled on a case-by-case basis. Some CBP Officers would allow the traveler to enter the United States, and some would refer the traveler for a further inspection because some medication, like Tramadol, was sold in a 60-unit pack and it would have been unjust to have sent the traveler back to Mexico. SCBPO ██████ based the decisions on multiple factors, like the traveler's history, quantities of medication, types of medication, and so forth. SCBPO ██████ stated that generally, if the medication was declared, the traveler was given the opportunity to return the medication to Mexico. If the medication was not declared, most of the time, the medication would be seized, depending on the quantity of medication and staffing. SCBPO ██████ stated it was not operationally feasible to conduct a seizure for low quantities of medication and lose staffing for two to three hours. In those cases, SCBPO ██████ would not allow the medication to enter the United States. SCBPO ██████ stated he utilized officer discretion, and as a supervisor, it was his job to determine how situations were handled (Attachment 1, Timestamp 9:02:43 CDT).

SCBPO ██████ stated there had been instances where travelers were over the allowed 50-units. In those cases, the totality of the circumstances would have dictated the outcome. For instance, a traveler with no history of violations, age, and health would generally be allowed into the United States and an informed compliance would be conducted and recorded in the inspection results for future accountability (Attachment 1, Timestamp 9:06:54 CDT).

SCBPO ██████ stated that under Texas law, if a traveler was in possession of a controlled substance medication, a prescription was needed. SCBPO ██████ stated that CBP Directive 3310-006A was written in a manner where it was very vague and contradicting. SCBPO ██████ stated that generally, state and local authorities were called every time medications were seized, if federal prosecution was declined. SCBPO ██████ stated state and local authorities would also handle each situation on a case-by-case basis and did not always respond to seizures. SCBPO ██████ attributed it to staffing and the amount of medication involved (Attachment 1, Timestamp 9:09:42 CDT).

U.S. Customs and Border Protection
Office of Professional Responsibility
Investigative Operations Directorate



SCBPO ██████ stated that all supervisors and managers at PGR followed the same directive and enforcement posture regarding controlled medications. SCBPO ██████ stated SCBPO ██████ ██████ PGR, followed the same guidelines regarding medications. SCBPO ██████ did not think SCBPO ██████ violated policy. SCBPO ██████ stated he did not think PGR, in general, violated policy regarding controlled substances (Attachment 1, Timestamp 9:14:22 CDT).

SCBPO ██████ stated he did not believe there was any outside pressure for CBP to allow controlled medication to come into the United States through PGR. SCBPO ██████ had been a supervisor for five years and had never seen or experienced any circumstances that would have been indicative of CBP being pressured to circumvent policy. In his opinion, SCBPO ██████ believed PGR followed policy regarding controlled medications (Attachment 1, Timestamp 9:20:45 CDT).

CUSTOMS AND BORDER PROTECTION DIRECTIVE

ORIGINATING OFFICE: FO:P

DISTRIBUTION: S-01

CBP DIRECTIVE NO. 3310-006A

DATE: JULY 22, 2003

SUPERSEDES: 3310-006, 12/15/99

REVIEW DATE: JULY 2006

SUBJECT: IMPORTATION OF CONTROLLED SUBSTANCES BY UNITED STATES RESIDENTS

1 PURPOSE. This directive sets forth the treatment to be accorded United States residents who enter the United States through an international land border port of entry with a controlled substance (except a substance in Schedule I or other prohibited substances) for which the individual does not possess a valid prescription or documentation verifying that a prescription has been issued to that individual. This directive also addresses unapproved drugs.

2 POLICY.

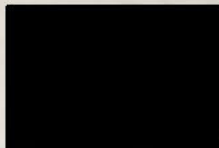
2.1 In accordance with Section 1006(a) of the Controlled Substances Import and Export Act (21 U.S.C. 956(a)), as amended, a United States resident who enters the United States through an international land border port of entry with a controlled substance (except a substance in Schedule I or other prohibited substances) for which the individual does not possess a valid prescription or documentation verifying that a prescription has been issued to that individual may not import the controlled substance in an amount that exceeds 50 dosage units.

2.2 For a prescription to be deemed valid, it must be issued by a practitioner licensed to practice in the United States in accordance with Federal and State law.

2.3 The United States Federal Food, Drug, and Cosmetic Act (21 U.S.C. 331(d), 355(a)), which is administered by Food and Drug Administration (FDA), prohibits the introduction into interstate commerce (which includes importation) of unapproved drugs, regardless of the existence of a prescription.

2.3.1 Some drugs sold outside the United States (including drugs manufactured for sale outside the United States) may not be approved by FDA and would not be appropriate for importation. However, FDA has developed guidance entitled "Coverage of Personal Importations" which sets forth that agency's enforcement priorities with respect to the importation of unapproved drugs by individuals for their personal use. The guidance identifies circumstances in which FDA may consider exercising enforcement discretion and refrain from taking action against particular imported unapproved drugs.

2.3.2 The general rule for personal use quantities of unapproved drugs and controlled





INVESTIGATIVE ACTIVITY REPORT

Case Number	202508100E
Field Office	McAllen, TX
Case Agent	██████████
Case Title	OSC referral for investigation doc (OSC File No. DI-25-000591 Request for Investigation–5 U.S.C. § 1213)
Subject Name & Title	SUPV CBPO (PORT DIRECTOR) ██████████
Date of Activity	04/16/2025
Activity Type	Interview
Report Status	Approved

APPROVALS

Digitally Signed

Prepared by	██████████	04/17/2025
Approved by	██████████	04/22/2025

ATTACHMENTS

1	PD ██████████ Acknowledged 3310-006A
2	Interview of PD ██████████.mp4



DETAILS OF ACTIVITY

On April 16, 2025, Senior Special Agent (SSA) [REDACTED], U.S. Customs and Border Protection (CBP), Office of Professional Responsibility (OPR), McAllen Field Office (FO), McAllen, TX, and SA [REDACTED], McAllen FO, interviewed Port Director [REDACTED], Progreso Port of Entry (PGR), Progreso, TX, at the McAllen FO, located at 1100 E. Laurel Ave., Suite 200, McAllen, TX.

The interview was audio and video recorded using StarWitness equipment and uniquely identified by Authentication Code: [REDACTED] (Attachment 1).

This report does not provide a verbatim account of the interview. Instead, it provides a summary of statements made. Refer to the recording for an exact account.

PD [REDACTED] stated that regarding the importation of medication and controlled substances, he obtained guidance and followed CBP Directive 3310-006A (Attachment 2). The guidelines provided was travelers were allowed to import up to 50 dosage units of controlled medication without a prescription. PD [REDACTED] stated dosage units were determined by the instructions on the label or by researching the medication. If no instructions were available then 50 dosage units were taken as 50 pills or units (Attachment 1, Timestamp 9:09:49 CDT).

PD [REDACTED] stated if a traveler declared a controlled medication and was over 50 units, it was handled on a case-by-case basis. If there was no indication of wrongdoing by the traveler and the quantity was not in excess, often, an informed compliance was conducted, and the traveler was allowed to enter the United States with the medication. An informed compliance was the process of informing the traveler of the proper importation procedures and annotating the encounter in a CBP database to ensure there was accountability in the future. PD [REDACTED] stated if a traveler did not declare the controlled medication, each case was handled differently. There may have been instances the traveler could have simply forgotten to declare the medication and an informed compliance would have been conducted. PD [REDACTED] stated in instances where a traveler legitimately concealed the medication, CBP Officers (CBPO) would research the traveler's criminal

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history and would possibly pursue federal or state prosecution (Attachment 1, Timestamp 9:13:45 CDT).

PD [REDACTED] stated regarding state law, he was not familiar with the requirements state law had on controlled medication. PD [REDACTED] stated that at CBP Ports of Entry (POEs), they do not enforce state law and instead focus on federal laws. PD [REDACTED] stated controlled medication was the most encountered and seized merchandise at PGR. PD [REDACTED] stated PGR lead CBP with the number of seizures and penalties that involved medication (Attachment 1, Timestamp 9:17:36 CDT).

PD [REDACTED] stated, in his experience, the owning entity of the bridge where PGR operated had never exerted pressure on management to ease CBP's enforcement posture. PD [REDACTED] believed all of the PGR managers and supervisors followed the same guidance provided by Directive 3310-006A (Attachment 1, Timestamp 9:21:00 CDT).

PD [REDACTED] stated Supervisory CBP Officer (SCBPO) [REDACTED], PGR, followed proper policy regarding controlled medication and he had never observed SCBPO [REDACTED] violate policy regarding controlled medication (Attachment 1, Timestamp 9:22:57 CDT).

PD [REDACTED] stated CBP supervisors had exercised officer discretion, on a case-by-case basis, weighing the totality of the circumstances of each encounter with travelers. Supervisors could have had a scenario where a seizure would have been in order, but based on the traveler's particular circumstances, the encounter was handled with an informed compliance (Attachment 1, Timestamp 9:25:17 CDT).

CUSTOMS AND BORDER PROTECTION DIRECTIVE

ORIGINATING OFFICE: FO:P

DISTRIBUTION: S-01

CBP DIRECTIVE NO. 3310-006A

DATE: JULY 22, 2003

SUPERSEDES: 3310-006, 12/15/99

REVIEW DATE: JULY 2006

SUBJECT: IMPORTATION OF CONTROLLED SUBSTANCES BY UNITED STATES RESIDENTS

1 PURPOSE. This directive sets forth the treatment to be accorded United States residents who enter the United States through an international land border port of entry with a controlled substance (except a substance in Schedule I or other prohibited substances) for which the individual does not possess a valid prescription or documentation verifying that a prescription has been issued to that individual. This directive also addresses unapproved drugs.

2 POLICY.

2.1 In accordance with Section 1006(a) of the Controlled Substances Import and Export Act (21 U.S.C. 956(a)), as amended, a United States resident who enters the United States through an international land border port of entry with a controlled substance (except a substance in Schedule I or other prohibited substances) for which the individual does not possess a valid prescription or documentation verifying that a prescription has been issued to that individual may not import the controlled substance in an amount that exceeds 50 dosage units.

2.2 For a prescription to be deemed valid, it must be issued by a practitioner licensed to practice in the United States in accordance with Federal and State law.

2.3 The United States Federal Food, Drug, and Cosmetic Act (21 U.S.C. 331(d), 355(a)), which is administered by Food and Drug Administration (FDA), prohibits the introduction into interstate commerce (which includes importation) of unapproved drugs, regardless of the existence of a prescription.

2.3.1 Some drugs sold outside the United States (including drugs manufactured for sale outside the United States) may not be approved by FDA and would not be appropriate for importation. However, FDA has developed guidance entitled "Coverage of Personal Importations" which sets forth that agency's enforcement priorities with respect to the importation of unapproved drugs by individuals for their personal use. The guidance identifies circumstances in which FDA may consider exercising enforcement discretion and refrain from taking action against particular imported unapproved drugs.

2.3.2 The general rule for personal use quantities of unapproved drugs and controlled



INVESTIGATIVE ACTIVITY REPORT

IAR - INTERVIEW OF SCBPO [REDACTED]

Case Number	202508100E
Field Office	McAllen, TX
Case Agent	[REDACTED]
Case Title	OSC referral for investigation doc (OSC File No. DI-25-000591 Request for Investigation–5 U.S.C. § 1213)
Subject Name & Title	SUPVY CBP OFFCR [REDACTED]
Date of Activity	04/23/2025 - 04/23/2025
Activity Type	Interview
Report Status	Approved

APPROVALS

Digitally Signed

Prepared by	[REDACTED]	04/24/2025
Approved by	[REDACTED]	04/24/2025

ATTACHMENTS

1	Interview of SCBPO [REDACTED].mp4
2	SCBPO [REDACTED] Signed 3310.pdf



DETAILS OF ACTIVITY

On April 23, 2025, Senior Special Agent (SSA) [REDACTED], U.S. Customs and Border Protection (CBP), Office of Professional Responsibility (OPR), McAllen Field Office (FO), McAllen, TX, and SA [REDACTED], McAllen FO, interviewed Supervisory CBP Officer (SCBPO) [REDACTED], Progreso Port of Entry (PGR), Progreso, TX, at the McAllen FO, located at 1100 E. Laurel Ave., Suite 200, McAllen, TX.

The interview was audio and video recorded using StarWitness equipment and uniquely identified by Authentication Code: [REDACTED] (Attachment 1).

This report does not provide a verbatim account of the interview. Instead, it provides a summary of statements made. Refer to the recording for an exact account.

SCBPO [REDACTED] stated that regarding the importation of medication and controlled substances, he followed CBP Directive 3310-006A (Attachment 2). CBP Directive 3310-006A provided guidance which allowed travelers to import up to 50 dosage units of controlled medication without a prescription for personal use (Attachment 1, Timestamp 13:00:56 CDT).

SCBPO [REDACTED] stated if a traveler declared a controlled medication and was under 50 units, he would allow the traveler to come into the United States as per Directive 3310-006A. SCBPO [REDACTED] stated, generally, inspection results were annotated in [REDACTED] to keep a record of the frequency travelers crossed with medication. If a traveler declared a controlled medication and was over the 50 units, dependent on the amount of medication, some travelers [REDACTED] allowed to enter the United States. An informed compliance was conducted and annotated in [REDACTED]. SCBPO [REDACTED] stated that not all travelers were referred to CBP inspection, it was up to the CBP Officer (CBPO) and what they wanted to accomplish. If travelers were traveling with excess amounts of medication, travelers were afforded the opportunity to return to Mexico. SCBPO [REDACTED] stated he usually agreed with the CBPOs decision of the inspection and had never demanded CBPOs release a traveler with excess medication (Attachment 1, Timestamp 13:03:28 CDT).

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SCBPO ██████ stated if a traveler was found to have undeclared controlled medication but was not concealed, the travelers were offered the opportunity to return to Mexico. SCBPO ██████ stated there had been instances where travelers were allowed to enter the United States with undeclared controlled medication over the 50 units, but that was due to staffing and other factors (Attachment 1, Timestamp 13:08:37 CDT).

SCBPO ██████ stated that CBP followed the 50-unit allowance but there were occasions that, dependent on the factors, a traveler had been allowed to enter with up to 90 units, which was also allowed under the CBP directive 3310-006A. This was done by taking the factors at hand, for example, a traveler that was from out of state without frequent travel (Attachment 1, Timestamp 13:12:10 CDT).

SCBPO ██████ stated that laws in the State of Texas prohibited residents from being in possession of a controlled substance without a prescription. SCBPO ██████ stated that CBP does not enforce state law. There had been times when state and local authorities were called to assist with controlled medication seizures, but it was not on a consistent basis that they would secure state prosecution. SCBPO ██████ stated that PGR had always followed the same enforcement posture as they did now (Attachment 1, Timestamp 13:14:32 CDT).

SCBPO ██████ stated during his tenure as a SCBPO at PGR, he had never experienced outside pressure being exerted on PGR to facilitate the importation of controlled substances (Attachment 1, Timestamp 13:18:31 CDT).

SCBPO ██████ stated that PGR management, including himself, adhered to CBP Directive 3310-006A (Attachment 1, Timestamp 13:22:26 CDT).

NON-BARGAINING INTERVIEW SCRIPT

U.S. CUSTOMS AND BORDER PROTECTION

CUSTOMS AND BORDER PROTECTION DIRECTIVE

ORIGINATING OFFICE: FO:P

DISTRIBUTION: S-01

CBP DIRECTIVE NO. 3310-006A

DATE: JULY 22, 2003

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