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To:
The Honorable Members of the U.S. Congress
and
The Drug Enforcement Administration

Subject: Request for Oversight Regarding DEA Quota Policy and Adderall Shortages

Dear Members of Congress and DEA Leadership,

I am writing on behalf of the millions of ADHD patients whose lives have been quietly upended by the ongoing Adderall crisis — not because of misuse, but because of a bureaucratic failure.

Between 2021 and 2025, under former DEA Administrator Anne Milgram, the agency changed how it allocates production quotas for the key ingredients used to make Adderall. Instead of providing the unequal ratio of isomers (d-amphetamine and l-amphetamine) that the medication actually requires — roughly a 3:1 balance — the DEA began granting manufacturers equal (1:1) quotas.

On paper, that might sound minor. But in reality, it crippled the supply chain for the ingredient that makes Adderall effective: d-amphetamine. Manufacturers were left unable to produce the proper mixture, leading to unstable batches, nationwide shortages, and inconsistent patient experiences that have been dismissed as “supply delays” for years.

Let’s be clear — this didn’t just inconvenience people. It destabilized families, jobs, and mental health across the country. People who relied on consistent medication to function suddenly found themselves spiraling: losing focus, emotional control, income, and self-trust. For many of us, it felt like the rug was pulled out from under our lives, again and again.

While technically “legal,” this decision was ethically indefensible. The DEA’s duty is to balance diversion prevention with medical access — not to choke off life-sustaining treatment due to misinformed quota math. Even the House Oversight Committee flagged this in 2024, asking why the DEA continued to enforce a rigid 1:1 ratio that directly contradicted medical necessity and contributed to shortages.

Only in late 2025, under new Administrator Terry Cole, did the DEA finally increase the quota for d-amphetamine after acknowledging the shortage of the “active ingredient.” This long-overdue correction quietly confirms what patients have known all along — the system was broken.

We need answers. We deserve transparency. And we deserve an acknowledgment that this wasn’t an accident — it was a policy failure that inflicted widespread harm.

To every policymaker, journalist, and health advocate reading this: please help us make sure this doesn’t disappear into the paperwork. The DEA may not have technically changed the formula, but by starving manufacturers of the correct ingredient, they changed the medication itself in practice — and changed lives in the process.

Respectfully,
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