COMMONWEALTH OF PENNSYLVANIA
HOUSE OF REPRESENTATIVES

JUDICIARY COMMITTEE

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WEDNESDAY, OCTOBER 9, 2013
10:00 A.M.

PUBLIC HEARING - HEROIN EPIDEMIC

BEFORE: HONORABLE TIMOTHY KRIEGER,
MAJORITY SUBCOMMITTEE CHAIRMAN
HONORABLE RICK SACCONE
HONORABLE BRIAN L. ELLIS
HONORABLE BRYAN BARBIN

ALSO
PRESENT: HONORABLE GEORGE DUNBAR
HONORABLE MIKE REESE
HONORABLE ELI EVANKOVICH
HONORABLE R. TED HARHAI

COMMITTEE STAFF PRESENT:
THOMAS W. DYMEK
MAJORITY EXECUTIVE DIRECTOR

I N D E X

P R O C E E D I N G S

CHAIRMAN KRIEGER: Welcome, everybody. Can everybody hear me? Okay. Thank you all for being here. As you know, this is the meeting of the Subcommittee on Crime and Corrections of the Judiciary Committee of the House of Representatives of Pennsylvania. We're conducting three hearings across the state. This is the first of three to address the drug trade in Pennsylvania.

Before I begin with some introductory remarks, I want to introduce the members of the Committee. Perhaps we can start with Representative Dunbar. Just go down through and tell folks your name and where you're from.

ROLL CALL

CHAIRMAN KRIEGER: All right. I want to thank the members for being here. Thanks, first of all, to the staff; Tom Dymek, the Executive Director; Mike Fink and my staff, for the hard work they did in getting this hearing together. Appreciate that.

And if you haven't seen the agenda, we're pleased to have a blue ribbon panel testify today. I think it's a testament to the seriousness of the problem we face when we have so many public officials from so many places in southwestern Pennsylvania that are present, and not only present, eager to testify.

As you'll note, we have a full agenda today, and we

will do our best to stay on time. And to that end, I would ask the members to be --- to keep their questions short and to the point. I would also encourage our testifiers, if they're comfortable, they're free to depart from their written comments. Depending on your comfort level, I think it would be very helpful for us to ask questions and have some interaction with the panel members. Sometimes that's more valuable.

One final note. We are aware that the drug problem is multifaceted and that any effective response must also be multifaceted. The drug problem is certainly a law enforcement problem, and it does demand a law enforcement response. It is also a healthcare problem, a social problem, in many cases it's a family problem, and it's a budgetary problem.

Various committees of the House have oversight responsibility over healthcare aspects, the treatment aspects, and the budgetary aspects. Much work has been done in those areas, and much more will be done. The focus of today's hearing will be on the law enforcement response, that has as its purpose to assist members of the Judiciary Committee and members of the House, as a whole, in the exercise of their oversight over law enforcement and their oversight over the criminal law, in general. Hopefully, it will help members to become --- better understanding of the nature of the drug trade in Pennsylvania, the problems encountered by law enforcement agencies in, of course, the enforcement of the law.

Lastly, I would say, it's my hope that we can get beyond truisms and a surface understanding to get to the true, unvarnished picture of the drug trade in Pennsylvania and the challenges faced by law enforcement, district attorneys and our courts.

Our first testifier is Mr. David Ellis. Mr. Ellis? And while he's coming forward, he's the Regional Director of the North Huntingdon Office of the Pennsylvania Office of Attorney General. And one final thing before you start, to make all the testifiers aware that this is being broadcasted on my website and perhaps other places it's being recorded, so be aware of that before you speak.

MR. ELLIS: Thank you.

CHAIRMAN KRIEGER: Go ahead.

MR. ELLIS: Thank you, Representative Krieger and members of the Committee, on behalf of Jonathan Duecker, Special Agent in charge of the Bureau of Narcotics Investigation with the Attorney General's Office. He was unable to attend today because of operational needs in the eastern part of the state and asked me to be the substitute, so I will do my best to get through the material that he has provided.

I believe he has submitted a written testimony to you --- to the Committee, and we have a PowerPoint presentation that we can review here, but I believe each of you have been

provided a copy of that PowerPoint. We thought it would be appropriate to at least go through it and highlight some of the things on the PowerPoint.

As we know, heroin is a highly addictive drug that is derived from morphine, obtained from the opium poppy. Repeated use can lead to extreme physical and psychological dependence that is extremely difficult to treat. It's one of the most powerful known painkillers. Here's a photograph depicting the state that you may see heroin, a white or brown color or a tar-like substance. You see one of the manners in which it's packaged for transportation at a higher level of dealing with heroin. One of the ways it's --- common ways it's smuggled in is through ingestion. We don't see a lot of that at a local level, but at the international and national level.

This is a picture of the heroin being secreted, either a condom or a balloon, for ingestion. This is pretty much the way we see it on the street and the agents and police officers that are making the purchases of it, either in a stamp bag form or a bundle form. It's pretty much the most common things that we're buying on the street. Once in a while we get into a brick, which is five bundles of heroin at a time.

The prices up there are pretty much where we're at. Usually we're at about $8 in the Pittsburgh area. Out this way, it's closer to $15. I think the --- out of the Latrobe area, they're paying about $15 a bag, and we're buying it up

that way. Bundles are usually running around $80 to $160.

Three methods of ingestion are injecting, smoking or snorting.

Long-term effects of heroin appear after repeated use over the same period of time. The higher the doses over that time, the physical dependency and addiction develops.

I'm sure you want to pay particular attention to the history of heroin in the United States. It's a rather interesting history of being a painkiller. The next few slides show the poppy seeds in Afghanistan. There are --- there's a map of the flow from Afghanistan, poppies in the Mexican --- Mexican poppy fields. And then there's a --- the drug trafficking chart from throughout the United States.

The influence of Mexican cartels has been seen here in the Pittsburgh area on several cases that we have done over the last five years. We've done several out of the Butler office. Organized crime people have done several, and there's been several done in the regional office here, at North Huntingdon.

When it comes to heroin-related overdoses, they obviously --- as you folks know here in Westmoreland County, they're on the increase. And a lot of it is due to the purity and obviously the increasing numbers of the younger people that are using the heroin.

Toward the end of the presentation then there's a

list of cases that have had Mexican connections to both heroin and cocaine throughout Pennsylvania.

One of the things that we're seeing quite often is that prescription medication seems to be the gateway drug into heroin. And we have done quite a bit of work here in the western part of the state, the central part of the state, in dealing with doctors and doctor shopping. As we review our files for individuals that are abusers of heroin, many of them start with prescription drugs, either by the abuse of it off the street or by being prescribed medication, prescription painkillers by doctors, some legitimate doctors that end up --- the person gets addicted to the painkillers, and once they're weaned off of them, they turn to heroin, or by doctors who are involved in criminal enterprises that either sell prescriptions for cash or trade prescriptions for sex. And we've done cases and arrested doctors throughout western Pennsylvania for that.

One thing I would like to mention is that I know there's a bill and some work being done on the prescription monitoring program, and our legislative people I'm sure are in contact with you folks about that. But it's very important for us on the street to maintain access to that program and be able to retrieve information on these doctors and the operations that they're conducting in their practices as it relates to prescription medication. And I'm available for any questions you may have.

CHAIRMAN KRIEGER: I'm sure some Committee members have questions. Let me begin with the first question. You showed a slide on the price.

MR. ELLIS: Yes.

CHAIRMAN KRIEGER: Can you give us a sense for, let's say --- and I don't know if there is such a thing as a standard habit, but what would a habit --- if it's an addiction or someone addicted to heroin, what would it cost them per week or month or some measure, if you can do that?

MR. ELLIS: It could be --- obviously, depending on the habit that they have, but it could be in excess of $500 to $1,000 per month.

CHAIRMAN KRIEGER: $500 to $1,000 per month. Other members? Representative Saccone?

REPRESENTATIVE SACCONE: Thank you for your testimony. I have a question. How many do you have --- just rough numbers, how many doctors have been implicated in some of this doctor shopping and selling of scripts, and what has happened in those cases to the doctors?

MR. ELLIS: Just recently there was a doctor in New Castle who was the number one prescriber of Schedule IIs in the state for a long period of time. He was convicted in Lawrence County. And I don't believe he's been sentenced yet. That was about a three-year investigation, using the statewide Grand Jury system. And there were numerous networks of drug dealers

coming off of him, that they would go see him and then set up distribution of those prescription drugs.

There was a doctor in Indiana County recently convicted in Indiana County Court. And one of the allegations against him was that he was trading prescriptions for sex. And he was convicted. I don't believe he's been sentenced yet either. There's been other cases up in Clearfield County and Centre County, Clarion County, where doctors have been arrested for this. We are very vigilant with that and monitor that on a daily basis. And we get complaints that we inspect doctors on a daily basis.

REPRESENTATIVE SACCONE: One more question. What's the average age --- if you were to describe this problem, is this a high school age, is this an adult age? Where are we ---?

MR. ELLIS: We're seeing it at the high school level, but most of the reports that I'm reading here at a local level are early 20s that appear to be most of the people that we're coming in contact with.

REPRESENTATIVE SACCONE: Thank you very much.

CHAIRMAN KRIEGER: Representative Barbin?

REPRESENTATIVE BARBIN: Thank you, Mr. Ellis for your testimony. We are experiencing throughout Pennsylvania a heroin explosion. Can you explain to us how these heroin trafficking networks and the purity of the drug are making ---

are expanding the numbers as greatly as we've been seeing them?

MR. ELLIS: The large amount of heroin that's coming in is probably only matched by the purity of what we're seeing. And once someone begins to use this, they continue to chase that high from the initial --- initial use.

The flow of it, particularly into western Pennsylvania, I can address that with some reasonable level of intelligence. Most of it appears to be coming from New Jersey, the Newark, New Jersey area, Detroit, Cleveland. They seem to be the sources that we're identifying here in western Pennsylvania. And it has different levels of purity and quality, and there --- that obviously --- the price is affected by the different levels of purity and quality. But as --- I'm sorry, could you ---?

REPRESENTATIVE BARBIN: What I was trying to get at, why is there such an increase in the heroin traffic in western Pennsylvania? Do you have any thoughts that we could consider, you know, remedies for as to why the traffic is exploding at this particular moment in western Pennsylvania?

MR. ELLIS: I think it's a matter of supply and demand. For some reason, younger people seem to be turning to this. And obviously, this has cut across --- in my high school years, heroin users were looked at like homeless people on the street. Nowadays, we've cut across all social and economic boundaries. It seems to be the drug of choice by upscale

teenagers from upscale families, and it seems to be their drug of choice. So I mean, with the supply of it, the demand of it, I think it's like anything else, there's a supply because there's a demand.

REPRESENTATIVE BARBIN: Yesterday I heard on the national news that Pennsylvania has become the third highest state for heroin usage. Is that related to those factors, the fact that it's crossing all economic and sociological ---?

MR. ELLIS: I believe --- I believe it is, Representative, yes.

REPRESENTATIVE BARBIN: Thank you.

CHAIRMAN KRIEGER: Representative Dunbar?

REPRESENTATIVE DUNBAR: Thank you. And thank you for your testimony. You had mentioned just a little while ago about when we were kids heroin was for the people on the streets and whatnot. And we're sitting here, trying to find legislative ideas, different things we can do legislatively to deter all this. I guess when I was looking at your testimony and watching the slides, when you had mentioned prescription drugs being the gateway to heroin, could you also comment on the increase of contents of THC and marijuana, and is that more of a gateway drug than it was in the past? Should we be looking at legislative ideas for marijuana as well? Is that contributing somewhat to the increased use of heroin, especially here?

MR. ELLIS: I don't --- I don't know that it is. Quite honestly, we have seen an increase in the presence of marijuana also in western Pennsylvania, so I think anything that we can do to try to protect our children that are going to be exposed to this is --- would be, you know, the right direction to go.

REPRESENTATIVE DUNBAR: Because there was --- you know, there was discussions about legalization and different things like that, which I strongly hold the view that it is a gateway drug to what we're seeing happen here.

MR. ELLIS: Yes. I think that's been fairly well established over --- over time.

REPRESENTATIVE DUNBAR: And could you comment about the type of like marijuana that's out there now? Is it far more potent than what it was years ago or ---?

MR. ELLIS: Yes, it is. We're seeing a large amount of marijuana being harvested in Canada. They have a serious problem there with indoor grow operations. But we are seeing more indoor grow operations throughout Pennsylvania, also. And obviously, you know, you continue to see the flow of it from the southern border, from Arizona. One of the places we seem to be a target from --- for western PA is out of the Arizona area --- or comes from the State of Arizona.

CHAIRMAN KRIEGER: And I'd like to follow up on one question Representative Barbin began. You know, as we sit here

and think about legislative approaches and how we can help law enforcement, we're aware of this change where you said in the '70s heroin was kind of for the bad guys, and now it's socially acceptable, at least in some corners. Do we know why that has changed? Do you have an opinion on that? And obviously, that's a very difficult problem to deal with legislatively when we're dealing with perceptions in society. So a two-part question. Do you have a sense as to why that might be changing? And secondly, do you have any sense as to how we can help change that?

MR. ELLIS: Unfortunately, I don't. I mean, I personally have friends whose kids grew up with my kids and faced this problem. And I know how those kids were raised, and there's no --- there's no, yeah, rhyme or reason. There's no --- there doesn't appear to be any reason that it happened to these families.

And as far as --- I mean, I'm not sure how far we can legislate stuff to that kind of thing. You know, it's obviously --- most of us have kids that have gone through these kind of things, faced these kind of decisions, and some make the decision that affects them the rest of their life, a bad decision like that.

CHAIRMAN KRIEGER: Representative Ellis?

REPRESENTATIVE ELLIS: Thank you. I just had a quick question as far as what is the typical profile of someone

who is selling heroin? From what --- I've heard stories and we've had an epidemic in Butler for sometime of the users, they need six bags a day. They drive to Pittsburgh. They buy 12. They come back. They sell six; they use six. They go back down the next day. So are you seeing more and more people that are buying and selling, or is it still a main distribution, one guy, and what can we do to go after the main seller?

MR. ELLIS: It's a combination of all of those things that you described. Here, in Westmoreland County, particularly the eastern part, we see a lot of kids pooling their money, going into the City of Pittsburgh or Allegheny County, making larger purchases, coming back and selling off what they purchased.

We do have groups from, as I pointed out, Cleveland, Detroit and even smaller groups from the City of Pittsburgh, coming out into our communities, setting up shop in neighborhoods with other known drug users or in hotels and in selling out of houses. We don't see a whole lot of heavy amounts being moved. I think they're concerned about moving heavy amounts into these neighborhoods at any one given time.

REPRESENTATIVE ELLIS: What would you define as a heavy amount?

MR. ELLIS: Several bricks.

REPRESENTATIVE ELLIS: Okay.

MR. ELLIS: It would be several bricks of heroin.

More than several bricks. I think they're keeping the numbers down because, particularly in the northern part of Westmoreland County, we've been really aggressive and we've hit some heavy dealers up there. And we're not seeing real high numbers. The first couple we did, I think we hit like 50 bricks. And now we're getting anywhere from three to six bricks at a time, so ---.

CHAIRMAN KRIEGER: Representative Harhai?

REPRESENTATIVE HARHAI: To spin off that question, is that because of a lesser charge? In other words, I'd rather be coming here more frequently as opposed to carrying a larger amount less frequently, because if I am busted with that, then my charge is not going to be as much, and I'm off and I'm back in the street because the prisons are loaded with ---?

MR. ELLIS: Yeah, I think it's a combination of whether it be facing lesser weight, but also the product wouldn't be gone --- you know, massive amounts of it wouldn't be gone. They can go back and re-up smaller amounts.

REPRESENTATIVE HARHAI: Just to clarify something that was mentioned earlier on. I think we're concentrating on teens, and as well we should, and also early 20s, but this is a widespread epidemic, from probably middle school, maybe earlier. I don't know. I haven't heard it, but middle school I've heard, up to 40s, 50s, people that are utilizing this. So this is --- no one is immune once they hit like 30 years old or

35 years old, and it's a rampant problem. And if you look at the newspapers and see the arrests, you'll see the 45-year-old, the 42-year-old, the 27-year-old, the 19-year-old. So it is a widespread, not just concentrated on that amount.

MR. ELLIS: It is widespread, Representative. And actually, yesterday, when I found out I was to prepare for this, I met with my staff and we went over some things. And one of the things that was pointed out is that we're looking at probably a starting age of about 14. And as you pointed out, I mean, the reports that I read, we have 45, 50-year-old people that are still out there playing in the heroin trade, so ---.

REPRESENTATIVE HARHAI: There's a shift. There was an article in yesterday's local paper that there was a 70-year-old man that was found with crack cocaine, just to let you know that it's across all boundaries.

MR. ELLIS: Yes.

REPRESENTATIVE HARHAI: Thank you.

CHAIRMAN KRIEGER: One last question from Representative Reese.

REPRESENTATIVE REESE: Thank you, Chairman Krieger. Mr. Ellis, thank you for your testimony. I certainly found it to be informative. Obviously, there's a large social impact from this epidemic. Can you describe just briefly some of the criminal activity you've seen associated with it?

MR. ELLIS: I'm glad you asked that question because

I was going to follow up with that. Retail theft is huge when it comes to this kind of stuff. And one of the things --- it was a spinoff of Representative Kreiger's initial question, that I get calls about from police chiefs all the time is the secondary crimes that are being committed, the home burglaries, the car injuries and any other kind of thefts, even internal thefts within the family, obviously, because it's a whole other gamut of things to deal with. But it's a heavy retail theft issue.

In our discussion yesterday with staff, one of the things they said, these kids are going out Route 30, into Pittsburgh, they'll stop at Walmart and shoplift the things they need to trade to the drug dealers in Pittsburgh for the --- for the heroin. So I mean, all of these --- all aspects of that are affected by this. And you know, actually, my vehicle was entered the other day, overnight, and there was probably two dollars' worth of quarters were taken out of the console, but that's the kind of petty thefts that are occurring just so people can get enough money to come up with these --- to buy a bag of heroin.

One of the other things that is real, real big, I think particularly in the smaller communities, we have a lot of straw purchases of guns. And then the guns are being taken into the bigger cities. I know in Philadelphia it's a huge problem. It's a problem here in Pittsburgh. And the guns are

being traded for heroin, also.

REPRESENTATIVE REESE: Thank you.

CHAIRMAN KRIEGER: Thank you, Mr. Ellis. We could talk all day to you. Unfortunately, we don't have time. But thank you very much for your testimony.

MR. ELLIS: And I'm sure Mr. Duecker will be available to follow up any questions, too, that he was unable to deal with today.

CHAIRMAN KRIEGER: Thank you. And we appreciate your testimony. I'm going to ask Secretary Tennis --- and while the Secretary is coming, I would be remiss in recognizing a few folks who are here. We have Commissioner Courtney, Commissioner Anderson. We have our coroner, Ken Bacha. We have Chief Roberts and Chief of State, Senator Kim Ward is here. And I would also be remiss if I didn't recognize the many members of Sage's Army that are here. Mr. Capozzi will be offering some testimony. They've done some wonderful work here, helping the community understand that we have a problem, and it's a big problem. So we'll hear some more about that later, but Secretary Tennis, go ahead.

SECRETARY TENNIS: Good morning, Chairman Krieger, members of the Committee. I want to begin by thanking you from the bottom of my heart for your dedication and your commitment to this issue. You're identifying an issue that's causing great, great suffering. I want to also thank Senator Ward, who

I met with several times, who is just passionate about the issue.

I want you to know that when I testify I'm very, very acutely aware of the folks in the back rows on my left here. This is the suffering caused from this problem. Drug and alcohol addiction, in general, affects one out of four families. It is an invisible giant, inflicting incredible suffering in our communities, shattered the --- the Capozzi family is one family of countless families with shattered hearts because of this problem. And this is a problem that remains invisible because of stigma, because of shame, and because of denial. So your willingness to shed the light on this problem is just huge. It's a big thing. It's a big deal, as far as I'm concerned. And it's a wonderful thing.

I have testified in front of this subcommittee and the House Judiciary Committee many times during the 20 years that I've represented the Pennsylvania District Attorneys Association. And one of the things that we learned with the District Attorneys Association, and it's what I want to sort of urge for this committee, is the whole paradigm of, well, should we do law enforcement or should we do treatment. They go together. They are --- you will --- I'm here now as the Secretary of the Department of Drug and Alcohol Programs. Our job is prevention and treatment. I'm not in law enforcement anymore, but I urge you to have strong law enforcement

responses to this issue. At the same time, the strongest response for government, for state, local and federal government, is to bring the two together.

We know that the treatment rates are most successful when there is the greatest leverage for the individual going into treatment. It's hard to do treatment. And by the way, one of the reasons --- from the consumer perspective, one of the reasons why you'll see --- and I talked --- people talk about this who --- I was in the Philadelphia DA's Office. They said I would drive down I-95 a couple times a day to get some more crack cocaine because I just needed it one more time, and then I was going to quit. They want to quit, but addiction just doesn't let them. Once you're in the hold, it doesn't allow them.

There's going to be a study --- I'm probably not allowed to be saying this, but I'm going to say it anyway --- coming out of Pennsylvania Commission on Crime and Delinquency. And this is from the good work of the General Assembly quite a few years ago where you developed a treatment diversion program for Level --- and sentencing guidelines, Level III offenders. And it's going to show these people, they did the treatment base right. They clinically matched the treatment to the level of addiction. They didn't undertreat, which is what we tend to do because the treatment is underfunded. And here it's funded to provide the clinically appropriate level of treatment. And

the recidivism rates for the individuals who got put into treatment and --- is 13.9 percent. For those of us in law enforcement, that is a --- that is an amazing, amazing contrast to had they not gotten treatment, which the overwhelming majority of them would have been back into the criminal justice system. If they were opioid or heroin addicted, it would be probably property crimes. And I'm speaking in stereotypes, but it's true. They're based on reality. If they were alcoholics or maybe with cocaine or methamphetamine, it might have been crimes of violence.

Crimes associated with this. Not all people with addiction --- in fact, the majority of people addicted aren't actually committing crimes, except for the use of the illegal drug, if it's an illegal drug. Most are still in the workplace. It hasn't evolved to the level where they become --- where they start committing crime. But 70 percent of the people in the Department of Corrections and 70 percent of the people who are arrested are there with drug and alcohol problems. So we know that a treatment diversion sentence, we know that that reduces crime, it gets people into recovery. And I can't tell you how many people I've met with who spent a lot of time behind bars, committing one crime after another, sometimes several a day, if it's a heroine addict, for example, with property crime, several a day until they were intervened with by the criminal justice system, diverted into treatment.

And they had to stay in treatment, because if they didn't, they'd go to jail. So I urge you to think of those two as treatment, making law enforcement stronger and law enforcement making treatment stronger. Anyone who comes in and says we should do one versus the other, it's the wrong paradigm. We need them both together. And they're both stronger when they're together.

By the way, I also want to acknowledge, I forgot, your --- and I'll say more about it, your County Drug and Alcohol Director, Colleen Hughes, and your District Attorney here in Westmoreland County, John Peck, and Dirk Matson, the Health and Human Services Coordinator, have been very, very proactive in terms of addressing these issues. And I'm going to get into more. This is one little thermometer of that or one of gauge of that I'll talk about in a minute.

What the previous testifier said is true. The cause for the uptake in heroin use, which is really substantial, is prescription drugs. In fact, in last December's Wall Street Journal there was an article by an individual --- by a doctor who really pushed for, saying we can do much more prescribing of prescription opioids. People aren't going to get addicted. We don't need to just restrict it to cancer or terminal patients. We can do it for back pain, anything else. And in that article this doctor expressed great and profound regret and acknowledged that thousands had died, that he was wrong, he

didn't know what he was talking about. Prescription, if you'll look at --- and I'm not good --- I've never been a statistics citer, so I won't do it, but a lot of it's in the testimony. If you'll look at prescription --- opioid prescribing, over the last ten years it has just gone up like this. So people --- and what's interesting, I'm looking at --- Colleen Hughes sent me this breakdown by age of the overdoses. And the biggest overdose ages, to my surprise, were 41 to 50 and 51 to 60. People --- you know, we tend to stigmatize and think of these bad people. Actually, there was an article this morning in the Philadelphia Inquirer about the overdose problem there, which is a heroin overdose problem. The first --- in the online version, this is the level of stigma. This is the way our people --- this is the reason we can't think straight about that. The first comment was overdoses are nature's way of cleaning out the trash. These people are not trash. Sage Capozzi was not trash. He was a good human being, a good young man who got caught in this addiction. These people who are getting addicted to prescription opioids are often people who's been in a car crash, they've been in some kind of accident. They are prescribed opioids for their pain. And because they have --- often there is a genetic --- there's actually been a genetic marker. What would not get me addicted or would not get me to become an alcoholic, for the individuals who we can see in the family history, and now it's being more and more

scientifically established that certain people are vulnerable to addiction. The doctors don't know this. They don't take it into account, unfortunately, in their prescribing. Hopefully, that will change. But these individuals, regular individuals who are prescribed opioids, are getting addicted. What happens, then it becomes more and more expensive and more and more difficult to get the opioids, and there is a migration over from opioid use --- prescription opioid use over to heroin, and it --- because it's cheaper, it's purer, it's a stronger --- I almost hate to be saying this because I don't want to be putting an advertisement for people out here, but this is the --- you need to know this. That's the reality. The prescription drug problem is what's driving the heroin problem. I don't think there's any question about it.

So part of addressing the heroin problem, in terms of stopping the flow of individuals that are getting caught up in this disease is to address the prescription drug problem. And I'm sorry, I tended to overextend my time, but there's just a lot to say about this. I'm going to do the best I can, but ---.

The prescription drug monitoring program, our administrative, the Corbett Administration, is working with a sense of urgency but a sense of determination to get it right and working with the General Assembly to get --- working with you to get a strong, effective prescription drug monitoring

program. And there is an important law enforcement piece, but there's also another importance piece, which is we want to pick up a lot of the doctor shoppers, the people that are going around --- some are businessmen. They need to go to jail. They're doing it --- a lot of diverted. The heck with them. But the ones that are suffering from the disease of addiction, this is an opportunity to intervene and get them into treatment. So that prescription drug monitoring program has been proven in state after state to reduce prescription abuse.

FDA is --- had the whole issue, and I actually ended up writing a letter to the FDA, urging them for opioid --- prescription opioids, some of the drug companies have created tamper-resistant opioids. It's a limited thing. There are ways to get around it, but it helps. Now the generics are coming onboard. The patents are running out on the initial opioids, so we're urging the FDA to make --- to require the generics to be tamper resistant. The collection boxes, we know that for our young people --- and are young people are sort of nearest and dearest to our hearts. I mean, they're our children. I'm guessing all or most of you are parents. We all know how much we love our kids. And we know our kids are getting these prescription drugs. They're stealing them out of their family medicine boxes or they're getting them from their friends' families. They go up there and they might just take a few so they don't get detected. You all know about the pharm

parties. I don't need to repeat that here again. But we know that kids are getting addicted to these by getting them out of medicine cabinets. The days of keeping that painkiller around in case I get hurt again and I don't want to have to hustle to the doctor, those days are over. That is no longer a safe practice. It's no longer a responsible practice. It puts our young people at risk. So we need --- but you can't flush them down the toilet either because our water filtration systems don't filter out opioids, for example, or benzodiazepines. If they go into our water supply, then we're all getting a little bit, and it's not --- it's not the way to go either. So these efforts --- one of the things we've done is we saw a prescription drug collection box initiative done in Bucks County. We quickly tracked down funding both from Pharm's Foundation out here and from Pennsylvania Commission on Crime and Delinquency that we partnered with. We got $125,000. We worked with the DAs Association. They negotiated a 50 percent discount with the makers of these collection --- prescription drug collection boxes. They have to go --- they have to be under law enforcement eyes because they are a magnet for people with addiction. So we have to keep them under police or some kind of law enforcement monitoring all the time until they're destroyed. So we got 250 of those boxes for starters. We have about 1,200 police departments. So we have a long way to go.

I think the residents of Westmoreland County should

be very proud that their District Attorney asked for the most collection boxes of --- except for Philadelphia. I think they tied Philadelphia. Was it, John, 21? Twenty-one (21) prescription drug collection boxes here. That was --- that put Westmoreland County as a leader in terms of a proactive response. And we have been working with our county Drug --- our county Drug and Alcohol Director and our community groups. That's going to help. It's just one piece. I mean, this is a --- like anything, it's complex. There are many pieces to it. But that's an important piece because --- and it's particularly important because of the impact on our young people. So that's --- that's another thing.

Prescriber training. One of the things we're --- that I've been doing is working with Geisinger, because we know that there needs to be --- we need better training of people. We need to sort of shift things back so that prescribing of opioids and benzodiazepines is more cautious, that they actually screen and watch out for is there a family history of addiction, is this person going to be more at risk of getting the disease. We work with Geisinger and then actually the Health and Human Services Committee Executive Director, Melanie Brown, referred the University of Pennsylvania, their pain medicine. We're gathering good doctors from there. With the right people from DPW, Department of Public Welfare, Department of Health, Department of Aging, and my department, and I'm

going to --- we're going to sit down and see if we can drive toward some kind of what can the state do to push for better training of doctors, for better --- ensuring that they are more careful about how they handle these really pretty dangerous drugs. Others use life skills training. We were able to get an offer for free life skills training for any school district and 50 new school districts. This is for teaching kids. It's the most --- it's the best evidence-based practice for teaching kids how to not get involved in drugs, alcohol or smoking. It's aimed for sixth-seventh and eighth-graders. And I think a couple of your school districts picked up on that. But that is another area that I think is important, too, because, again, focusing on our kids, even though they're not the highest number, they're kind of our future, and they're the ones that we --- when push comes to shove, we care most about our kids. So that's just the way it is.

One of the things that does happen, and this has been observed in states that have put in strong prescription drug controls, is heroin goes up. The reason is --- and you still should do it. You still have to put in the prescription drug controls because it stops --- or it dramatically reduces the flow of new people getting addicted to prescription opioids. It makes it harder. There's just going to be fewer and fewer people coming into this disease, contracting it through prescription opioids. Ultimately --- ultimately, down

the road, that will reduce heroin use. But what it does in the short term is you have the currently addicted prescription opioid addictive population. You're going to be cutting off or severely reducing their supply. They're going to --- if we don't have the adequate resources to treat them, they're going to --- for the most part, they're going to shift to heroin. So this uptake you have seen and that you're observing, as we do these things that we should do, it's going to create another problem, and we need to be prepared for that. Some of that would be funding, on a short term, some kind of addressing it. And treatment for severe opioid addiction needs to be clinically based. It needs to be based on an assessment, something called the Pennsylvania Client Placement Criteria. We've got the best criteria in the country here.

We also, by the way --- and it sounds like, you know, I'm being Pennsylvania proud here, but we actually do have the strongest treatment network and we treat the highest percentage. We treat --- we have enough funding to treat one out of eight people with this disease in Pennsylvania. That sounds bad, but nationally it's one out of ten. So we're doing better. We must do much, much better. But because of stigma, we still haven't gotten this straight.

One of the things that's going to help us in terms of the funding is helping Pennsylvania. This is the proposal. We've all been following the Affordable Care Act.

All the negotiations are on Medicaid expansion. And the Corbett Administration's Healthy Pennsylvania will provide to basically pick up the premiums for that group if individuals --- from 100 to 133 percent of poverty level. They will be covered. And I can tell you from talking to the folks at the Department of Public Welfare, and particularly Bev Mackereth herself, there is an absolute commitment to ensure that we have full, robust benefits for drug and alcohol treatment. They know --- Bev knows and that department knows and the Corbett Administration knows that this population is driving our criminal justice problem and it's driving our healthcare problems. It drives up Medicaid costs. It drives up everything. So there is that --- at a minimum, I think we're looking at the Act 106 benefit. Many, many years ago the General Assembly passed Act 106 that provides 30 days residential, plus 30 outpatient units, at a minimum that it's going to depend on how the negotiations go between us and the currently out-of-business federal government.

One thing that, just so you know, that this department's been doing in addition to pooling these folks together for prescription drugs, we had --- about three or four months ago we had a rash of overdoses with fentanyl. Fentanyl is an extremely strong opioid. It's generally --- you'll read it being about 50 times more powerful than heroin. Long-term heroin addicts will go to it because they want to get that ---

they want to get that high, that rush that they got the first time --- those first times instead of just keeping from feeling miserable. So we had 50 deaths.

Some of you may remember back in 2006 we had a fentanyl crisis where, in Philadelphia alone, we had 270 deaths in a couple of months, overdose deaths. It was a terrible, terrible epidemic. As a result of that, I gathered together a task force of federal HIDA --- Department of Justice, HIDA, from PDA, B&I, State Police, folks from the Governor's Office, the Health & Human Services folks from the emergency medical technicians, emergency rooms, the Coroners Association, and the treatment providers, and said what can we do. It takes --- if someone gets someone who has died, it takes like six to eight weeks to get that information kind of out there so everybody knows. What can we do if we see an uptake in --- whether it's heroin --- and we decide --- the group --- the first thing the task force decided to do is let's not just make it fentanyl, let's make it whatever's going on. If we see a rapid uptake in some county, Westmoreland County, for example, whether it's in heroin or cocaine or fentanyl or bath salts, how can we, in a matter of a day or two, get that information on to a platform so we can respond --- the government can respond? And the kind of response we're talking about is if we were able --- if the coroner saw this, saw this --- an uptake in some kind of deaths, and they know, they can do some preliminary work, or if

the emergency medical technicians found they were getting a rash of picking people up with a certain kind of overdose, if we could get that information onto a platform of watch out for this, this is appearing, one response --- and I can never --- you know, I worked in the DA's office for 26 years. I can't stop thinking this way. It gives --- at the state, local and federal level, it gives us the knowledge to know we need to send in undercover officers and start looking for those drugs. We need to send undercover officers to say, hey, where do I find such and such. We need to get after the supply. That's one piece of it.

We need to make sure our emergency medical technicians in our emergency rooms have the know-how, the technology and the supplies to deal with it. So for example, if somebody's got a fentanyl overdose, the tendency --- the way you overcome an opioid overdose is with Narcan. It's a substance that causes the neuroreceptors to kick off the opioids, and it's often a lifesaver. With fentanyl, the normal dose of Narcan that you would give for heroin often will not save the life. So if we knew fentanyl is occurring and that information went out to the emergency medical technicians, they would know to rapidly --- to give the one dose. And if the patient's unresponsive, to rapidly increase that dose and save the life. Because, first and foremost, we can't get anybody better if we can't --- we need to save people --- we need to

stop the dying is what we have to do. So that information to them and to the emergency rooms will help that. We want to make sure they have the supplies, the technology, the know-how, to save the lives. So between those two ---.

Another thing we did --- we've already done it. At the end of the written testimony, you'll see a policy bulletin we sent out to the county Drug and Alcohol Directors, asking them to work with your emergency rooms. And Colleen Hughes was part of the group. She's on the Overdose Rapid Response Task Force, the statewide one. It's really played an integral role with us. It's asking the county Drug and Alcohol Directors to work with their emergency rooms so that when somebody survives an overdose, instead of just handing them a phone number saying you should call this to get treatment and they go of on their way, they always think they can quit by themselves and they cannot, we actually have more of a triage, we do more of an intervention at that point, and we get them referred to a full evaluation and make them a priority population to get into treatment. Most people who are dying of overdoses have survived overdoses before. So that's a group we can get.

In closing --- and I know I've got all kinds of ideas for legislation, I'm probably already over my time. It was Doctor --- it was a Pennsylvanian, Dr. Benjamin Rush, one of the signers of the Declaration of Independence. And I'm really talking about stigma here. He was the first man ---

this was two-and-a --- almost two-and-a-half centuries ago --- that wrote a treatise, saying they had a huge problem with alcoholism. It was worse then because had to drink alcoholic beverages because the water supply was tainted. It was the only safe way to get your fluids. So a much higher percentage of alcoholics. He was the first one to say, you know, we've been trying to punish our way out of this problem, and it isn't working. It's getting us nowhere. I think this is a disease, 250 years ago. And we still have people saying, well, these people are trash. So stigma is here. We have to fight it. We have to think clearly about these issues. We know that it is a disease. It clearly is. And if you look at any of the hallmarks, it's --- anybody that looks at it from a scientific perspective knows that it is. And I think if we can bring law enforcement and treatment together, I think there's a lot we can accomplish. Thank you. And I apologize for going over my time.

CHAIRMAN KRIEGER: Thank you, Mr. Secretary. I can appreciate your dilemma. There's so much to say that I'm sure we're --- at the end of this hearing today we're going to wish we had another four hours.

SECRETARY TENNIS: Yeah, I'm sure.

CHAIRMAN KRIEGER: But I think it's worth at least a few questions if you had a few more moments.

SECRETARY TENNIS: Of course.

CHAIRMAN KRIEGER: And I'll start off. We've all heard about prescription drugs and how that's a gateway and how that's a big problem. Are there any particular prescription drugs that are most problematic that we should focus on?

SECRETARY TENNIS: Yes. I think the most are the prescription opioids. So that would be any of them, really. OxyContin is the one you hear most about. That's a powerful, powerful drug. Percocet. But the bottom line is once --- it's the painkillers, basically, the opioid painkillers. There are non-opioid painkillers. That's one of the areas we would like to work with the doctors on to make sure that if somebody has a family history of addiction, that they use the non --- the less addictive painkillers. I believe Tramadol is a non-opioid. And I think there are others as well that you can use --- that doctors can use, so --- but it's mainly that benzodiazepines are an issue.

We see a lot of overdose deaths where individuals are on methadone, clinically, as a way of addressing their addiction, and then they take benzodiazepines because they combined them, get you high. So if they're not doing --- we're not doing --- if we're not doing the treatment right and they're still determined to get high, they can, but you now have two substances in the body that cause --- that suppress the respiration. So often, when those two are combined, the individual will go into respiratory arrest. And I spent a lot

of time with parents of kids who died in their late teens or early 20s that were --- you know, combined methadone and benzodiazepines. Those are the tranquilizers, and those are --- those can be a problem as well.

CHAIRMAN KRIEGER: I'd like to just follow up briefly. And this may be a simplistic approach, but I relayed a conversation I had with a criminal defense attorney here in Westmoreland County. Many of his clients are suffering.

SECRETARY TENNIS: Yeah.

CHAIRMAN KRIEGER: And his simple solution was, and it may not be so simple, is prescription opioids, we just banned them. This is --- I'm not a doctor, but is that a possible thing for us to ---?

SECRETARY TENNIS: I think we probably need a more measured response because, right now, you'll have --- some people, for example, in terminal pain, you know, dying of cancer, that are in extreme pain, and that is probably --- for them, opioids is probably the only way. I think that we didn't have this problem --- we had opioids before, and we didn't have the problem we have now. If you look back --- and I'll be happy to supply more information if you want. But if you look at the history of this, there was a big movement in the '90s to expand --- dramatically expand the use of prescription opioids for non-cancer pain. Like, if someone comes in with a back problem, they got a herniated disc, they got this problem or

that problem, we're just --- one of the first thing is to give opioids. And then, not surprisingly, as that occurs, this problem occurs. So I think probably a more measured response is in order. I don't think --- you'll probably get a --- I think you'd have a hard time --- even if it were a good idea, you'd probably have a hard time getting that accomplished. And I think we can do --- we can come up with something that's --- that can address the problem pretty --- in a pretty robust fashion without going that far.

CHAIRMAN KRIEGER: Representative Harhai?

REPRESENTATIVE HARHAI: Secretary, you had mentioned methadone. How successful have we been with the treatment of methadone or any other substitute for the actual drug?

SECRETARY TENNIS: Well, ---.

REPRESENTATIVE HARHAI: Is it better, worse, average? Do we need to improve it? You mentioned one example.

SECRETARY TENNIS: Well, you all passed --- and I'm forgetting the Act number, but you recently, I think last session, passed the Methadone Death Incident Review Team legislation. So one of the things that you have directed us to do is review all of the cases where --- and part of our challenge is gathering them, where methadone has been prescribed and someone has died as a result, where methadone was a contributing factor, or someone was badly hurt, or there was an unreasonable risk of death or injury. So that's the

statutory language. We've had four or five of those team --- Methadone Death Review Team meetings. And one of the things we're looking at is what are the factors? How can we improve methadone practice to make it safer, for starters, to stop the --- stop the dying and stop the people getting hurt? And we're looking at that identifying things. And one of the things that legislation does is it tells me that I have to have full confidentiality. So I'm a little bit torn about how much to say about it. I think that some people need methadone treatment. Some people seem to have a hard time getting better in drug-free treatment. But often it's a substitute. We have an issue.

If our county Drug and Alcohol Directors find people at the level --- give them the residential treatment --- if you take someone with a long-term heroin addiction, and I'm speaking in very general, non-clinical terms, but usually what you're going to find is that person is going to need somewhere between three to six months --- if they're in drug-free treatment, they're going to need detox first, three to six months of residential treatment, followed by some kind of supportive housing situation and intensive outpatient, where they're going in a couple hours a day, followed by outpatient, ultimately maybe hooking up with a 12-step program and some other in which they need to be in for the rest of their lives. That is an evidence-based practice that works. We currently

don't have the resources to do it. So if I'm a county Drug and Alcohol Director, quite frankly, I'm sometimes in a bind on whether I'm going to save lives all year round or whether I'm going to give everybody the level of treatment they clinical need and run out of money partway through the year.

Some of the answer is maybe taking a look at our --- making sure that our behavioral managed care organizations are fulfilling their duty to fund treatment at the level called for in the Pennsylvania Client Placement Criteria. I don't know. It's a quandary. We're in a quandary because this is just the way it is around the nation. And I think part of my job as the Secretary is to sort of --- is to come to you and say ---.

REPRESENTATIVE HARHAI: It seems more financial.

SECRETARY TENNIS: Well, it's about the research. If we did --- it's financially cheaper to do methadone treatment in the short run. In the long term, if you're going to be doing it for the rest of their lives, then you're going to be paying for the rest of their lives. And they may be paying themselves. They may be employed. You can get people stabilized, that kind of thing. But people can get drug-free recovery, and it's an evidence-based practice. It's proven to work. But there is a bigger up-front expense. So you're kind of weighing those options.

And if you --- the other piece about methadone treatment is you still need --- it's called medicated-assisted

treatment. Methadone is not the treatment. Suboxone is not the treatment. You still need to do the treatment because there are all kinds of patterns of addictive thinking, addictive behavior, that have got to be interrupted. There are certain things --- there's cognitive behavioral therapy. These are some of the therapies, motivational interviewing, different therapeutic techniques that can be used to kind of shift the lifestyle so that the person kind of gets --- and I'm going to use a shorthand, learns right living. And right living meaning you take responsibility for yourself, you work, you're productive, you take care of your family members, you stop blaming everybody else for all your problems, those kind of things. So there's no medical substitute for that. And if you look at the history, there's a book called Slaying of the Dragon: History of Addiction Treatment. It goes back to the 1830s on. There was a gold cure. There was a silver cure. There's always been some pill that's going to fix addiction. So far, you know, there are promising technologies. Vivitrol is a fairly promising technology, but we don't know yet. It's new. And I think it's exciting, but I --- I'm --- I take it all with a grain of salt because I want to watch and see how it plays out. We know --- you all are concerned enough about the methadone problem to create the Methadone Death Review Team and mandate us to look into that. So obviously, there are problems there. And we are looking at them, and we're going to come ---

we're going to come back with suggestions for ways of improving practices. But I think we still need it.

CHAIRMAN KRIEGER: Thank you, Representative. Representative Saccone?

REPRESENTATIVE SACCONE: Thank you, Mr. Chairman. Thank you for your testimony. I appreciate your passion for this.

SECRETARY TENNIS: Thank you. I appreciate yours as well, sir.

REPRESENTATIVE SACCONE: I'm not discounting the law enforcement forces. We absolutely have to do this. But I just want to --- I want to remind people that this reflects a much deeper societal problem. And I work with youth a lot, and we have many youth traveling around today without a moral compass, and that affects how they get involved with this from the very beginning. So we can't discount that.

But in your testimony you had a --- you noticed that there's a doubling of heroin use from 2007 to 2012 and a rise --- you noted a rise of use among our youth. And I'm wondering do you have any statistics to show us the percentage increases among our youth? Have there been any studies done to show us that?

SECRETARY TENNIS: I don't. In fact, the last --- what we have is there's something called the Pennsylvania Youth Survey, and it's a good way to get the information. This last

--- one of the things we have done as a department --- we've only been here for a year, so you know, there's a lot to do, as you can see. We reached across with PC --- we're working with Pennsylvania Commission on Crime and Delinquency, actually taking some of our funds and joining with theirs to make the Pennsylvania Youth Survey available to every school district in the Commonwealth. And it now is available to every school district. It was only a handful of school districts that were doing it before. And actually, I think as you'll see from the testimony, the last one that we got in didn't show any heroin. So I don't think we were getting --- I don't think we were getting good information.

Information gathering in this area is really difficult. One of the other challenges --- one of the other --- it's a long list of things that we're trying to do all at once. One of them is we think that drug overdose --- or drug-caused and alcohol-caused deaths are underreported nationally. And I've spoken with Dr. Ralph Hingson at NIAAA and the folks at NIDA, and they have agreed that it is. I mean, just an example, Whitney Houston, who died --- she slipped under the water in her bathtub in a hotel room. She's listed as a drowning. She's a drug death. That's a drug death. But that's how it gets listed. It's underreported. And one of the things we've done is reached out to them and say can we look into what we can do to get better reporting. And I

think of this is another area we --- I'm not satisfied with the level of our information. But with the Pennsylvania Youth Survey being more widespread, I'm hopeful that we're going to get better information to be able to give you something more to operate on, because I don't think what we have now is sufficient.

REPRESENTATIVE SACCONE: Thank you.

CHAIRMAN KRIEGER: Representative Ellis?

REPRESENTATIVE ELLIS: Thank you, Chairman Krieger. Obviously, just in the first few testifiers today, yourself included, we've heard to come at the problem, we got to come at it at a bunch of different angles.

You had mentioned, you know, one of the things we can do legislatively is to look at the availability of the prescription drugs perhaps like we did with bath salts. It was a major issue. We took steps legislatively. I don't think the problem's gone away, but we've certainly done our share.

SECRETARY TENNIS: Yes.

REPRESENTATIVE ELLIS: As far as that, if you can give us recommendations. How can we take a better look at it? And I guess the reason I'm wondering is, is there a push from the Department to encourage the federal government to say this is how we should sell opiates? My mother, at the end of her life, had degenerative back disease. When we cleaned out the medicine cabinet after she had passed away, amazed at how many

prescription drugs were in there, and a lot of them had oxy something in them. And I don't know, but I think at the end of her life it may have actually been more of a problem than it was doing good. My wife, on the other hand, has migraine headaches. She can only get six pills at a time, ---

SECRETARY TENNIS: Yes.

REPRESENTATIVE ELLIS: --- but my mom had almost an unlimited supply. Are you making any recommendations to the federal government to say we can do a better way of prescribing these drugs and getting them out as far as quantity?

SECRETARY TENNIS: I don't --- you know, I'm not a doctor. I come out of law enforcement and a legal background, so I --- we are --- this is one of the things with our --- this group that we're pooling together from Penn and Geisinger and the various officials. One of the things we're looking at is what should those recommendations be. I'm not yet prepared to do that, but it's certainly something that we're driving toward. And we do have a lot of --- I'm on the board of my national group. And I guess because I'm a former trial lawyer, they use me sometimes to testify on different issues. So I expect to be prepared to. And I know that on a --- in our meetings of the national Drug and Alcohol Directors, this is --- Pennsylvania, we are doing --- we're not doing well here in Pennsylvania. But nobody's doing well. This is a national problem, and it's something that we're --- we do want to be

looking at. But we really do need to look at what are the guidelines, but we need to work with the medical community. That's why we have the Department of Health involved, Department of Aging involved, because it tends to be --- that issue tends to be --- often those are medicine cabinets that kids will get to, your grandparents' medicine. You know, I need to go to the bathroom. They go up there, and --- maybe not their grandparents. Maybe their friends' grandparents. But that's one of the reasons why the collection box --- even if your mom had wanted to get rid of them, would she have known what to do? I mean, or would she have --- would it have been easy to do it? Like, we need a safe, secure, convenient way to dispose of them. But the prescriber training is something that has to occur. And that's something we're working on, but we're --- we have a ways to go, and we're trying --- we're bringing in the --- the Department of Health is working with us and the other departments as well, so --- but it is a priority. And I agree with you on the bath salts. You all did a beautiful job with that, so ---. I appreciate that.

REPRESENTATIVE ELLIS: Thank you very much.

CHAIRMAN KRIEGER: Representative Barbin?

REPRESENTATIVE BARBIN: Thank you, Mr. Secretary. Your testimony today was really helpful in, you know, establishing the prescription part of this heroin explosion. The one thing that I had a question was, right now, we expect

to have a 13-percent sort of recovery from the --- this level-three study, this will show with offenders what you can do if you have a little ---.

SECRETARY TENNIS: 13.9 percent re-offend and get locked up. Everybody else is doing fine.

REPRESENTATIVE BARBIN: Oh, okay. So this particular study is 87 or ---?

SECRETARY TENNIS: So you have 86 personnel --- the academics are --- the academic folks are still hustling over the exact percentages, so that's why they asked me not to. But I need to tell it to you.

REPRESENTATIVE BARBIN: Okay.

SECRETARY TENNIS: And by the way, for DUIs it's 2.9 percent, which is 97 percent.

REPRESENTATIVE BARBIN: All right. Here's what we have. We've gone through these same things in Johnstown. What we have as a continuing problem is what we would call halfway houses, where you have voluntary admissions and voluntary ability to leave. We have --- our police department has had problems, you know, because of HIPAA, even working to see where our downtown issues are coming from.

SECRETARY TENNIS: Right.

REPRESENTATIVE BARBIN: HIPAA prevents them from talking to anybody in treatment. How do we --- if we can get good results with longer-term treatment, aren't we a little bit

better off making the amounts of money that we spend through drug and alcohol go to the people that have that threat of law enforcement behind them? If you want to get over a heroin addiction or an opioid addiction, aren't we going to be better served by using that money when somebody's come into the system and they say, all right, we want this alternative, we don't want to be in prison, we want to be in a therapy program like this level three program that works?

SECRETARY TENNIS: Right.

REPRESENTATIVE BARBIN: Aren't we better off using the money that way? Because our problem, in Johnstown at least, is we have some of these programs where people come in from 30 to 90 days, they're paid for by Drug and Alcohol, but there's no accountability at the end. We don't even know where the person goes.

SECRETARY TENNIS: Right.

REPRESENTATIVE BARBIN: And they just kind of disappear into the downtown area that is going through a huge drug problem.

SECRETARY TENNIS: Yeah. And some of the halfway houses --- well, I got a couple. As you probably guess, I probably have a couple of things, but I --- some of the press on the halfway houses were not really halfway houses. I mean, they were not drug and alcohol halfway houses. Now, in Johnstown that might have been different. So I don't have

anything --- but I seen some press about halfway houses that weren't doing the job, that they were really halfway houses out of prison. They weren't doing drug and alcohol. So one of the things I would want to look at is whether it was one of ours. We do license them. And a halfway house is a proven effective therapeutic environment. But I get your question about why not focus the resources where you kind of have that leverage of a consequence? It keeps them from ---.

REPRESENTATIVE BARBIN: Because it will work. The level three things says ---.

SECRETARY TENNIS: It's logical. It makes sense. And what I would urge is put more funding into that. But the concern I have is I don't think we want a system where you have to commit a crime to get treatment. So, in other words, we got a lot of people that we could pick up, and if it's done right, they get better even without the lever. And often there's some lever. Usually the lever --- if it's not criminal justice, it's an employer who's going to fire you if you don't get better, or it's a spouse who's going to --- I'm sorry, Chairman, it's a spouse that's going to leave you if you don't --- if you don't do it. So there's usually --- one person I know who ran a skid row program said the first thing she did when someone came in is turn them around and see whose footprint was on their backside, because somebody pushed them in. So it works.

The concern I have is I don't --- I wouldn't want to send a message that, you know, the way to get the best treatment is to go out and commit a crime. So that's the --- that's the conundrum. So what I would urge is that we increase our resources for criminal justice, but we still maintain it for those that suffer with addiction that haven't yet gotten involved in the criminal justice system or we get them better before they get involved.

CHAIRMAN KRIEGER: Last question, Representative Reese.

REPRESENTATIVE REESE: Thank you, Chairman Krieger. Mr. Secretary, thank you for your testimony.

SECRETARY TENNIS: My pleasure.

REPRESENTATIVE REESE: Really appreciate it.

SECRETARY TENNIS: Thank you for the opportunity.

REPRESENTATIVE REESE: You focused on treatment and law enforcement, and I understand why. But for just one second can we take a look at prevention? You know, I'm fortunate that we have a locally-elected official in my area who's a District Judge, Roger Eckels, who's sort of taken a leadership role on dealing with educating the community on what could happen if your child gets involved with these kind of activities. And he's got a group of volunteers who are working with him.

My understanding is --- and I suspect I understand why, but a lot of parents don't even understand, you know, what

this product is or, you know, how it can impact their child. Their child might be addicted to it and they might not even know. So across the Commonwealth, have you taken notice to any one program that has more success over another?

SECRETARY TENNIS: We have --- there's one that's actually proven to be extremely effective. We call this --- it's the Student Assistance Program. And what it is, is it's a training of counselors, teachers, to identify kids that are at risk, get them into --- who appear to be at risk for various reasons, and get them to specialty care that they need. And that's a program that used --- was amply funded, federally funded for many, many years. Most of that federal funding has gone away. And although there's a statutory mandate for strong student assistance programs in every school, the reality is that program's on the ropes. And that's something --- that's --- I've got several pieces to answer, but I wanted ---.

REPRESENTATIVE REESE: I think that's a great concern there, but can you tell me about perhaps some information that can be provided to parents? And again, I know that there are certain programs available in schools and maybe they're lacking ---.

SECRETARY TENNIS: I'm going to get you --- I'm going to go back and find out the best ---. I've sort of been focusing mostly on the --- you know, to try to promote support for getting stronger, getting SAPs back where they used to be,

the student assistance programs. But also, there's life skills training for sixth, seventh and eighth grade. It results --- the research on it shows a reduction of 60 to 70 percent in drug, alcohol and tobacco use. It would be different for different ---. We just didn't know how to get it on their radar screen for our school superintendents. You know, they're very, very busy. They're dealing with trying to, you know, stop dealing with the issue because of the Sandy Hook issue. Now that you have the Sandy Hook issue, they're dealing with trying to keep their schools safe in other ways, but they need to keep them safe this way. So life skills training works well for sixth, seventh and eighth-graders. And we're looking for the research on how that plays out.

There is a --- SAMHSA just put out a document which I will get to you --- I'll get to the Committee, about --- I think it's called Talk, They Listen. And it actually presents scenarios. Because, you know, it's awkward. I have four kids. My youngest is 22; the oldest is 35. But I remember talking to them about this stuff. It was a difficult conversation because you're always thinking am I doing this effective, am I being effective here with my kids. And this kind of runs through --- it's videos. They run through scenarios of ---. And one of the things we're looking at is how to get that out so that it gets put on different media. How do we get that out to parents? That's something else we have to look at. You know,

like I said, we have a long, long list of things to do, and this is --- this is a huge priority. Prevention is the best way to go, if you can --- if you can find what works.

The other thing, though, is a lot of prevention programs --- I'm not going to go into specific names of them. A lot of prevention programs that have been touted and gotten public support at different points in time proved not to be effective. So we need to be --- and I'm more --- I'm on a learning curve on prevention. I know a lot about treatment because I've worked on it for the DAs. But prevention, we're pushing hard to try to get up to speed there, but we're not there.

REPRESENTATIVE REESE: Thank you very much.

SECRETARY TENNIS: You bet.

CHAIRMAN KRIEGER: And thank you again, Mr. Secretary. I wish we had a lot more time. We can continue this conversation.

SECRETARY TENNIS: I'm available.

CHAIRMAN KRIEGER: Appreciate your passion. Thank you very much for ---.

SECRETARY TENNIS: Thank you. And thank you again for putting the spotlight on this problem. Appreciate it.

CHAIRMAN KRIEGER: Our next testifiers District Attorney John Peck and then Detective Tony Marcocci. And while these gentlemen are coming, I made the cardinal mistake of not

having a list of all the people I should recognize. Sheriff Jon Held is here from Westmoreland County. Thank you. Congressman Murphy's right-hand man, Lou, is here. Thank you, Lou. And I'll just open up, if anybody else is here I should recognize, please tell me, and I will do so. John, thank you. Tony, we look forward to hearing from you. And we'll take as much time as we need.

MR. PECK: Thank you, Chairman Krieger and other members of the Committee. I consider it a great honor and privilege to come before you this morning, and I appreciate the invitation. And I appreciate you conducting these hearings this morning here and throughout the state to explore avenues to address the overdose epidemic that we're certainly experiencing here in Westmoreland County.

There are many, many kids who have lost their lives in Westmoreland County over the last few years due to drug overdoses. Families have experienced enormous pain and grief because of this loss. Obviously, Sage's Army represented, you know, through Carmen Capozzi and another individual by the name of Jonathan Morelli and his mother, Rachele Morelli, are doing something very proactive to get people involved and to understand the nature of the problem. Families expect us in law enforcement to do something about this, and they expect us to be effective and expeditious in our answer to this problem.

Last year we had 78 overdoses in Westmoreland

County. Two-thirds of them were the result of prescription drugs. And that's been consistent over the last few years. Having said that, though, recently the Greensburg Tribune Review reported that Dr. Neil Capretto, who's our expert in this area from Gateway Rehabilitation in Aliquippa, that it was his experience that 90 to 95 percent of people who are --- that he is treating for heroin addiction began with the abuse of prescription drugs. Heroin, unfortunately, is potent and cheaper than prescription drugs and perhaps more readily available and obtainable than prescription drugs. Common sense tells us that to address the overdose problem we need to address the problem with over --- with prescription drugs in our society.

I suggest that an effective means of combatting prescription drug over --- abuse is through the use of a strong drug monitoring program. Such a program would collect information regarding persons to whom controlled substances are dispensed and permit access to that information to authorized individuals. Such information could identify inappropriate prescriptions, doctor shopping, pharmacy shopping, and prescription fraud.

Our present system is inadequate, since only Schedule II drug information is collected, and therefore most prescription drugs are not included in the database. Further, the information collected at the present time is not available

to doctors and pharmacists. Now, House Bill 1694 allows for the collection of additional information concerning controlled substances and allows access to such information to pharmacists, doctors and to law enforcement.

You know, given the strong link between prescription drug abuse and heroin and prescription overdoses, I want to emphasize that the sooner that the legislature enacts House Bill 1694, that we will improve and expand our prescription drug database, the sooner we can attack the heroin epidemic. Our current database only collects Schedule II controlled substances, as I've said, and our pharmacists and physicians do not have access to that information in the database. The weak database has all but invited the level of prescription drug abuse we see now. I ask that when you return to Harrisburg that you consider the passage of House Bill 1694.

I'm also aware that there are amendments being sought regarding the bill. And I would ask you that, should you put any limitations on restricting Schedules II through V access, that the standard for access be reasonable suspicion. Anything more than that would really tie the hands of law enforcement and prevent us from being proactive. Access to drugs should remain the same.

Finally, whatever you do to require pharmacists to check the database before they dispense prescriptions will only help our collective efforts. Thank you again for this

opportunity, and I'm happy to address any questions that you have regarding law enforcement response to our overdose epidemic.

CHAIRMAN KRIEGER: Thank you, John. Perhaps we'll have Tony provide your testimony and then go into questions.

DETECTIVE MARCOCCI: Good morning. It's a pleasure to be here before you today. I can't thank you enough for holding these hearings in Westmoreland County. I think we've been saturated with the drug problem here.

Over about the last 12 years in our county, we've seen our death tolls go from 22, back in 2002, to last year we had --- as John had indicated, we had 78. We're currently at 72 overdoses resulting in death here in our county. One of the reasons is prescription pills. Another is heroin. I don't know if you've sen it, I brought evidence samples with me to show you exactly what we're dealing with here in our county. This is heroin. These are glassine packets containing heroin. Just to let you know, each one of these sell on our streets right now in central Westmoreland County, Greensburg area, for about $10 --- $8, $10. Each one of these glassine baggies contains anywhere from one one-hundredths to three one-hundredths of a gram. If you're not good on the metric system, I'll be glad to explain that to you. A sugar packet, an Equal packet, is approximately one gram. If I were to dump out a sugar packet on this table, take a razor blade and split

it up into 100 equal parts, anywhere from one of those parts to three of those parts are in one of these bags of heroin. And it's killing individuals. Why? Because the purity levels here on our streets right now are between 80 and 90 percent. I'm in constant contact with our Pennsylvania State Police Crime Lab in Greensburg, and they try to keep a running tally of the percentages and how much is in each one of these bags.

I've talked to a lot of parents, and parents give me different reasons that they did not know that their child was using. They would actually find these bags in their son or daughter's jeans when they were doing the laundry and not know what it is. Here in Westmoreland County, the District Attorney's Office is really promoting education, where, you know, we're doing different things within the courthouse and outside of the courthouse, trying to educate the public as to what we are experiencing here in the county. So I would look forward to any questions that you may have.

CHAIRMAN KRIEGER: Well, thank both of you. Again, I'll take the Chair's prerogative and ask the first question. I would be very interested in understanding --- I think the Committee would as well --- how are the drugs getting to Westmoreland County? Do they go to Pittsburgh and come out here? Could you give us a little insight, either of you or both, from your perspective, as to how that process works?

MR. PECK: You know, my limited experience from

trying cases is that you find many times there's a robbery, even a homicide. People immediately take the money involved in a robbery and run into Pittsburgh, whether it's Clairton, Penn Hills, some other area of Allegheny County, and buy the drugs and begin consuming them on the Parkway back to Westmoreland County. That's my own anecdotal experience.

DETECTIVE MARCOCCI: Yes, that's exactly what's going on. Oftentimes, kids in our local communities out here will drive down to Allegheny County to pick up the heroin, they'll bring it back. One of the problems we have in law enforcement is catching them when they have a significant quantity. Because by the time they get home, it's already been disbursed.

CHAIRMAN KRIEGER: And I don't want to use this term incorrectly. Is it that entrepreneurial? It sounds to me like they --- somehow they know where to get the drugs. It doesn't seem to be a formal distribution point here. They just know --- they get some money in their hands, they go somewhere in Allegheny County to buy it? Is it that simple?

DETECTIVE MARCOCCI: Yes. Typically what we find --- in fact, I was talking to an individual last night. They know the telephone number, and that telephone number will change from time to time. They'll actually call the phone number, meet up with that individual at a predetermined location, typically in Allegheny County, and then bring the

drugs back.

CHAIRMAN KRIEGER: Representative Dunbar? And gentlemen, could you make sure you speak in the mic? This is being recorded.

REPRESENTATIVE DUNBAR: Thank you, Chairman Krieger. Thank you, gentlemen, for being here. I think it's kind of --- shows how bad this problem is when you just look around this room and you have district attorney, coroners, county commissioners, House of Representatives, Pennsylvania Senate, all the PA House members here. It really speaks to what is going on here and how important this is and that it goes across party lines, it goes across all socioeconomic levels.

We're here looking at legislative things. And I appreciate, Mr. Peck, your comments on 1694, that Prescription Drug Monitoring Act. But let's --- let's talk about this in a different vein here. We are the community leaders here. We are --- everyone here, all these people in this room, are the community leaders. What can we do collectively? Do you have any suggestions collectively what we all can do to get behind ---? And I know Detective Marcocci was talking about education. And I've been to things at Penn Township --- Penn-Trafford High School. You came in. The first time we did it we had eight parents. The second time we did it, we had a hundred parents. How do we get this out to people? We can do a lot legislatively, but we cannot legislate parental

involvement. So do you have any suggestions on how we, as community leaders, can help combat this?

MR. PECK: Well, just as Detective Marcocci's mentioned, you know, the basic information has to be provided to the parents. You know, as you've mentioned earlier --- or alluded to concerning marijuana, okay, parents don't feel that marijuana is a problem. But you know, for four years, when I first became District Attorney, when the legislature really revamped the Juvenile Act in 1995, I handled every juvenile case in front of Judge Marker. And what shocked me was that when these children --- before placement, there would be a predisposition investigation where the children would be interviewed in depth about the nature of their problem. And it was almost a hundred percent across the board that the problem was drugs and the problem always began with marijuana. And we're talking about kids who are 12, 13, 14. That was consistent in every child's history.

And so information as basic as that apparently is not always known to parents. If you want to put your child on the road to perdition, so to speak, and you know, ruin your career and, you know, destroying the family, destroying the child's life, you know, let the child smoke marijuana, because they'll go from there to marijuana, to prescription drugs, and eventually heroin. I mean, it all starts small, so to speak. But that very information is not available to parents,

apparently.

And this has already been alluded to. Many times this appears to be a societal problem. Family aren't, you know, raising their children with --- providing children with that type of information, of course, guarding their children and protecting their children from exposure to marijuana. We have to know with whom our children are associated and, you know, whether or not drugs are available through their associates. Because they learn probably more than anything else from the people they ride the bus with every day.

DETECTIVE MARCOCCI: And I just wanted to thank the Chairman for having us here in Westmoreland County. I think it is helping shed that light, and hopefully it will lead to discussions at home for all of our kids.

MR. PECK: We appreciate that, too.

CHAIRMAN KRIEGER: Representative Evankovich.

REPRESENTATIVE EVANKOVICH: Thank you, Mr. Chairman. I know that battling this heroin problem is not a new issue. I know that battling drugs in our communities is not a new issue. But what do your peers across the state and, to that effect, across the nation, what has been a useful model for combatting it? Because it seems like it's on the rise here. What are your piers telling you that they're doing that's successful that perhaps could be replicated and be communicated a little bit better statewide? And maybe that model is here in

Westmoreland.

MR. PECK: Well, I don't think it's here necessarily but you know, as I mentioned, getting a handle on prescription drugs that are being illegally distributed in our community is a --- would be a big part of it. Because, as everybody's mentioned --- mentioned so far, I think this has been proven. Heroin addiction usually is preceded by prescription drug addiction. And it's also been mentioned that treatment is, you know, absolutely essential.

When I first started practicing law, it was thought that you could not force a person into treatment. Well, apparently that idea has now changed and people can be forced into treatment with positive results. So you know, punishment is certainly not the sole answer, but it's the beginning of the answer in terms of putting people on the road to treatment. The many people we see --- and I'm sure Detective Marcocci could explain this. Many of the people that we interact with, we're arresting them so that they'll get treatment. I mean, that's what their parents want. You know, they're at the end of their line or at the end of their rope, so to speak, and they're not going to get treatment unless the child is taken into custody and prosecuted.

DETECTIVE MARCOCCI: That's correct. I couldn't tell you the number of times I've been approached by parents who have actually asked me to arrest their child so that we

could get --- force the child into treatment. It's not a documented case history of something that will work, but it's something that gets them through. There have been very many success cases. There's also been some tragedies.

REPRESENTATIVE EVANKOVICH: Thank you. And thanks to the Subcommittee for the indulgence of another question. So if prevention and getting people into treatment --- in particular, on the prescription drug front, is where you --- where your expertise leads you to believe that the best path to success is, would it be fair to say that then tailoring the prescription drug database program that we have at our state --- that we're considering in our state, would it be --- would it be adequate to say then that when we --- when we are crafting that legislation, that we should be more of the mindset of having doctors and pharmacists be able to catch their patients on the front end of where abuse might be starting versus on the law enforcement side? And in the discussions with this database, a lot of it has been in terms of law enforcement's involvement with the database. And some members of this --- of this committee here have been working very hard to push that database further towards the doctor or the pharmacist recognizing what abuse looks like up front and where it might be taking place to then start that process. Is that what you are advocating for?

MR. PECK: I think that's certainly part of it. The

pharmacists and doctors need to be aware that they have an addict that they're prescribing for and that they're --- the other doctors are giving the same prescriptions to the same person on the same day sometimes. That certainly is the beginning of it. You know, but we also want to have law enforcement have access to it as well.

CHAIRMAN KRIEGER: Representative Harhai?

REPRESENTATIVE HARHAI: Thank you both for being here and both for testifying. Two questions. One is what ballpark figure percentage of crime is related to the drug industry?

MR. PECK: Very likely it's high. It's 80 or 90 percent.

REPRESENTATIVE HARHAI: That's what I thought it was. Being a former mayor, ours was 90 percent. I did a little study on it, so ---. And that was 12 years ago. I don't think it's changed precipitously over ---.

Secondly, are they bypassing cocaine now? That's not the drug of choice? Or is it easier access to heroin or ---? You don't hear as much cocaine use?

DETECTIVE MARCOCCI: Cocaine is still out there.

MR. PECK: Absolutely.

DETECTIVE MARCOCCI: We still have issues with it. However, I've been told numerous times heroin is actually easier to get than alcohol for children. They can actually buy

heroin much easier. But cocaine is still there. It's just this has kind of replaced it.

REPRESENTATIVE HARHAI: Thank you very much. Thank you, Mr. Chairman.

CHAIRMAN KRIEGER: Representative Reese?

REPRESENTATIVE REESE: Thank you, Chairman Krieger. Thank you both for your testimony. I truly appreciate all the work you do in Westmoreland County. It's critically important. So thank you.

I grew up in the '80s. And in the 1980s we constantly heard Nancy Reagan saying just say no. There was a real --- a fight to combat drug use. I don't think we're having that same conversation anymore. And I guess the question is this --- because you had mentioned about education and prevention. And I think you're dead-on right that that's critical. Can you talk about the resources to your office, and have they increased? Have you been able to do the undercover work that you did 20 years ago? Can you just touch on that for a second?

MR. MARCOCCI: Sure. Heroin is a different animal. In purchasing heroin, I --- well, because of my age, I can't do as much undercover work as I used to do. It's typically a younger person's drug, so it's a little bit harder for me to blend in. However, there are other law enforcement officers out there, and some are seated in the room today, who are able

and still willing to go out and do it.

As with any profession, we're always looking for more funding to prevent this --- to stop this problem. But we do have a lot of resources available to us between the local, state and federal governments to explore this a little bit further. Mr. Peck has been more than generous with my time and the time of the office to dedicate to prevention and education in narcotics to raise awareness.

REPRESENTATIVE REESE: Thank you.

MR. PECK: It's really an overwhelming problem. And you know, certainly we lack resources. There's been cutbacks at every level, including the county level, over the last several years. Certainly we would do more if we had more resources in terms of law enforcement.

REPRESENTATIVE REESE: Just a quick follow-up. Do you feel as though you're not able to do your job as effectively as perhaps you would be able to if you had more resources?

MR. PECK: I think we would be more effective if we had more resources, yes.

REPRESENTATIVE REESE: Thank you.

CHAIRMAN KRIEGER: I want to thank both of you for your testimony, for the good work you're doing here. The budgetary --- I mean, the biggest thing I've learned in my time in the legislature is we can solve this problem, all the fights

we have about --- the massive resources we're already putting into this, and apparently it's still not enough. It's a real problem. I appreciate your insight, particularly on the broad range of this, parents to law enforcement. I really appreciate the work you're doing. Thank you very much.

MR. PECK: Thank you very much for having us. Thank you.

CHAIRMAN KRIEGER: Our next testifier is Detective Kevin Price. And again, just one additional person I should recognize. Mr. Andy Leopold is here, Superintendent of the Hempfield School District. Thank you, sir, very much as well.

DETECTIVE PRICE: Chairman Krieger, Committee members, thank you for the opportunity to sort of bring you into the life in Cambria County. Over the past 20 years heroin has increased to the point of an epidemic. In the 1990s heroin was on the streets in Cambria County. It was linked to small areas, to small groups, known drug addicts to law enforcement. These small groups were located in the Johnstown area. It seemed that law enforcement knew these people and sort of had a control on the heroin trade and the heroin problem.

In the mid/late 1990s things changed forever. OxyContin hit the streets of Cambria County. All types of doctors, such as family doctors, dentists, were prescribing OxyContin. They prescribed OxyContin for every major/minor issue. OxyContin was given out to young adults for

sports-related injuries. When someone had a tooth pulled, they were prescribed OxyContin. We received reports that doctors were prescribing OxyContin for back pain and headaches.

Doctors prescribing this drug took the drug trade from the normal well-known areas, such as the City, and moved it to every town, borough and municipality throughout Cambria County. Before law enforcement caught on, it was too late. OxyContin was everywhere. Our violent crimes increased throughout the entire county, with a rise in robberies, assaults, thefts.

As everyone knows, OxyContin was created for chronic pain and used for cancer patients, not for backaches and toothaches. During this period, according to the NDIC and other law enforcement from several other states, which included Georgia, New York, New Jersey, Tennessee, West Virginia, Cambria County became the source city of OxyContin. A federal task force was created consisting of federal, state and local law enforcement to battle this problem. According to the NDIC, during this time, this was the first task force ever created to fight the OxyContin problem in the United States. This task force, over several months, arrested over 150 drug dealers that were selling OxyContin throughout Cambria County. During this investigation, information was obtained and gathered that individuals were, in fact, coming to Cambria County from Pittsburgh, Philadelphia, New York, New Jersey, and buying

OxyContin and taking it back to those cities for distribution.

Also, during this investigation, a doctor was identified as prescribing large amounts of OxyContin to individuals. He was identified as Dr. Acosta. Cambria County Drug Task Force received several phone calls from other law enforcement agencies in other states asking about OxyContin. These agencies wanted educated about OxyContin and problems associated with it. It seems that here, in Cambria County, we were --- head first became educated to OxyContin, and we provided advice and information on the new drug to the outside agencies.

Dr. Acosta was indicted by the federal government and left the country. There is still an active federal arrest warrant for his arrest. But what he left behind was death and destruction. Law enforcement did not know how big the OxyContin problem was. OxyContin was in every neighborhood, every street in Cambria County. By removing one of the main sources, we created a bigger problem. There were so many people addicted, that they had to feed their habit, so they turned to heroin.

In the mid 2000s, heroin exploded overnight. Overdose deaths reached an all-time high. Violent crime went to a new level. The illegal drug trade moved throughout Cambria County. During this process, we lost an entire generation of young adults to this addiction and epidemic.

Law enforcement joined hands with the medical field and with educators and attempted to educate young people about issues of using heroin and prescription pain medication. Law enforcement feels that we have made an impact in the education and prevention, but we still have lost that generation and still are losing, and young generations are still dying.

During the mid and late 2000s we saw some downs in the heroin trade. We feel that the reason for the trend is other doctors prescribing large quantities of prescription pills to individuals in Cambria County. When there is a doctor putting pills on the street, the heroin trade goes down. As soon as that doctor stops writing scripts, then less pills are on the street, means more heroin on the street. Prescription pills, pain pills and heroin supply go hand in hand and will ever be forever linked together.

Over the years we've attempted to track the heroin coming into Cambria County. Back in the mid to late 1990s, the majority of our heroin was coming from Pittsburgh. This heroin was packaged in very tiny balloons. Individuals would drive through the Pittsburgh area and transport heroin back to Cambria County.

In late 1990 to the early 2000s, a person identified as Ryan Diamond opened up a gateway to heroin that we are still fighting today. Diamond went to the Philadelphia area and brought stamp bags back. Diamond would take other people from

the Johnstown area to Philadelphia and show them where to get it, and more and more people started driving to the Philly area, bringing heroin back. We interviewed hundreds of people that we have arrested. And in fact, we interviewed Ryan Diamond when he was arrested. And that information provided, Diamond opened up a pipeline of stamp bags from Philly to Cambria County.

Addicts preferred the stamp bag to the level --- to the level --- due to the level of purity --- better heroin, better high --- and also the price. You would be getting more heroin for your money. What occurred next was that drug dealers would come back with Diamond and others and set up shop and sell heroin.

Over the past few years, law enforcement has been investigating another local doctor that was prescribing large quantities of prescription pills to individuals in the Cambria County area. Patients were coming from outside the county, even hours away, to this doctor for prescribed medication. This doctor has recently stopped writing scripts. Numerous complaints from local pharmacies were called in questioning the doctor's prescribing practice. The doctor is currently the subject of a criminal investigation.

What has occurred is a repeat of the past several years. Heroin has shown a very large increase throughout the Cambria County area. No pills being prescribed equates to more

heroin. Our information as far as our different --- when it comes to the Drug Task Force, the first quarter of 2012, 33 percent of our controlled buys and investigations were dealing with heroin. In 2013, our second quarter, that rose to 68 percent of all of our controlled-buys investigations have to deal with heroin.

Over the past several months, the Cambria County Drug Task Force, along with the federal, state and local agencies, investigated a large heroin operation that was supplying/distributing 80 percent of all heroin in the Cambria County area. This ring was also supplying large amounts of heroin to Somerset, Indiana, Blair and Bedford Counties.

During the course of this investigation, a person identified as James Hendricks was responsible for transporting large quantities of heroin from the New Jersey area back to Cambria County for distribution. Two other people were also identified as a part of this organization. They are Logan Harris and Dian Lassiter.

The Cambria County Drug Task Force obtained arrest warrants and also a search warrant for the apartment that these three resided. During the execution of the search warrant, heroin with a street value of over $250,000 was seized at a heroin processing center. There were over 50 brand new stamp bags that were --- 50,000 brand new stamp bags that weren't even packaged yet, stored in this residence, along with two

stolen handguns. This was the largest heroin seizure in Cambria County Task Force history.

And with these three gone, we have already identified one new person and also several other people trying to attempt to take over the heroin market that Hendricks controlled in Cambria County.

CHAIRMAN KRIEGER:

Representative Barbin.

REPRESENTATIVE BARBIN: Thank you. The testimony of Kevin is what I was hoping to give to the Committee. The only thing I would also say is, included in the packet, was --- this problem has become so severe in Cambria County, that the City Council required --- or requested a Citizens Commission to look at the big issue, prevention, intervention, rehabilitation. If you don't deal with those things, what happens? Violent crime. He's testified to the violent crime.

But the reason I brought our findings --- we did this in six months. We looked at all four areas that were affecting the heroin epidemic as related to our county. What happens here is you lost the federal facility that really could pinpoint this information. NDIC was disbanded. As you remember, NDIC was something that they fought over politically for maybe ten years or so. But by disbanding it, what you did was you took out this one place that could put all of this information together and say here's information; what do you do

about it. I'm here because 1694 basically says we're going to at least have a state resource that says, not only are we going to collect the information and give it to law enforcement, but we're going to make this information available to the person that can maybe prevent it at an earlier ---. The pharmacists have to have the information. Because if they have the information, they can question the scrips. And if you don't, what happens is you're going to get more people addicted to prescription medicine.

When that closes down, because different doctors will be charged over time, then you're going to have the switch to heroin. And if you don't deal with the other issue that Secretary Tennis is talking about and it becomes --- they're not intervention treating, you know, you have some lever over them to get them treated, then what's going to happen is they're going to be in the criminal system. Now you're talking about rehabilitation, which is the most expensive, and it just doesn't work. And lots of people are coming out of prison with drug problems or they're going back and they can't get a job, so they go back in the drug trade. Now you have --- now you're where Johnstown is. We've had five violent murders in this year alone. We're a little town, used to be known as one of the most secure places in the nation to live. We got five murders that occurred that are all related to this heroin epidemic. Three of them are direct, you know, no question

about it, somebody shooting somebody else about drugs. Two of them, though, were the people that were addicts that killed their parents. Okay. That's still a heroin epidemic problem. And that's all I have to say about this.

We did this in six months. We made recommendations to City Council. But the --- in order to address it, you've got to address all four, you know, the prevention, the intervention, the rehabilitation. And what do you do about law enforcement? Because now it's money. And people are coming in from different places, and it's about money. And they don't want to lose that money. So if you don't have a strong law enforcement response, with everybody cooperating with each other, you're going to let this problem get out of control. And if it happens in Johnstown, then it can happen in any small town in western Pennsylvania. Thank you.

CHAIRMAN KRIEGER: Thank you, Bryan. Thank you, Detective. I find your testimony very enlightening. There's so many different questions I could ask. I'll just stick to one. We've talked about prescription drugs a lot. We've talked about somewhat of a standard is someone who's in a car accident, they get prescribed this. And it sounds like many times perhaps they shouldn't. They get hooked. And once that is withdrawn, they go to heroin because they have a habit that they desperately need. I understand that. I understand that's a big problem.

Now, with our kids, are they also getting prescription drugs, and is it as common, or are some of these kids just starting out with heroin? Can you talk a little bit about particularly our high school and younger kids?

DETECTIVE PRICE: As far as in Cambria County, the percentage would be that they started with the prescription pills. There are --- there's a small percentage that, you know, are on other drugs, such as the cocaine or the synthetic drugs that are out there that will try and they'll use heroin, and then the next thing you know they're addicted. So I mean, we see both. But the majority of our problem is it's still the prescription pills. I think we have, you know, individuals out there prescribing too much or prescribing the wrong amount or wrong drug at a point in time, and these kids are addicted.

CHAIRMAN KRIEGER: Where are the kids getting it? It is as simple as grandma's medicine cabinet or is it more formal than that?

DETECTIVE PRICE: We still see that very often. We had a --- at a junior high school, we had an individual take --- go to grandma's house over the weekend, went into the medicine cabinet, ended up getting a prescription pill, took it to school, and gave it out to six friends. All six friends ended up in the hospital. They're all fine, but they all ended up in the hospital. That still happens. That goes on every day. And then, you know, you can go to different street

corners. Our problems are just at times the doctors --- if there's doctors out there prescribing too much, we see a major increase. When the doctors either, you know, get better educated and/or stop prescribing or get arrested, then we see the increase in heroin.

CHAIRMAN KRIEGER: If I can just follow up on a related subject. Again, it's obvious we have a problem in the medical profession. Certainly, most doctors, I'm sure, aren't doing this, but is there a way for us to monitor not so much from the doctors to their patients, but from the drug companies to the doctors? I mean, certainly somebody knows if Doctor So and So is getting an awful lot more of OxyContin than perhaps anybody else in the county, and then that would raise a red flag. Is there a way to monitor it before it gets to the doctors, that is from the suppliers?

DETECTIVE PRICE: I think that's out of my pay grade as far as that goes. If there's a way to do it, that would be great, as far as that goes. I know, working with the DEA, working with the AG's Office, the State Police, the FBI, we --- you know, the --- what this bill that you guys have in front of you, you try to --- that's a great thing. I mean, that's how we sort of are able to track --- and it's sort of after the fact, granted, but it's a way to track to see what's being put on the street. And you know, it's helped, but you know, to add more drugs other than Schedule II, it's only going to be a

bonus. And it's going to be a plus as far as investigative ways that's going to prevent what's going on in Cambria County.

CHAIRMAN KRIEGER: Well, thank you very much. It was very informative. Thank you.

DETECTIVE PRICE: Thank you.

CHAIRMAN KRIEGER: The next testifiers are Ms. Caitlyn Stone, Mr. Nick Carrozza and Mr. Carmen Capozzi. If you could come forward, please. If I could just make a comment while they're being seated. I want to thank them particularly for being here. Once you hear their story, I think you'll understand. I heard Caitlyn and Nick speak before, and I think --- I learned more from them than I learned from anybody I've ever heard talk about this problem. So thank you all so much for being here. Caitlyn, if we can start with you. Go ahead and then Carmen.

MS. STONE: Okay. Thank you for having us here. My testimony is printed in the itinerary, which I'm going to read for you. My name is Caitlyn, and I'm 26 years old, and I'm a recovering addict.

I'll tell you a little bit about myself. I was brought up in a middle-class family. There were issues of abuse and substance abuse within my home. My parents divorced when I was young. Growing up I had self-esteem issues. I had no role models. There was no structure in my life. I didn't have major consequences and I lacked direction.

I started using drugs at age 12 with older kids. And up to that point, marijuana, alcohol and prescription drugs were accessible within my home. It started with marijuana and alcohol. I felt relaxed and confident when I used and was always interested in trying the next drug available. I believe this is a disease, and I believe that's a part of the disease of addiction.

I got in trouble as a teen for drinking and using drugs, but my consequences never deterred me. My family always seemed to bail me out. I never had to really deal with serious consequences on my own. My parents kind of always made them go away.

I experimented with a lot of different substances. And at age 18, I started using OxyContin regularly with my college boyfriend. He obtained it through people diverting it from a manufacturer, actually. And my addiction escalated quickly after that. I ruined relationships. I really believe that's where it took off. I stole from the people I loved, and I lost an ability to feel remorse for what I was doing at that point. I got in legal trouble and moved home from college at that point and started using heroin regularly. I switched to heroin at that point because that's what was available. I lived as a slave to heroin for a long time. I couldn't hold a job. My only priority was getting my next fix. My addiction at that time probably was about $100 to $300 a day.

I went to treatment after a bad car accident. It was my fault. And that was my first introduction to recovery and freedom from addiction. I stayed clean for a while, but eventually strayed away from the 12-step fellowship that I had been working, and I used again. Things got even worse after my relapse. I did more and more demoralizing things as my disease progressed. I felt like I couldn't stop. I didn't want to use, but I continued to, like against my will.

I had heart attacks, renal failure. I was on dialysis, comas, other health issues due to my use. And that didn't stop me. At that point I had no self-worth, so my personal consequences didn't affect me. Finally, after a series of horrible events, I went back to rehab and got clean. It was the best decision I have ever made and the first good decision I had made in many years.

After treatment, I went to a sober living facility and stayed away from any person, place or thing that threatened my recovery. I do believe in long-term treatment to be effective, halfway houses, three-quarter houses, sober living. In the rooms of the 12-step fellowship that I work, people who do those things and put the effort to stay in some kind of structured environment for a longer time seem to be more successful.

I worked very hard at a 12-step program, and it's paid off. I'm now married, I'm a mother, a homeowner, and a

productive member of society. Today I have a life that I didn't think was possible for me ever. I work hard to repay may debt to society and those I've harmed. Recovery has saved my life, and I look forward to being of help to all of you. Thank you.

CHAIRMAN KRIEGER: Thank you, Caitlyn. Let's do Nick and then Mr. Capozzi, and then we'll have questions for all of you.

MR. CARROZZA: Thank you for giving me the opportunity to come here and speak to you guys today. Basically, you know, growing up as a kid, I always wanted to hang out with the older crowd. I wanted to, you know, be older, to grow up as quick as possible. And that put me in exposure to things at a young age that I shouldn't have been around at that point in time.

My use started with marijuana and alcohol at the age of 13 years old, and it progressed very quickly from there. My parents are very good people, and I don't have any problems, you know, in my family life that the average person doesn't have, but one thing that they never condoned was the use of drugs and alcohol. So it caused us to fight a lot when I was growing up, which eventually led to me moving out for periods of time and living with other people, you know, only to come back and do it all over again. But eventually it got to the point where, you know, they basically gave me the ultimatum,

our house, our rules, if you don't like it, you can go. And I chose to leave.

My marijuana --- and the alcohol was like an every weekend thing. Marijuana was an every day thing. I mean, from 13 until the time I got clean, I smoked --- was under the influence of at least marijuana every single day.

I got into the sales of marijuana because I was really attracted to that lifestyle. I hung out in some rougher neighborhoods where, you know, drug --- drug dealing and violence was very prevalent. It was something that I saw every day and something that I eventually began to idolize, you know, the money that they could make with very little work, you know, the women, the cars. I mean, as a young kid, like, that really grabbed my attention.

From the sales of marijuana I got into the sales of cocaine. And I started to use cocaine, and that's where, like, I really, really started going downhill quick. Eventually, though, I was arrested in June of 2010. Actually, Detective Tony Marcocci, who's one of the detectives on the case, they used a confidential informant to perform three controlled buys on me, and I was arrested for the distribution and manufacture of a controlled substance.

At this point in time, I didn't realize that I was an addict. The game plan for me was always to just kind of have fun, be a kid, and when it was time to put the drugs down,

to get a job, a career, a family, that I would just --- it would be that simple. I would just stop. But that wasn't possible for me to do. And I truly believe that I needed to suffer some consequences to like slow me down so I could get a good look at where my life was headed.

As far as my experience with treatment goes, I got no treatment in jail whatsoever. I actually wrote one of the wardens while I was in there, asking if I could participate in an IOP program that they had, and I was told that because it wasn't part of my sentence that I could not participate in that. And after like doing certain things in recovery --- the IOP that they were offering in jail was one day a week, one hour a day. And like, IOP, by treatment guidelines, is three days a week for three hours a day. So it's really not even an IOP program.

Being in jail, it was my first time. Like, I had been in for a couple days here and there, but this was the first time that I was actually in there for a significant amount of time. And all it really did was introduce me to more people, more schemes, more ways to make money when I got home. I mean, if anything, it was like an education on how to be a criminal.

So I came home and, you know, I got lucky the sentence that I got. Because, based on the mandatory minimum guidelines, I should have went away for years. But they didn't

do that. They gave me a break. And one thing, though, that I wish that they would have done was paroled me to a rehab center, because they released me under the understanding that I had to go get an evaluation. But because of the time that I spent in jail and the amount of clean time that I had, when I went to get evaluated, they said that they didn't have a treatment program for me, that I hadn't used in over a year, therefore, there was no program to put me in, all the while I'm a drug addict, and I don't even realize it yet. It took about three months of me being home before I started using again.

I got myself into a program --- a treatment place called JADE Wellness in Monroeville, where I have been clean for roughly two months. But in the time being, my mother had found paraphernalia in my room. She found approximately 271 empty stamp bags in a McDonald's bag and turned them over to my probation officer, who then filed charges with the North Huntingdon Police Department, and I was violated on my parole and sent back to jail.

When I went in front of the judge, I had explained to him that those were from months before. I really didn't have a good explanation as to why they were still in my possession, probably a reservation for when I used one day, but that I had been in treatment and I had been clean for two months and that I could give a clean urine if necessary. And when I told him where I was in treatment, he had made the

remark that he did not like the place that I was in treatment and that I was to not go there anymore, and that I was to be sent to the DRC program, which is the Daily Reporting Center. And I really couldn't understand --- I mean, I can understand maybe he didn't like it. But as far as I was concerned, it was my treatment and it was working for me, so I thought that I should have been allowed to continue with that.

When I went to the DRC program --- and I haven't been there in almost a year. But I know when I was there, there was a lot of youths. Nobody wanted to be there; everybody was court ordered. And they were just finding ways to get around the system, using and then checking themself into the psych ward to clean up for three days and come back to the program and give a clean urine. I eventually broke down to my PO down there, her name was Tina, and told her that I had been using and that I wanted help. And she got me into Pyramid Rehab. It took seven days to get me in there, though. But I wanted it, so I was willing to wait. I mean, I used those seven days, and I went to rehab with no detox and detoxed on the floor with no medication. But I mean, that's just how bad I wanted to be clean and not live the way I was living.

Upon returning to the DRC program, though, I shared with my counselor that I wanted to use. I mean, going to rehab is not a --- like, it's not a quick fix. It's not a cure. I mean, addiction is something I'm going to be struggling with

for the rest of my life, but there's ways for me to treat it.

Upon sharing that I wanted to use, they told me that they felt that I should be on Suboxone, which I had 32 days clean at the time, and the way Suboxone is --- for me it was --- when I'm clean, if I take Suboxone, I get high from it. It's a partial opiate. So I saw their doctor, and he asked if I had ever been on Suboxone before. I told him yeah. He asked the amount. I told him one mill --- or one strip a day, which is eight milligrams. And he then told me that they were going to put me on three strips a day, because his philosophy is I'm going to give you so much Suboxone that you don't have any cravings.

So me being a drug addict, if you give me a medication that I can manipulate to get high, I'm going to do it. And that's exactly what I did. I would stop taking it for a couple days when I wasn't getting high, and then take a bunch of it. And eventually it ended up I was selling the Suboxone to other addicts to go buy dope. But I managed to successfully complete the DRC program because they gave me a way to get high. And that's what I did.

Upon completion, though, I wasn't allowed to see their doctor anymore. So now I have a three-strip-a-day habit and no doctor to see, and I got three days of Suboxone left. And the shortest waiting list I was given was Med-Tech, and that was about three months. So I got three days, and I got to

wait three months. So I started using heroin again because the withdrawal from the Suboxone is just as severe, if not worse, than the withdrawal from the heroin.

I managed to get paroled again on all three of my manufacturing charges, and I got successfully completed from the DRC. But I realized that I got no treatment there, so I got myself back into JADE Wellness, where I had originally been. And they detoxed me and they offered me the Vivitrol shot. And the Vivitrol shot was one of the best decisions that I ever made. I mean, I didn't have any cravings for the drug, and I knew that I couldn't get high no matter what. It didn't matter how much opiates I did, I would not feel the effects from it. I stayed on that for about two months and was introduced into a 12-step program, where --- I mean, it was just --- really, it's changed my life. I've been getting so many opportunities because of doing the next right thing and working the program and wanting to stay clean. I have friends today that don't call me because I got the booze or the dope, they call me to see how I'm doing and ask me to do things. I didn't think it was possible to have fun and be sober, be clean. I didn't see that. Because the only fun I ever had was drinking and getting loaded. But today I can see that, you know, I have a future ahead of me if I can continue doing what I'm doing.

And I really hope that something good can come out

of this because there's a lot of people out there that want to be clean, but treatment's just not there. And I mean, I talked to several doctors who are, you know, considered professionals in the field of addiction, and a 90-day minimum inpatient rehab is what they have told me they see the most success. And Westmoreland County's average is 12 days public, you know, assisted funding. And I know me, the first 12 days I was in rehab, I was so sick, I wasn't hearing anything anybody was telling me. Even with private insurance, I only got 28 days. But it at least got me on the right path. And I thank you, like I said, for giving me the opportunity to share my story with you.

MR. CAPOZZI: First I'd like to say how proud I am of Caitlyn and Nick for doing this. They are survivors. And now they are leaders. You know, I've gone to judges and asked them, have you ever talked to an individual suffering addiction outside of your chambers, take them for coffee, sit down and talk to them? They'll tell you what works for them. You know, this is good. And I think we should do this all the time, maybe on a smaller level. But my story is March 5th, 2012 I lost my son, Sage Anthony Capozzi, who died from a heroin overdose. He was only 20 years old. Sage was a very colorful and talented young man. He played baseball, wrestled, played guitar, and he loved the game of golf. He even hit a hole in one.

Sage worked for me right across the street in my store. He learned the trade of flooring and ceramic tile. He has been working with me since he could mix mud. Sage was enrolled at WCCC College. He needed a few credits, then he was signing up for the Marines.

When I got the call to go to the hospital that night, the lead investigator told me when I got there he knows who the dealer is and that they were going to bust him, but they would like to get him for Sage's death. That has never happened. The coroner's report said cause of death, speedball. We found out later that Sage was offered $1,500 from a local biker to take cocaine from point A to point B, and Sage's eyes lit up. I didn't know it until after he died.

Drug dealers are like pedophiles, they prey on our children. We need laws to protect our kids. I worked on a bill with my State Representative, Kim Ward, and the Secretary of Drug and Alcohol of Pennsylvania, Gary Tennis, Senate Bill 519, Sage's Law. It puts a convicted drug dealer on a registry for ten years. I want to know who they are so I can protect my child. This bill also offers a program that a convicted drug dealer can commit to to work off the list, because we have to rehabilitate the drug dealer, also. If not, they're going to be back on our streets.

Drug users and drug dealers are getting younger. I've talk to kids at the juvie every Thursday night,

14-year-old kids who are addicts and they're drug dealers, and it's sad. And they look at me for guidance and help.

We need a drug court in this county. We throw addicts in jail and the drug dealers walk. Judges need to step up and convict these dealers. We need stiffer sentences. Right now the reward of selling outweighs the risk of being caught.

Ten days after Sage died, I started Sage's Army, a nonprofit drug awareness group, because of the lack of compassion my family got from people who were supposed to be the professionals. We were even stigmatized because of the lack of compassion, which later I found out was due to a lack of knowledge of how to treat a person suffering addiction.

Gary mentioned about 250 years ago addiction being talked about. Well, addiction's talked about in the Bible. If you don't believe in the Bible, it has --- it doesn't matter. It was written a long time ago, and they talk about addiction. And we still don't know how to handle it. We still don't know how to treat it. How do you treat someone battling addiction? The same way you treat anyone battling a treatable disease, prevention.

I need help to get public service announcements on TV, into schools. We go to schools. I hold community meetings once a month, every second Thursday of the month. I refuse to go away. Drugs don't discriminate, people do. We are working

with state legislators on separate drug courts, mental health courts, prescription drug monitoring bills, the 911 Good Samaritan Bill, the Narcan Bill. We are seeing good results with Vivitrol.

Sage's Army is also working with the Odyssey House out of New York City. They are one of the top rehab facilities in New York State. They contacted me and they are coming here on November 8th to discus coming to this county. They don't call themselves a rehab center. They call themselves a life changing facility, because that's --- that's what it's all about, lifting these people up, giving them an opportunity to be somebody. They made mistakes. They touched a substance that they didn't understand.

Sage's Army is on the front lines of prevention and solutions. It's been a long year and seven months for me. I want to thank Tim Krieger for asking me to speak and everyone in law enforcement for risking their lives every day. This is about us working together to end this drug epidemic. Thank you.

CHAIRMAN KRIEGER: Thank you for testifying. Representative Saccone.

REPRESENTATIVE SACCONE: Thank you, Chairman Krieger. Thank you for your compelling testimony. I want to take you back, if I could, Nicholas first and then Caitlyn, to when you were 13. You said you were already drinking and using

marijuana. What would have stopped you at that age from doing this? Maybe why did you do it? What would have stopped you from beginning this whole process?

MR. CARROZZA: When I look back at my drug use personally, it was really because I didn't like myself. I wasn't comfortable with myself. And the drugs were a way for me to mask that feeling. So I know when I was in the DRC program, we had to take a set of classes called life skills. And they had different people from different organizations coming in to talk to us about --- you know, one of them was coping skills.

And I think, had I had better coping skills and maybe better communication with my parents, that maybe things could have been differently. I can't say for sure. My dad, you know, is extremely busy, and he provides everything I can, but he wasn't really around very often. He works for the government. At one point in time around that time, his job had gotten transferred to Ohio, he works for the Department of Defense, and he was gone pretty much all week. And that's like some tension between him and my mom arose form that, and I just didn't have any way to deal with it.

And as soon as I found out that alcohol and marijuana made me feel better, that's how I started dealing with every problem. And as the problems got bigger, the drugs got stronger. You know, marijuana wasn't helping me with

certain problems that it used to, now cocaine makes me feel better. And then heroin was just a way to just numb myself to everything. I mean, I could --- I could handle my grandmother dying if I had heroin. You know, it just --- that's --- it's just all feelings are taken away. And so I think better coping skills for me personally would have maybe deterred me from turning to drugs like I did.

REPRESENTATIVE SACCONE: Caitlyn, can you answer that?

MS. STONE: I think if I look back to myself at 13, that perhaps consequences. If my parents' involvement had been more. I had, you know, actually gotten in trouble for the things I had done. I mean, they were aware, but my dad travels for work also, and it wasn't --- it just wasn't an issue within my home. If I had understood the severity of what I was doing and I think if I had more self-worth and an understanding of addiction, because I think that, like most people, before I encountered my full-blown disease, I thought addicts were bums. I thought they were, you know, people in homeless shelters. I didn't realize that in so many homes in my neighborhood there were probably addicts. I just didn't understand the severity of what I was doing. And like I said, I had no structure or self-worth, and I think that had a lot to do with the choices I made.

REPRESENTATIVE SACCONE: You know, I find that, in

working with youth, youth need structure, they crave structure. We don't give them --- we live in a permissive society where it's getting more permissive. And you know, that's just going to contribute to the problem. We can go around with all these bills --- and I'm not saying we shouldn't do these things, you know, try to restrict pharmacies and, you know, monitor people, but that's way down the line. It's too late at that point. We've got to take back at our youth. And I hope you'll agree with me that that's a much larger problem. And people don't want to address that because it requires asking people to do things that many are in rebellion against and they don't want to --- they don't want to hear about it. But this --- that's the crux of the problem. And I just thank you again for coming and testifying.

CHAIRMAN KRIEGER: Just to follow up with you, Nick. That raises a question in my mind. You mentioned you got to the point with your parents where it was basically they said it's our rules or the highway. How old were you then?

MR. CARROZZA: I mean, that had happened several times. I mean, the youngest that I was leaving my house for weeks at a time was probably like 14, 15. At the point where I actually moved out and moved into an apartment with an older guy that I --- older kid I was friends with, I was about 16, about to be 17 years old.

CHAIRMAN KRIEGER: When you were 14 or 15, where

would you go to live if it's not with your parents?

MR. CARROZZA: Friends' houses whose parents were struggling with their own problems who really weren't aware or cared what was going on, you know, that this kid was just sleeping on their couch. And that's like another thing. Like, as far as like the drug dealers in the neighborhood, I mean, they were quick to accept me, you know, because they knew that if they got me involved with them, that had I gotten in trouble, that it's just a little juvenile thing. You know, I'll come home, you know, 18, 21, maybe worst-case scenario. Whereas, if they got in trouble with something, I mean, they could do 10, 20, 30 years. So they were eager to allow me to stay with them if I needed to and whatnot.

CHAIRMAN KRIEGER: Just a comment and we'll go on. You know, I've heard this story so many times as well. And this is a problem we all have to face. We all have to do better. I mean, I would argue a parent that allows a 14-year-old to come to his or her home with no questions, they're part of the problem. And so this is something we all have to face. I agree with Representative Saccone, this is --- this is many problems. It's law enforcement. It's treatment. It's health. It's social. I mean, it's at the very root of who we are as a people. And I think it's going to take every one of us working to make this better. Representative Evankovich?

REPRESENTATIVE EVANKOVICH: Thank you, Mr. Chairman. You know, it takes a lot of guts for all three of you to sit there and tell us your story. My question is for Caitlyn and Nick. You know, we don't always get a second chance. We don't always get a second chance. And you were both very fortunate to have been given a second chance. What would you say --- what would you say to another kid if that kid was about to go down the road that may not be given a second chance? What would your --- what is your advice to them for them to cut through all the noise, all the things that we think we know about addiction? What do you say to them to try to change their mind?

MS. STONE: That is such a heavy responsibility to --- you know, to inform someone about like what's about to happen. I don't know. I think that I would explain to them that like --- you know, I don't know how much they would hear because once you're beginning this, it's --- rebellion overtakes and it's hard to really hear what anyone is saying. But I think I would tell them that what I went through I didn't have to go through, and that what makes someone successful in life is doing the right thing and being a good person and being educated, and all these good things that are out there. And if they choose to use drugs, none of that's going to be available.

You know, what we think is cool when we're kids isn't. It's awful. And that's the society, you know, that we

--- that we're in. In school, the bad kids are cool it feels like. And I guess I would just tell them that, like, you know, if they ever want to be something, they have to stop now. You can't even test the waters with drugs and alcohol as a young person.

MR. CARROZZA: I'd have to agree with Caitlyn. I mean, really the only thing that I could share with them are my personal experiences and what I tried to do and how it worked out for me. Because you know, I always --- I find myself reverting back to things I can remember my dad telling me growing up. And the guy gave me a roadmap to success, honesty being one of the most important things. You know, a man is someone that provides for his family, gets up and works his job every day, not the drug dealer on the corner. So I mean, he was telling me everything that I needed to hear. But like Caitlyn said, at that point I just wasn't hearing it.

So really, like she said, I think all that I could do is tell them what happened to me. This is what I did, this is how it worked out, but to also let them know that if it gets to that point, that there is hope, that it is possible to come back from --- you know, it's not going to be easy, but it's possible, because I think a lot of people give up. You know, I know me coming home with three felonies and getting turned down from almost every job I went to, like, I'm sitting there and I was 20 years old when I came home, and I'm thinking like it's

over, you know. I kept on trying and kept on trying and doing the right thing, and things started to work out for me. So I think, you know, putting the message across, but also letting them know that if it gets to a point where it's bad, you can get out. It is possible to get a --- everybody can get a second chance if they want it.

REPRESENTATIVE EVANKOVICH: Just a moment of commentary. I think I --- I think I might win the award for the youngest on this panel. You know, a lot of the people that I grew up with went through similar things that you have all done. It's something I never really put much stock to, what is --- you know, Caitlyn, as you said, you know, what do you have to do to yourself and others to support a $300-a-day habit? Thank you, Mr. Chairman.

CHAIRMAN KRIEGER: Thank you. I want to tell you I admire your courage, all of you, for being here. And I hope you continue to tell this story because you can tell that story in a way that all of us together couldn't tell. I think you can get through to a kid in a way that none of us here could. Thank you very much, and I appreciate your time. Next to testify is Rick Ealing. Rick is the Assistant Chief of Detective of the Allegheny County District Attorney's Office. Thank you for being here.

MR. EALING: You're welcome. Thank you for the opportunity to testify today. When I was originally contacted,

I was asked to testify about the overview of the heroin epidemic and the distribution of heroin as it pertains to Allegheny County and contiguous counties.

When I first began my drug enforcement career with the Pennsylvania State Police over 30 years ago, heroin wasn't much more than a footnote in our statewide drug activity report. I was stationed in Allegheny County, so I did see some more heroin cases. The most potent heroin I ever purchased in my career was six percent. That was in the 1980s. Today, purity levels are over 70 percent. Eighty (80) and 90 percent is not uncommon. In the 1980s, heroin sold for as much as $250,000 a kilogram, and cocaine sold for $21,000 a kilogram. Now cocaine sells for $38,000, 55 percent price increase, which is indicative of a restricted supply. Heroin on the other hand is selling for as little as $50,000 a kilo, an 80-percent decrease in the price of heroin.

In the 1980s, heroin was so diluted, that there was only one way to get high from that, and that was intravenous injection. And a hypodermic needle was a threshold that a lot of people did not want to cross. As the purity of heroin increased in the mid 1980s, it permitted getting high by insufflation, or what everybody calls snorting, and heroin then became a party drug.

The evolution of heroin marketing and distribution pattern. During the late 20th Century, heroin sales were

largely confined to specific neighborhoods in urban areas and sold in the traditional method. Each drug trafficking organization had a head who utilized sub-dealers. Communications were maintained via landlines, then cellular phones and pagers. Heroin was not marketed outside of the immediate area, and users had to travel to specific neighborhoods to purchase the heroin. Law enforcement was able to successfully combat these drug trafficking organizations with wiretaps, undercover buys, grand juries, and the use of informants.

Beginning in the mid to late 1990s, as heroin purity levels began to rise dramatically, marketing strategies began to change as well. Sub-dealers began to appear in large towns and suburbs and began to market heroin to a largely unsuspecting population. Arrests by the Allegheny County District Attorney's drug enforcement team for heroin sales in suburban areas yielded dealers who were living in those communities, but we knew had addresses in the urban communities, in Wilkinsburg and Pittsburgh.

Dealers gradually became more sophisticated, began using the Nextel direct connect, since that originally couldn't be wiretapped. When law enforcement developed that technology, heroin distributors evolved their methods again. Well aware of the constraints on law enforcement inherent in our wiretapping laws, they began utilizing disposable cellular phones, dropping

the phones every 30 to 60 days and/or constantly switching the phones among themselves. When an individual from an outlying area goes down into Allegheny County, to certain areas such as Wilkinsburg to purchase heroin, it is unique and sophisticated. The customer will call a phone number they're given. They'll talk to Suspect A, and later on Suspect B will deliver. They'll have no idea who's going to make that delivery. The next day the customer may call the same number, talk to Suspect C, and then Suspect D makes the delivery. They'll have no knowledge whatsoever of the criminal organization or even the actual names of the people who are making the deliveries.

The customers will be given a number when they get down into a certain geographic area to call. When they get down to that area, they'll make that phone call. The dealer will tell them to be at a certain location within five minutes. The purpose --- the reason that is set up is because that minimizes the chances of what we call a buy/bust operation. If they see surveillance coming into that area, then they'll call off the deal.

To give you an idea of the profit potential of heroin sales and the difficulty in eradicating it, I once worked a case --- the individual's name was Regiment Rory (phonetic). And one of the Task Force officers pulled garbage from his house and found $2,700 in the garbage. When he was eventually arrested, he was asked why the currency was in his

garbage, and he said they were ones and fives, I don't even bother counting them.

I heard the testimony of Mr. Tennis about the advent of prescription drugs. And a lot of people was talking about that, so I don't want to reiterate. I agree completely with him. One clarification. I keep hearing the word OxyContin, the drug. It's actually not the drug. OxyContin is a trade name by Purdue Pharma. The drug is oxycodone, and it's actually under multiple trade names.

Also, I think some of the statistics you were looking for as far as the progression from pharmaceutical drugs to heroin, which I wholeheartedly agree, is during three separate studies the National Institute on Drug Abuse found almost 50 percent of intravenous heroin users reported abusing prescription opioids before beginning heroin use. In 1991, there were 76 million prescriptions for opioids written. In 2010, that number had risen to 210 million. According to the Center for Disease Control, overdose deaths caused by opioid pain relievers exceed those of all illegal drugs combined.

I'm in no way a treatment professional. I know nothing about it. But strictly from a law enforcement perspective I would like to bring to the attention of the committee a problem that we have in Allegheny County with methadone clinics, two specifically.

One is that they are a network opportunity. And a

lot of times we'll see an individual who might be --- go down there just to buy drugs as opposed to treatment. One of our officers worked undercover at one of the clinics and during one investigation made 76 arrests for drugs.

The increase in heroin purity went along with the changes in the heroin source countries. Up until the 1990s, most heroin in the United States came from the Golden Triangle in Southeast Asia. Beginning in the mid-1990s, their opium production declined and source countries became Afghanistan, Columbia and Mexico. According to the National Office of Drug Control Policy, Mexico is now our primary source country for heroin, with the land devoted to the cultivation of opium quadrupling between 2001 and 2009. The resulting production potential rose from 10.7 to over 50 metric tons of heroin.

As far as Mexican Cartel involvement in southwestern Pennsylvania, we've suspected for some time, based on some of our interdictions, that they might be present. That is solidified recently in that we recently made a seizure of 21 kilos of cocaine and $600,000 from an individual who provided a valid Mexican government ID in one name. He was later identified to be someone completely different. We also have sources of information from confidential sources that they are establishing a market at least in Allegheny County and I'm sure elsewhere in Pennsylvania.

Some of our recent efforts in Allegheny County,

District Attorney Zappala established the Drug Enforcement Task Force in 2000. It's comprised of approximately 100 member police departments, with 700 officers. Mr. Zappala recruited career narcotics detectives from the Pennsylvania State Police, the Pittsburgh Police and the Swissvale Police Department. And the task force targets street-level and mid-level dealers with a goal of climbing the food chain into larger distribution networks. For that purpose, we have formed close relationships with the Pennsylvania State Police, Bureau of Drug Law Enforcement and the Federal Drug Enforcement Administration. For the more complex cases, they generally involve wiretaps, and that is --- requires a lot of financial wherewithal that the State Police and the DEA have.

In May of this year, mindful of the growing heroin epidemic in Westmoreland County and its connection with Allegheny County, Mr. Zappala directed the formation of an Impact Squad under the supervision of Detective Ray Bonacci. And the specific purpose of that squad was to interdict traffic between Westmoreland County and Allegheny County for heroin. And since May, they've made over 200 arrests along the Route 30 corridor, with the vast majority of those individuals being from Westmoreland County, coming to Allegheny County to purchase their heroin.

The impact of the relationship between heroin users to suppliers is very profound. We've witnessed a tremendous

spike in burglaries, retail thefts and prostitution-related crimes. It's a common practice for handguns stolen from the user's parents to be traded for heroin. The synergistic relationship between the heroin users and the heroin suppliers contributes to the spread of heroin outside of urban ares while sharply increasing the number of handguns in the urban area.

I also gave some thought to possible legislative solutions. One might be requiring photo identification for the purchase of disposable cellular phones. Another, I think it's important to --- I keep hearing the term drug dealers here today, and I think it's important to draw a distinction that there are, in fact, two types of drug dealers. You might have an individual who goes down to Pittsburgh to buy heroin for their own supply and they come back here and sell a few bags or whatever. That is somebody who needs treatment. On the other hand, there are major drug trafficking organizations where no one in the organization at all uses drugs, that it is strictly for profit. I believe there should be severe mandatory sentencing for those individuals. There's a common expression among heroin dealers, and that is never get high on your own supply. If a subdealer begins to use heroin, they're removed from that organization because they can no longer be trusted to keep the heroin and/or the money straight.

One other thing. I heard testimony regarding marijuana. The active ingredient in marijuana is

tetrahydrocannabinol. In the '70s and '80s, the purity of that was one or two percent. The purity now is 20 or 25 percent. You can actually touch the marijuana plant and your hand will come back wet from the tetrahydrocannabinol. It's almost two different drugs.

CHAIRMAN KRIEGER: Thank you again very much for your testimony. And just a comment. I hear this network that people created, and I come away with they're very sophisticated. This is not your stereotypical drug. These are very, very sophisticated, very, very smart people that are engaged in this.

MR. EALING: They absolutely are. They have studied every law enforcement technique that we have to dismantle the drug organizations, and they have found ways to get around them.

CHAIRMAN KRIEGER: I couldn't agree more. Those people should be treated differently and much more severely than someone like people we already talked about. I couldn't agree with you more.

I am interested in the networks. And you know, if you go back and look at some of the movies from the '70s, you have these impressions of these drug gangs and they're fighting over turf. And I see some of the other testimony, there were maps showing how these networks are organized. Who organizes those? I assume there's more than one group out there. And

can you tell us a little more about how just generally these networks are organized, they coordinate with one another?

MR. EALING: Heroin or drug distribution generally, pure capitalism. So it creates many different networks. Anybody can go into business that has the ultimate source. And it's always in a pyramid structure, emanating from whoever the ultimate source is. Generally speaking, that might be the importer or the person that's bringing the imported product up to this area. From there, it's distributed. As the pyramid spreads out, the drugs might be cut, and there will be different criminal organizations then getting those drugs. From a law enforcement perspective --- any organized crime perspective, there's two things that have to happen here. The money has to flow in one direction, the drugs in the other. So that's the method we need to interdict many of this distribution.

CHAIRMAN KRIEGER: From the law enforcement perspective, I assume the most efficient way to attack this problem is to attack it as high up that pyramid as we can.

MR. EALING: Yeah. Law enforcement, when you're getting street dealers, it's essentially bottom feeders. And they'll be removed immediately, and then there'll be people in line to take their place. It's so profitable.

CHAIRMAN KRIEGER: Representative Barbin?

REPRESENTATIVE BARBIN: Thank you. And thank you

for your testimony today. The one thing that I was surprised at was the idea that a drug and alcohol rehabilitation center can be used as a network to recruit people. And do you have any suggestions about what it is about how we pay for drug and alcohol treatment centers that could be changed so that we make sure that they're not just a network for a sophisticated business person coming in and saying, look, I now have a supply of a whole lot of different low-level dealers?

MR. EALING: I think that would be up to the treatment specialists. But from the law enforcement perspective, I think the people going there have to be separated in some way by time and distance. What I've seen many times over in my career is someone will be sent to a treatment center, and not a methadone clinic, but some drug and alcohol treatment center for a relatively benign problem, perhaps experimentation with alcohol. They come from a suburban county, and they go there and they're in there, and they meet heroin dealers, cocaine dealers, who might be court ordered. And that person then goes back into an area that has none of those networks. That person now has a source and can distribute those drugs.

REPRESENTATIVE BARBIN: What we heard from our police was that confidentiality requirements of the centers preclude any kind of oversight by law enforcement. What is --- have you found when you went and did your sting and there were

76 arrestees that were in there, did you find that there were any methods being used by the center to try to combat the idea that the center was a --- going to be a networking location either before or after?

MR. EALING: Yes, sir. They do. They will not permit any gathering on their premises, but they do --- a lot of times they'll --- say people who have jobs all have to be there at 6:00 a.m. So everybody will be in there, they'll go in, they'll be medicated, but then they meet offsite. One of the problems we had in a particular clinic I was talking about, which was 20 years ago, they would meet at a Burger King. And then when we began making arrests at the Burger King, they moved next door to the McDonald's. They do use that as a network opportunity. And I don't believe that the clinics condone that. It's just the way it's set up, it loans itself to that.

REPRESENTATIVE BARBIN: Thank you.

CHAIRMAN KRIEGER: Representative Saccone?

REPRESENTATIVE SACCONE: Thank you. Thank you for your testimony. In your testimony, you talked about the methadone clinics in particular and how you don't believe that they are actually helping to wean people off drugs, that these people are in there for years and years, decades actually, and they're not --- they're not really making any progress. Can you tell us a little bit about that?

MR. EALING: Yes, sir. And please understand I'm talking anecdotally. I am not familiar with the internal workings of methadone clinics. However, I have personally had an informant that was on methadone, which I believe he told me that he was supposed to be stepping down after eight months or some finite period of time. He has been on it 14 years, when he finally died from a drug overdose.

REPRESENTATIVE SACCONE: One follow-up, final follow-up. Given Allegheny County's prominence in the southwestern Pennsylvania area, you're perhaps the best person to talk about this briefly. To what degree is law enforcement in the southwestern Pennsylvania region coordinated? Does it need to be coordinated more or are we doing okay there?

MR. EALING: More would always be good. We have a relationship with the District Attorneys in the other counties, and we do coordinate to a degree. In fact, we have a meeting next week to talk more about this transit between Westmoreland County and Allegheny County.

Usually when a case gets bigger, we go to a statewide agency, such as the State police, and then that permits crossing county lines.

CHAIRMAN KRIEGER: Is the State Police then the coordinating authority there or, I mean, does the federal government get involved here?

MR. EALING: Both. And it depends on the

circumstances of the case. If we are going for a wiretap, we will go to one of those two agencies, depending on --- if it goes outside of the state, of course, we're probably going to go to the DEA.

CHAIRMAN KRIEGER: Representative Saccone had, I think, one follow-up, also.

REPRESENTATIVE SACCONE: Yeah. I'm very sorry. I represent both Allegheny and Washington Counties. My DA is here from Washington County. He's coming up next. But since you're here to talk about Allegheny County, I noticed that in previous testimony municipalities were mentioned as being a problem in part of that corridor, traveling transit area. I represent the City of Clairton. Was that --- is that also part of that? Can you offer anything about that area?

MR. EALING: Clairton, I've worked undercover there for many years before I got old, but it has been a traditional problem for heroin distribution. And it still is. So we do do some work in Clairton.

CHAIRMAN KRIEGER: Thank you, Mr. Ealing. Very enlightening. And you're not old.

MR. EALING: You're welcome.

CHAIRMAN KRIEGER: We have --- and I think this is a testament to the depth of the problem. We have attorneys --- or District Attorneys from all over the southwestern part of Pennsylvania. We have Richard Goldinger. He's the Butler

County District Attorney; Patrick Dougherty, Indiana County District Attorney; and Eugene Vittone, Washington County District Attorney. We appreciate the fact that you're here. It's a testament to how serious this problem is, just not in Westmoreland and Allegheny County. Prepared to give your testimony. You can organize yourselves however you see fit.

MR. GOLDINGER: Good afternoon, gentlemen. My name is Richard Goldinger. I am the District Attorney in Butler County. I want to thank you for inviting me to testify today regarding the heroin problem here in Pennsylvania.

I don't think Butler County is any different than many of the other communities that you have already heard about today. I heard Cambria County discussed. And basically, in the late 1990s is when we saw an uprise in the heroin problem in Butler County. Before that, we had marijuana, we had alcohol. I don't think anybody knew what heroin was in Butler County until the late '90s.

At that time, it exploded upon our county to the point that nobody was immune from the problem. We heard today already from two young people who came from good families, and they succumbed to the problem. That was the same story in Butler County. We had families that were good families. I can tell you of one story where a mother and a daughter, who was a cheerleader on the local high school cheerleading squad overdosed within a month of each other from heroin. And they

were a middle-class family that both parents worked. There was no explanation for it.

Once that problem began to occur, a new problem came up in mid 2000. That's prescription pills. And you know, an aging community like Butler County and many communities in Pennsylvania, prescription pills are readily available in just about every medicine cabinet in every household in the community. And our youth turned from heroin to prescription pills at that time and were using prescription pills.

In the late 2000s into the present day, they're using both. And I have some statistics from my drug and alcohol program that, in the last fiscal year, 2012/2013, 51 percent of the referrals to our drug and alcohol program were for heroin and opiate abuse. That exceeded alcohol for the first time ever. And 42 percent of those people that were referred then sought --- I'm sorry, 42 percent of our treatment budget went to detoxify or place those people in inpatient rehabilitation programs.

So we have some theories in Butler County that I would like to share with you today about how this happened. And first of all, I don't think it's a coincidence that the advent of cell phones in the late '90s also is the advent of the heroin problem in Pennsylvania. The days of the pay phone when a drug dealer can stand there, make his deals, and then go back in a back alley are long gone. Everybody has a cell

phone, and it's a phone call away from getting a quick hit from your dealer if you know where he's at and he knows where you're at. So technology has certainly contributed, in my opinion, to the increase in our drug problem.

Butler County, and specifically our urban area, the City of Butler, has decreased in population by about 50 percent in the last 30 years. And I got to believe that's similar in Greensburg and Washington, most of our smaller urban communities. What that has left is a large influx of cheap housing. Those houses where those people lived didn't go away, so we've had landlords purchase those residences, transform them into apartments. Many of them are HUD apartments. So we have young people in our community hooked on drugs who are getting HUD housing through these landlords, and they're allowing their dealers to come in and use their apartments as a place to deal the drugs for a week or a weekend and then they leave before we can even figure out who these people are. It's a real problem. And quite frankly, I would say 75 percent of the City of Butler at this point in time is HUD housing. And that --- I mean, that gives the dealers a place to go rather than, as I said, in the back alleys and on the streets.

The other problem we have is we don't have as many police. The decrease in population has led to a reduction in our local police forces. Our Drug Task Force does everything they can to deal with the problem. But the fact of the matter

is, we don't have as many police as we had even ten years ago in Butler County. And at this point the drug dealers are outnumbering the police in my community.

So what we're dealing with right now is Butler County is a unique county, I believe, in that we are bordered basically by three interstates. We have a turnpike on the south, we have Interstate 79 on the west, we have Interstate 80 in the north. We are easily accessible from just about every major metropolitan area east of Chicago in the United States and north of Washington, D.C. We've had dealers from Detroit come in, and we have arrested some of those people and sent them away to state prison. They've been replaced by Philadelphia gangs, who currently control the heroin market in Butler County. The Pittsburgh gangs don't even bother anymore. If a local wants to get heroin, they'll drive to Pittsburgh and get it.

But the Philadelphia gangs are currently controlling the market in Butler County. And that's a scary thing because these are scary people. They carry guns, and we've had an incident already where we had a Philadelphia gang member who was dealing drugs, came in, shot one of our local people who was a drug user, and he took off. We knew who he was, we knew where he was from, but we didn't know where he went. And it was a problem. We had a shooter out on the street somewhere, and we didn't know where he was.

So what we've discussed in my county is how can we attack this problem. And first and foremost, we need to get the prescription pills off the streets. They are a gateway drug to heroin, like marijuana used to be. It's now prescription pills. Now, the District Attorneys Association has initiated a program where they are issuing medication drop boxes to counties throughout the Commonwealth. And I think that's a great start. This is going to give people an opportunity to unload their unwanted or unused prescription drugs, put them in these drop boxes, and get the pills off the streets.

We need to give the police the technology to combat the technology the drug dealers have. They carry numerous cell phones with them at any given time. They can't trace the cell phones. They'll buy them at a Walmart or whatever, and they're gone in 30 days. We need to give the police technology to combat that problem so they can trace these calls, so they know where these people are, so that we can get these dealers whenever they're about to make their deal. And quite frankly, I don't know how we'd do that. I'm not a technology expert, but they have to be equipped with that.

We have to be --- at least in my community, we have to be tougher on these landlords who just haphazardly lease to these tenants who allow their residence to be used as drug havens. You know, they're receiving HUD financing. The

landlords need to be held to the HUD standards. They have to do background checks on their tenants. They have to do check-ups on their tenants to see that they're the only people utilizing their residence and not allowing drug dealers to come in. They have to keep their residence up to city codes. And we need code enforcement officers to uphold the landlords to those standards.

Finally, we need more police. And I know that's an easy answer to everything. We just --- we need more police. We need the law enforcement community to not be outnumbered when they're out there fighting the drug war on our behalf. We need them to feel like they have a fighting chance when they --- when it's time to take the dealers down.

So certainly education of youth is important. Prevention groups are very important. We have a Reality Corps in Butler County that has been very effective in educating youth and parents about the dangers of drugs and drug overdoses and what can happen if you get involved with drugs. We need more of these things. This is a community problem. It has to be a community answer. We all have to work together, and prevention groups is one way to do that. So thank you for having me testify today. I'd be happy to answer any questions when my colleagues are finished.

MR. DOUGHERTY: Mr. Chairman and members of the Committee, thank you for including me in this worthwhile

hearing this morning. I come at it from a little bit of the same perspective of what we've all talked about today. Two years ago our community lost a young man from a very well-off family to an overdose. His sister was also an addict. At the funeral, his mother turned to her remaining child and says, is this going to be enough to wake you up and get you clean? Her response was, I can control my heroin. He was greedy. One of the EMTs later told me that, when they arrived on scene, she had actually taken the syringe out of his arm and shot what was left.

Less than a year later she has been convicted of multiple felonies. She has been involved in a burglary ring to feed her habit. And she was given a break by our court, placed on ten years of probation, because he felt she needed a get help and get clean. Well, she's been on it for less than two months and has failed two drug tests. She's now been court ordered to inpatient treatment. So the story goes on. And this is a very common story. We all have it.

So how do we attack this? We need to attack it from the prevention front, treatment front and, obviously, from the prosecution front. Over the last five years in my county, I would say the rise in crime is single-handedly the result of heroin and opiate abuse. These crimes don't just show up as Drug Act violations. They're thefts, home invasions, burglaries, robberies, and a month or so ago we had, to my

knowledge, our first drug-related shooting. A dealer was accused of skimming from his clientele, and they took him on a deserted trail and shot him in the head.

Historically, cocaine and marijuana were the main drugs in Indiana County. Over the last five years, however, 80 percent of our resources now deal with heroin and heroin prosecution. For example, we have a Drug Treatment Court in Indiana County, where we're trying to educate and get them rehabilitated instead of incarceration. Ninety-three (93) percent of those clients are heroin or opiate dependent. This is a specialized court. We've graduated over 30 people who are now employed and paying taxes and caring for their children.

The recidivism rate from that court, out of the 30 graduates, we've only had four individuals that have been re-arrested. It doesn't mean they're not using, obviously, but that have been back and involved with the system. So clearly, 30 --- it's a worthwhile program, in my opinion. And our President Judge should be given a great deal of credit. He's a very hands on, very active with it. And so you need that. You need the courts to be involved in these programs to give them the teeth.

Heroin investigations are expensive. You've heard that from everybody I think that's talked on the law enforcement side. You know, you have to buy the product. It costs money to buy the product on the streets. It costs money

for overtime for your officers, to put them out on the streets, because we all know these drug deals don't happen 9:00 to 5:00.

Back in 2000, a bundle of heroin in Indiana County cost roughly $250. Today it costs $120. So obviously, the price has gone down, the demand has gone up. Many times we're seeing that these people are addicted due to starting with prescription pills, a legitimate need, but eventually the prescriptions stop, and these people turn to the black market for the pills. But that soon becomes cost prohibitive, as we've talked about. The cost of ten OxyContin --- or oxycodone pills is $300. Compare that to ten stamp bags of heroin at $120. It's simple economics. In 2001 and 2002, the Indiana County Drug and Alcohol Commission referred 20 clients to inpatient treatment for heroin or opiate addiction. In 2012/13, they referred 289 clients so far this year.

It's important in my opinion that we create and pass the House Bill 1694, the prescription drug database. This will give access to the pharmacists and the prescribers. That will give them the information that they need.

Another thing that I would ask is that we start to look at the penalties. We talked about mandatory penalties. With heroin, it's very hard to get to that weight because the dealers are savvy, and they don't carry weight. They carry dosage units, stamp bags, bricks, bundles, so forth. So if, instead, we said so many grams, we say if you have 50 stamp

bags, now you're looking at a one-year mandatory. If you have a hundred stamp bags, you're looking at a three-year mandatory, instead of tying it into the weight, because that's how the drug is sold. It's sold in stamp bags or dosage units.

Also, you know, when we talk about prescription pills, you know, a dealer who's dealing oxycodone or Opana or whatever it is, those penalties should mirror the penalties for the heroin. You know, let's call it what it is. It's still an opiate. It's still as potent and as powerful as the heroin.

As my colleague from Butler indicated, you know, the District Attorneys Association has been proactive in getting these prescription drugs off the street. The drug drop-off --- drop box collection program, we're real excited about that in my county. We have done this for about the last five years biannually. We go into all the senior centers and beg them to bring in their used pills because we know when they're in the houses, that's where the junkies are going. They're looking at grandma's house. They're looking at the aunt's house. They're looking in the obituaries to see who died so they can go hit those houses for the pain pills. So we want to get those off the streets. Flushing them down the toilet, as we all know, is not the answer because then that gets into our water supply. Get them to where they need to be, and let's get them disposed properly.

In my county, we've had a series of town hall

educational meetings. I was fortunate here a few weeks ago to see Mr. Vittone down in Charleroi. I know he's doing similar meetings. The goal is to educate our citizens. You know, we started this about three years ago in Indiana County because people had no idea what heroin was, what the effects are and what to look for in their children. We've had a tremendous turnout at these meetings. But as with everything else, parents' time is divided between other activities. So it's hard to get people interested because we still are fighting the battle this will never happen to us.

So as I sit here today, heroin is running rampant while our resources have been cut. In 1992, my Indiana County Drug Task Force received over 800 --- $108,000 of funding. Today we receive approximately $70,000. And obviously, the problem's much bigger than it's ever been. Funding needs to be increased for this fight to battle for overtime funds and evidence procurement.

Also, these rings are not limited to just my county. These organizations stretch across multiple counties, and resources need to be available, and the counties need to work together. We've done that. When we work together, great things happen. In 2012, through the efforts of the Pennsylvania State Police, the Federal Bureau of Investigation, the Cambria County Drug Task Force and the Indiana County Drug Task Force, we were able to cripple a heroin distribution ring

that stretched to Detroit, Michigan. So obviously, when we have the resources and we're willing to work together, good things happen. Again, I want to thank you for your time, taking a look at this serious issue.

MR. VITTONE: Good afternoon, members of the House Judiciary Committee. My name's Gene Vittone. I'm the District Attorney of Washington County. It's an honor to be here with you today. And I can't emphasize enough the impact that this evolving and complex problem is having on our communities. And I think every speaker here today has mentioned --- even though when I received your invitation, we were talking about heroin, everybody here has mentioned prescription drug abuse. They're interrelated. It's the same problem. And this problem is both a public health problem and a law enforcement problem. And the reason it's a public health problem is the effect it's having on the health of our communities and the people in those communities.

The crimes being committed by the people who are seeking drugs make it a law enforcement problem. Now, my experience is a bit unique because I am --- I've not only been a front-line prosecutor for a few years, I have seen the ravages that these offenders wreak upon victims through their criminal acts. But before that, I was a paramedic for many years, responding to emergency calls throughout Washington County. That gave me a unique perspective to see both sides of

this problem, not as an expert, but as someone who's been on the front lines.

The surge in heroin abuse is a relatively recent phenomenon and is largely the result --- as you've heard before, the result of prescription pain medication, primarily the opioid medications. I personally became aware of the true nature of what was occurring when I was elected District Attorney in 2012. Our coroner, Tim Warco, does an annual report, and that report indicated that there were 46 overdose deaths in 2011. That surprised me because, in the years that I have worked as a paramedic, it was rare for me to have an accidental overdose death.

In Washington County, we have a very efficient and good emergency medical system. Our paramedics are trained in advanced airway techniques, and they know how to use drugs like naloxone and Narcan to reverse the effects of opioid medications. In my own field experience, and this is almost 20 years, I never had a fatal or accidental overdose death due to heroin or opioid drugs. Now, that was before all this started. So you can imagine my surprise when I saw Mr. Warco's report, indicating that we had 46 deaths alone in Washington County in one year. That number was almost twice that of the highway fatalities, which, by the way, has stayed pretty consistent over the last 25 years. And most of it were young people. I was also surprised that no one seemed to really be paying much

attention to this problem at that point in time. And I realized after some reflection that the reason this was so is that these losses were primarily tragedies for surviving family members. Families were suffering and keeping their grief hidden due to the shame and stigma associated with an accidental death due to the abuse of opioid medications and/or heroin.

I started speaking to my friends in the medical community to get an idea what was going on. I learned that the number of deaths was only the tip of the iceberg. I found that our local emergency departments were being flooded with overdose patients on a daily and sometimes hourly basis. A physician friend in an emergency department in the Mon Valley indicated to me that on one day alone she had three overdose patients in her first few hours on shift.

The emergency departments are also being flooded with people with nebulous complaints seeking prescription pain medications, most frequently opioid medications. I also found out through my friends who are pharmacists and specialists in pharmacology that the opioid medications were essentially legalized forms of the same drug found in heroin, oxymorphone. These drugs are highly addictive and were driving the dependence and addiction of many people in Washington County.

While this information was helpful to me, it was only the medical side of the problem. The abuse of opioid

medications and heroin has had a profound effect on the criminal justice system in Washington County. For years we had a criminal docket that averaged roughly 2,100 and 2,400 cases a year. Since 2007, that number has now spiked to over 3,100 cases. Much of this is due, in large part, to offenders who are addicted to prescription medications and/or heroin. And this 3,100 only reflects the cases which are held to court and making it to the Court of Common Pleas. There are approximately 300 juvenile cases a year. And frequently, on almost a daily basis, I hear from parents and other family members seeking help for loved ones addicted to drugs. Usually these family members are being victimized by their family members who are addicts, and they don't want to pursue charges. They want help for their loved one. That help usually doesn't occur until the offender is forced into accepting a change, utilizing the weight of the criminal justice system as an incentive for their behavior.

This is a new development for me as a prosecutor as to when I started as a prosecutor, I really didn't know much about addiction or recovery for drug abuse. Now it's essential for all members of the criminal justice system to have a skill set based on the knowledge of abuse and rehabilitation in order to function effectively in their roles.

The crimes that we see associated with addicts seeking money to acquire drugs are largely property crimes,

retail thefts, scrap metal theft, daytime burglaries, identify theft, financial crimes, usually against other family members who may be elderly, theft of firearms, bad checks, forgery and alteration of prescriptions. We have increased reports of cars being entered at night simply to obtain the change in the console. Property crimes come with victims of crime whose needs must be addressed by my staff. As an aside, I have learned that other states such as Ohio have strong legislation against scrap metal theft, which has really helped with that problem. As offenders are usually unemployed, the prospects of recovering full restitution is limited for the victims. Fortunate victims with insurance are able to shift their losses to insurance carriers, but most victims are forced to wait on restitution payments by offenders, which may never come.

The crimes committed by these addicts are not always property crimes. Shortly after I took office, an elderly lady in a rural area was killed because someone was trying to get at her prescription medications. This was an area where nobody locks their doors at night. They've never had to.

Today's focus is on what our response in Washington County has been to that problem. Law enforcement in Washington County has always been faithful and dedicated and has done their best to be equal to the task of fighting the abuse and crime that is associated with drug abuse. Our departments have always been willing to take the initiative to help their

communities. An example of this is the prescription drug take back program, which occurs twice a year with the United States Drug Enforcement Agency. Each time this program has been conducted, more departments participate and we get more unused and unwanted prescription drugs off the street.

We recently submitted, as you heard from my colleagues, applications to obtain drug take back boxes that will be located in a secure area of a police station. This offers an opportunity to dispose of medications. Like the one Representative, my mother-in-law passed last year. She had about 15 packs of Fentanyl that were left over. I was fortunate enough to be able to dispose of those safely in a box located in the Peters Township Police Station.

We also have one of the first Drug Courts in the Commonwealth. Police officers in Washington County have been very receptive to considering offenders eligible for these diversionary programs for non-violent drug offenders, which focus on rehabilitation and recovery.

We have an efficient and effective drug task force, which is comprised of sworn officers throughout the county who work specifically on drug interdiction and prosecution. This task force is headed up by a county detective with many years of experience conducting drug operations through the Pennsylvania State Police. They've been extremely active this year and have seized many quantities of illegal drugs. What

I'm most proud of is the fact, and I think Mr. Krieger asked this earlier, is that we've really gotten the bonds together between various law enforcement agencies to work cooperatively to do the best we can with the resources we have available. Those resources, however, are strained. As Mr. Goldinger pointed out, many communities have eliminated their local police departments, and the number of officers patrolling in the county at any one time has been significantly diminished. These communities are counting on a strained and already overburdened Pennsylvania State Police for help. This shift comes at a time when crimes associated with drug offenses are escalating.

Just as my role as a prosecutor has changed, law enforcement's officers are being forced to handle mental health and substance abuse as part of their daily functions in protecting the public. With so many offenders now on the street addicted to drugs such as heroin and who have a comorbid problem such as mental health, it's a challenge for police officers to perform their duties.

In 2011, the White House of National Drug Control Policy published a white paper outlining a program to combat the problem of prescription drug abuse in the United States. That paper, which I have asked Mr. Fink to provide to the members of the Committee, was one I came across last year, and I found it to be helpful. It's entitled Epidemic: Responding

to America's Prescription Drug Abuse Crisis. They recommend a four-pronged approach to what is being called by the Center for Disease Control an epidemic. Those proposals are effective investigation and prosecution of offenders, a prescription drug take back program, education, which we are doing in cooperation with the United States Attorney, the Drug Enforcement Agency, our local school districts, our local police departments. And just as an aside on that, we do a program --- we've done 11 of them right now --- just getting the information out to kids. And we have an interactive part to that program where we're asking the kids, do you know what hydrocodone is, do you know what oxycodone is, do you know what Vicodin is, what are they called, what do they cost, could you get them if you wanted them. And it's amazing to see the reaction you get from these kids. They know what this stuff is. It's out there.

The other thing that gave me pause was last year we did a program with kids from 6th grade to 12th grade. So you have a wide range of ages there and different people involved. And we asked the children how many people knew somebody that died from an overdose death. And it was amazing to see three-quarters of the hands in that room go up. And they couldn't have been all the same person. I mean, this was a relatively large district with a wide range of people. So it's sobering when you see that type of response.

I believe the fourth part of this program, though,

and I believe this is where you could have the most immediate impact, and I really believe this would cut our death rate almost immediately, is with House Bill 1694. You've heard it referenced here a couple times this morning. That's the prescription drug monitoring program. These guys used to go to Kentucky and Florida to get their pills where originally they were getting them over the internet. Now they're going to Kentucky and Florida to get them at pill mills. They're coming here now because our pharmacists can't see what they're scripting to these people and they don't have the knowledge base in front of them. When I was talking to the pharmacists, they were asking for this. It's my hope that this gets passed. Our overdose death rate in southwestern Pennsylvania is twice that of the national average. And that's primarily due to this. And I think that bill would have a great impact on it, at least that's my hope.

Representative Brandon Neuman, who's from my district, has also been involved with that, as I've spoken with Mr. Saccone about it. Brandon's wife's a pharmacist, so she has a unique perspective that she brings to this bill, and they've been instrumental in helping us get that going.

We're going to continue to fight the scourge of heroin and prescription drug abuse. We recognize the safety issues associated with elicit drug abuse. I know firsthand the ruin that accompanies the abuse of these dangerous drugs.

It's, indeed, a complex problem. Just this past Monday a report was issued, indicating that we ranked 14th in prescription drug overdose deaths, with a rate of 14.3 deaths per 100,000 people. I can talk about this for hours, but I recognize the time constraints of this session. I'm available certainly if the Committee has any follow-up questions or needs assistance. I thank the Committee, and I also thank law enforcement for coming out for this today and certainly the young lady and the young man that testified and Mr. Capozzi for his courage in being able to lead the fight against this problem. This is a critically important problem. I view it as almost a moral obligation on my part to do all I can while I'm District Attorney to fight this problem. Thank you.

CHAIRMAN KRIEGER: Thank you, gentlemen. I know time is getting late. I have a question or two, if you indulge me. The first question, prior to this, someone testified that 89 percent of the crime in their area was drug related. Do you concur --- is that an accurate in your county as well?

MR. GOLDINER: I would agree with that. It's at least 85, 90 percent.

MR. DOUGHERTY: We often use between 80 and 85 percent in our county.

MR. VITTONE: I would concur.

CHAIRMAN KRIEGER: And I continue to be impressed with the prescription drug issue and how that is a real

problem. And it was interesting, some of the testimony indicated as far as 90. So I wonder --- this is a more of a comment --- if there's some education or something we need to do with the doctors, if, in fact, they're overprescribing. So that's something I think we can look at.

Do you have any opinions --- for your example, in your county, do you now the doctors who are out there overprescribing? And I don't mean maybe giving it to a patient that doesn't need it, but someone that's actually out there doing this to make money. Do you know in your county and can you do anything about that?

MR. VITTONE: It's difficult --- what I hear from the undercover people in talking with them is it's difficult because who am I to replace a doctor's knowledge of what somebody needs. If somebody's coming in, complaining of pain, you can't see back pain. You can look at them and you may see some objective indicators, they grimace or different things that may indicate they are in pain, but you can't --- I can't substitute my knowledge for a physician's. So that's a --- that's a difficult thing, too.

MR. DOUGHERTY: And a lot of times the doctors that are in this for compensation, they know the minimums that they have to do. We recently had an investigation with the Office of the Attorney General up in my county where a tremendous --- we looked for years at this doctor. It was a pill mill. They

would have them lined up down the street, waiting to get into his office. Seventy-five (75) bucks, you'd come in, he'd give you the up and down, a look, he'd listen to your heart, give you your script for whatever you asked for, and you'd be on your way. Well, he screwed up because a couple young ladies came in and decided they didn't have the money to pay, so he said, well, go into my apartment upstairs, I'll meet you. And then they got in trouble, you know. He was exchanging sex for the script.

So you know, the AG's Office was able to do an undercover sting, but you know, it was very common that this was the place you went. And then there was a pharmacy down the road. They'd go there, they'd go to the pharmacy, they'd get their scripts, you know, several times a week. Seventy-five (75) bucks for the appointment, you know, a couple hundred bucks for the drugs, and the street value was five times that. So we see it, we attack it, but it's very hard, as my colleagues have said, to actually get an undercover person in there and have the doctor --- you know, they know what they have to do, so it is hard.

CHAIRMAN KRIEGER: Representative Saccone?

REPRESENTATIVE SACCONE: Yes. Thank you. Thank you all for your testimony. I really appreciate. Thank you, Gene, for coming out.

MR. VITTONE: Thank you.

REPRESENTATIVE SACCONE: You know, we said, Mr. Goldinger, no disrespect --- I mean, I'm with you guys a hundred percent, and we're going to work on that Bill 1694 and so forth, believe me. When we say we can't explain this, I mean, I really disagree. For our community here, I just want to say that I think --- I am convinced that our drug problem is directly correlated to the breakdown of our families. And family dysfunction knows no economic boundary. We heard that --- we heard that today, and so often.

The very thing that we're doing --- two parents have to work to try to provide for their family, creates --- it helps to create the dysfunction, because then it leaves children home, feeling unwanted, unloved. And then as we hear the testimony, they go out and they try to compensate for that. So all the policemen in the world isn't going to help. It won't be enough to correct that when society breaks down like that and you start losing your youth, which we are. At an ever-increasing rate we're losing them. We've got to get back to that.

And I know this hearing isn't meant to correct that. This hearing is meant to correct specific law enforcement reaction to this. And we will. We will do that. And I don't want this community to go away thinking that that's going to solve the problem. These people will find another way. If we find dosage units --- if we redefine the law, they'll find

another way to package it. They'll always find another way to get around the law. We have to eventually come to some conclusion about how we're going to attack our societal problems. So again, I thank you all for coming. God bless you in what you do.

CHAIRMAN KRIEGER: Again, I want to thank you as well. I appreciate the fact that you cared enough to come some quite a distance to be here. So thank you very much.

And I want to thank everyone for being here as well. That concludes our testimony today. And it's difficult to sit here and try to summarize what we've just heard. I think we all have to come to the conclusion we have a very significant problem. And I agree with Representative Saccone, there is no magic bullet. These people are sophisticated. They're smart. They're going to figure out a way around. That doesn't mean we don't continue to try. We certainly do need to do that.

And I would agree with Representative Saccone that, at root is the symptom of societal issues we absolutely have to address with the families, with parents. Certainly there are many good parents who have had kids on drugs, and that's not the entire answer either. It's all part of a puzzle that I think we all have to be involved with, and that means if we're a parent, if we're a neighbor, if we're a friend. I was impressed with Nick's testimony that he can go to a --- as a 14-year-old, he can go live with somebody else, and that

doesn't raise any issues. That's a significant problem. And I, likewise, don't want this community to think this is the end. This is just the very beginning. And we know government is not going to have all the answers. We are dealing with a problem after the fact, which is why it makes it so very difficult, these kinds of problems, because we can't pass a law to fix this. We can certainly pass --- help. We can't convince young people that they have hope and they don't need to be hopeless. But we all need to work on that, and so I think this is a beginning and I think a very important start to something hopefully that's much bigger. So I want to thank all of you very much, and this concludes the hearing. Thank you.

HEARING ADJOURNED AT 2:00 P.M.

CERTIFICATE

I hereby certify, as the stenographic reporter, that the foregoing proceedings were taken stenographically by me, and thereafter reduced to typewriting by me or under my direction; and that this transcript is a true and accurate record to the best of my ability.

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Court Reporter

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