Legislative Hearing October 9, 2013
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When contacted to testify at today's hearing, I was asked to give an overview of the rise of the current heroin epidemic, the factors contributing to it, and the law enforcement response.

Evolution of Heroin Potency and Methods of Ingestion

When I began my drug enforcement career with the Pennsylvania State Police over thirty years ago, heroin wasn't much more than a footnote in our state wide drug activity reports. The predominant drug was cocaine. Although I had quite a few heroin cases since I was assigned to Allegheny County, I never once purchased heroin with a purity level above 6%. Today, purity levels of over 70% are not uncommon and that is one of the major factors contributing to the startling rise in heroin addiction. In the 1980s, heroin sold for as much as $250,000 per kilogram and cocaine sold for $21,000 per kilogram. Now, cocaine sells for $38,000 per kilogram, a 55% price increase, which is indicative of a restricted supply. Heroin, on the other hand, sold for $250,000 per kilogram and is now selling for as little as $50,000, an 80% *decrease* in wholesale pricing. In the 1980s, heroin was so diluted by the time it hit the streets, a user had to inject the drug in order to get high. The hypodermic needle represented a threshold that most people simply did not want to cross. The rise in the purity level of heroin enabled users to use the drug by insufflation, commonly referred to as "snorting". That has removed the necessity of the hypodermic needle, and heroin now has become a party drug.

Evolution of Heroin Marketing and Distribution Patterns

During the latter portion of the 20th century, heroin sales had largely been 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 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 small towns and suburbs and began to market heroin to a largely unsuspecting populace. 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 had known addresses from Wilkinsburg and Pittsburgh.

Dealers became increasingly sophisticated and began using the Nextel direct connect since it originally couldn't be wiretapped. When law enforcement developed that technology, heroin distributers evolved their methods again. Well aware of the constraints on law enforcement inherent in our wiretapping laws, they began utilizing disposable cellular telephones, dropping the phones every 30-60 days and/or constantly switching the phones among themselves. A customer may talk to suspect A and suspect B will deliver the drugs. The next day the customer may call the same number and talk to suspect C and the drugs will be delivered by suspect D. All the while the customer will have only street names and no knowledge whatsoever of the organizational structure of the heroin distribution organization. The customer will be given a number to call when they arrive in a certain geographic area and when they call, they will be advised to be at a certain location within five minutes to do the transaction. This minimizes law enforcement's capability to do what is commonly referred to as a buy/bust since counter-surveillance will be at that location and note the arrival of unfamiliar vehicles and the deal will be called off. When street level dealers are arrested, they will rarely cooperate due to the threat of violence against them and/or their families.

The Impact of Opiate/Opioid Pharmaceutical Drugs on the Heroin Market

Pain medication is either derived from opium or synthetically produced in order to mimic the effects of naturally occurring opiates on the body's pain receptors. When abused, they trigger the release of dopamine and the resulting euphoria in the same way that heroin does.

Adolescents gain access to those drugs from their parent's medicine cabinets, from friends, or by prescription. The prescriptions may be legitimate, but are more likely to come from a small minority of physicians who sell the prescriptions for money or sexual favors. Eventually, as their addiction progresses, many people will switch to heroin since it is significantly cheaper. A single dosage unit of a pharmaceutically dispensed opioid may sell for as much as $80.00. A stamp bag of heroin can sell for as little as $5.00. Eventually, the financial incentive to switch to heroin becomes too enticing to resist.

The novice pill users convince themselves that the substances are safe since they are legally prescribed controlled substances. Since addiction is a progressive disease, many members of a group could develop addictions before their addictions become obvious to each other or parents or teachers..

- During three separate studies, the National Institute on Drug Abuse found almost 50% 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 cause by opioid pain relievers exceed those from all illegal drugs combined.

Drug Addiction Treatment Centers Impact on Heroin Distribution

I am not in any way a drug and alcohol treatment professional and I am well aware that such professionals have a herculean task, but I do wish to make the committee aware of problems that exist with the centers from a purely law enforcement perspective. The first problem is that of networking. Often times an adolescent is sent to a treatment center for a relatively benign problem with substance abuse. Once there, that individual will meet people who use and sell every controlled substance known to man. The patient will return to their community with the ability to provide heroin, cocaine, or other drugs from multiple sources. Often local restaurants or parking lots will be meeting places for the patients to conduct drug transactions. One of our officers, working undercover at one such clinic, arrested 76 individuals for drug sales during a single investigation. Another problem is many methadone clinics do not appear to be motivated to wean the patients from the drug. I personally had an informant who was a patient at a methadone clinic for fourteen years. His relationship with the clinic was ended only by his death…from a drug overdose.

Changes in 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 our 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 poppies quadrupling between 2001 and 2009. The resulting production potential rose from 10.7 to over 50 metric tons of heroin.

Mexican Cartel Involvement in Southwestern Pennsylvania

It appears from our perspective that there is Mexican Cartel involvement in drug distribution in Southwestern Pennsylvania. The District Attorney's Narcotic Enforcement Team recently made a seizure of 21 kilograms of cocaine and $600,000 from an individual who provided a valid Mexican government issued driver's license under the name of David Chavez Carbajal. He was later identified as Faustino Rodriquez Hernandez. This level of sophistication and the amount of drugs involved would seem to indicate cartel involvement. In addition, I have received information from confidential sources that the cartels are attempting to establish a market in the Pittsburgh area.

Current Law Enforcement Efforts to Curtail Heroin Distribution Activities

In Allegheny County, District Attorney Stephen Zappala established the Allegheny County District Attorney's Drug Enforcement Team in 2000. It is comprised of approximately 100 member police departments, with 700 task force officers who are supervised by career narcotics detectives Mr. Zappala recruited from the Pennsylvania State Police, the Pittsburgh Police Department, and the Swissvale Police Department. 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 that may involve wiretaps, their manpower and financial resources permit bringing those types of investigations to a successful conclusion.

In May of this year, mindful of the growing heroin epidemic in Westmoreland County and it's connection with Allegheny County, D.A. Zappala directed the formation of an Impact Squad under the supervision of Supervising Detective Ray Bonacci and comprised of members from the Swissvale, North Versailles, and McKees Rocks Police Department. Since May, this squad has made approximately 200 arrests for heroin

along the Route 30 and Route 22 corridors between Westmoreland County and Pittsburgh and Wilkinsburg.

Possible Legislative Solutions to Increasing Drug Trafficking Organization's Sophistication and Evolving Methods of Operation

- Requiring photo identification for the purchase of disposable cellular telephones.
- Severe mandatory sentencing for the head of drug trafficking groups.
- Consider setting up a state wide witness relocation program
- Expanding the database for Schedule II controlled substances to include Schedule II and IV drugs.
- Expand access to that database to include all law enforcement agencies involved in drug law enforcement.
- Consider a system to house witness-prisoners in either the state correctional system or surrounding counties.