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**House Judiciary Committee  
Public Hearing on Law Enforcement Response to the Current Heroin Epidemic**

**Hempfield Township Municipal Building, Greensburg PA  
Wednesday, October 9, 2013**

Good morning Chairman Marsico, Chairman Caltagirone, and members of the judiciary committee. Thank you for allowing me to speak to you on behalf of the Office of Attorney General about the very real and serious threat of heroin use that is occurring right here in our Commonwealth.

According to the US Drug Enforcement Administration's *National Drug Threat Assessment* for 2013, Mexican transnational criminal organizations (TCOs) represent the greatest organizational drug threat to the nation. Mexican TCOs are the predominate transporters of wholesale quantities of cocaine, heroin, methamphetamine, and marijuana to US markets and these groups continue to expand into new regions while increasing their control of organic local distribution networks.

For the first time ever, heroin appears to be the drug of choice in Pennsylvania. We hear this from our narcotics agents, our local law enforcement partners, our federal partners, and the dealers and users themselves. As we step back and look at the street-level information from across the state, we see that heroin has an unprecedented grip on the Commonwealth and the trend is worrisome.

The availability of heroin in Pennsylvania and throughout the northeastern US is alarmingly high. This is due in great measure to increased production of heroin in Mexico and the seemingly unfettered transportation of huge quantities across the Mexican-American border. Mexican-produced heroin is becoming purer and the low prices we see throughout Pennsylvania suggest that the Mexican DTOs have very effectively established a market foothold in the Commonwealth. The revenue flowing back to Mexico, whether in the form of bulk cash or wire transfer, is simply remarkable, estimated at several billion dollars per year.

In addition to the high availability, high purity, and low price of Mexican heroin, the distribution networks utilized by the Mexican TCOs are formidable. In the past, drug trafficking organizations and associated street-level operations were insular in nature, often exposing them to law enforcement. Today, Mexican cartels have effectively co-opted organic local street distribution networks, street gangs, and prison gangs. Because the local networks may have

several degrees of separation with the cartels themselves, law enforcement may not view the local threat as anything more than that: a local threat. Nonetheless, we know that the Mexican cartels are operating in Pennsylvania because our Intelligence says so, our cases say so, and our state and federal partners agree.

Heroin-related overdoses and overdose deaths are increasing throughout the nation, and Pennsylvania is certainly no exception. Pennsylvania has the third highest number of heroin users, behind California and Illinois, with an average 40,000 users. These overdoses are likely attributable to several factors, including the heroin's high purity and cheap prices, its ever-increasing availability, increasing numbers of heroin abusers initiating use at younger ages, and the transition by users from prescription opioid pain killers to heroin.

Concomitant with the trafficking of heroin into Pennsylvania by the Mexican cartels is the associated violence or threat of violence. While the cartels' leadership remains south of the border, well outside of the reach of US state and local law enforcement, the cartels must maintain the ability to project its influence and control over great distances. The Office of the Attorney General has successfully arrested and prosecuted cases with direct ties to the Mexican cartels and ongoing, sensitive cases continue to indicate that these cartels are in tight control of drug trafficking and money laundering in Pennsylvania today.

Given the disturbing threat that Mexican TCOs and their trafficking of heroin poses to the Commonwealth, Attorney General Kane has tasked the Bureau of Narcotics Investigation and Drug Control to address the growing problem in a holistic, comprehensive manner. As a consequence, we have taken a strategic approach that focuses on targeting multifaceted criminal organizations and complex conspiracies. We are building an Intelligence analysis capability that will allow us to look at the state as an enterprise, collect relevant law enforcement information from myriad sources, and put substantive meaning to it to inform our investigators, our decision-makers, the state legislature, the US Congress, and most importantly, the general public.

Likewise, we are building new relationships with our state and local partners in the region and nationwide. We value greatly their information, perspective, and best practices and will share ours, as well. For example, our Interdiction efforts necessarily rely on our ability to receive and exploit information about drug loads arriving into Pennsylvania via maritime cargo, air cargo, truck cargo, and shipped packages. Whether such cargo is intended for Pennsylvania or simply passes through to another destination, we have a vested interest in interdicting that cargo and determining both its source and its ultimate destination. Collaboration with neighbor states, trans-shipment cities and states, and border states is critical to our ongoing efforts to stem the volume of drugs flowing into and through Pennsylvania.

Another area of significant concern for the Office of the Attorney General is the explosion in the diversion of pharmaceutical drugs for illicit sale and abuse. Pennsylvania has seen rapid, significant increases in prescription pill abuse, overdoses and overdose deaths, and illicit trafficking of pharmaceutical drugs. Otherwise legitimate prescriptions, particularly opioid narcotic analgesics, are easily obtained and either abused directly or sold for illegitimate use. Likewise, unscrupulous physicians or their staffs sell or barter prescriptions. We see prescription pill abuse starting at very early ages. In many cases, the dependency on prescription pills

becomes prohibitively expensive to maintain, thus the abuser ultimately turns to heroin as a cheaper, more available, but deadlier alternative. Those individuals who reported using prescription pills recreationally are 19 times more likely to begin using heroin. Part of the problem is that Pennsylvania, unlike many other states, does not have any means of tracking Schedule III, IV, and V controlled substances. The implementation of a prescription monitoring program would assist in the prevention of prescription drug abuse and the ever increasing use of heroin by providing prescribing practitioners with relevant information concerning the drugs that have recently been prescribed to their patients.

An important part of General Kane's counterdrug approach is education and outreach. We are proactively engaging middle and high schools statewide in an effort to receive perspective from students on what they are seeing and hearing from their peers. We are learning from students how social media plays into the drug threat in schools and how the Attorney General needs to communicate with adolescents in a manner that adequately serves the students while allowing us to accurately assess the true threat.

It is imperative for the Office of the Attorney General to work closely with the legislature on counterdrug initiatives and innovations. We view much of our role as informing and educating members as to the true nature and scope of the threat while offering meaningful solutions to addressing and combating that threat.

As the chief law enforcement agency in Pennsylvania, the OAG is uniquely positioned to leverage our incredible subject matter expertise and prosecutorial experience while coordinating and collaborating with our local, state, and federal partners, both here in Pennsylvania as well as with our neighboring states and those that are in the pipeline from the Mexican border. Likewise, we have robust relationships with our counterpart Attorneys General throughout the nation and we continue to identify and use best practices when appropriate.

Thank you.

OFFICE OF ATTORNEY GENERAL

# Heroin in Pennsylvania

Office of the Attorney General  
Commonwealth of Pennsylvania

**Kathleen G. Kane**

October 2013



# What is Heroin?

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- Heroin is a highly addictive drug derived from morphine, which is obtained from the opium poppy.
- It is a “downer” or depressant that affects the brain’s pleasure systems and interferes with the brain’s ability to perceive pain.
- Repeat use of heroin can lead to extreme physical and psychological dependence that is difficult to treat.

# Heroin

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- Heroin is the one of the most powerful known (semi or non-synthetic) painkillers.
- It is one of the opiates that come from the dried milk of the opium poppy, which include morphine and codeine.
- Heroin isn't a naturally occurring drug – it is refined from morphine.
- It is therefore more powerful, although its effects are very similar.
- Heroin's medical name is diamorphine.

# Heroin

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- Heroin comes from: “Golden Triangle (Myanmar, Laos, Thailand thru China), **Mexico**, Iran, Pakistan, and Afghanistan.
- Opium poppies grow best in dry, warm climates.
- The dried sap is collected by the opium farmer, then it's bought by a merchant or broker who takes the opium to a morphine refinery.
- The opium is refined into morphine base and then reacted with acetic anhydride, a chemical also used in the production of aspirin.
- Most black market heroin is highly impure due to contaminants left after refinement of opium into morphine, which then remain in the final product.



# What does Heroin look like?



- White to dark brown powder or tar-like substance.



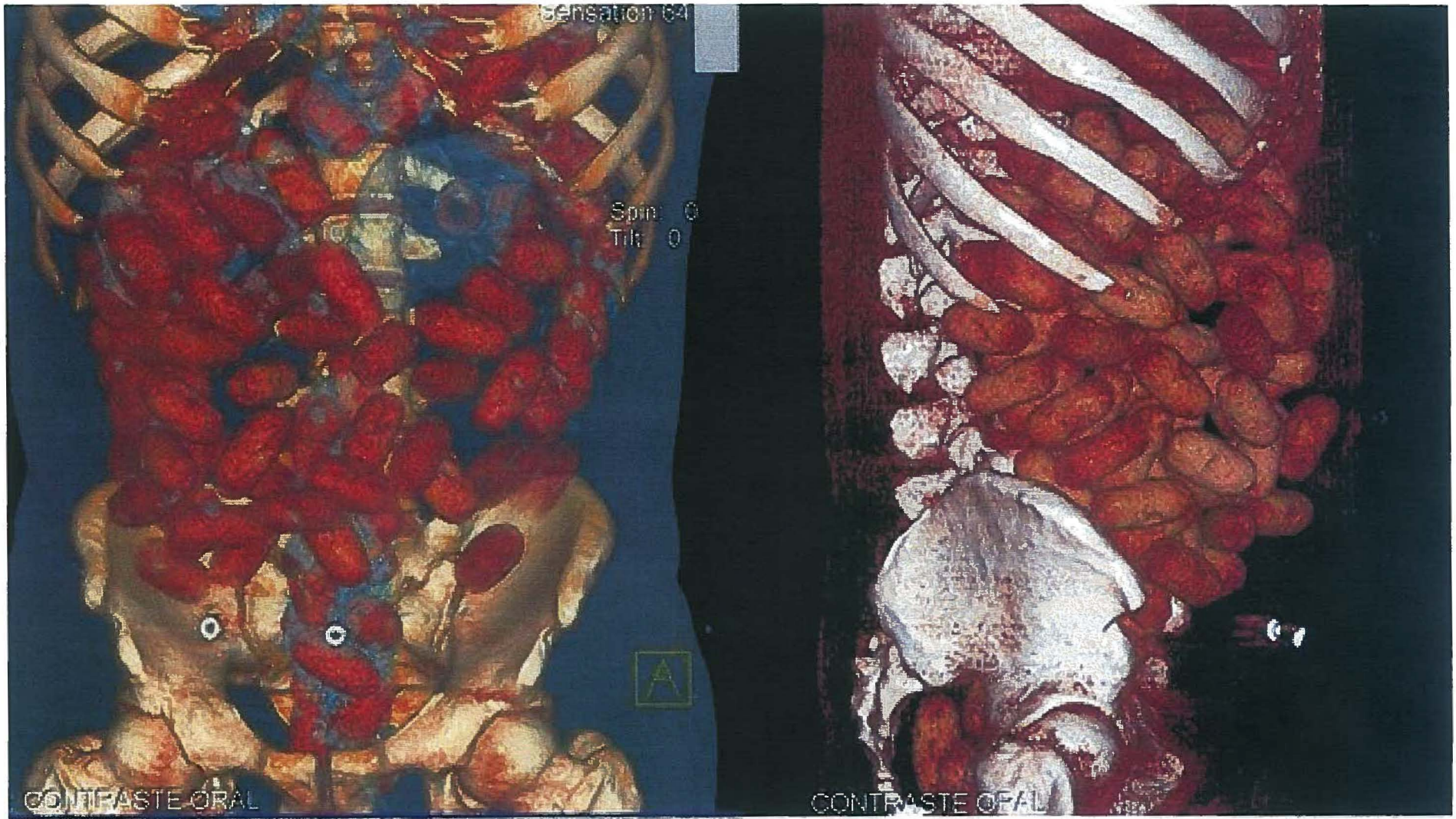


# How is Heroin smuggled?





# How is Heroin smuggled?





# How is Heroin smuggled?





# How is Heroin sold?

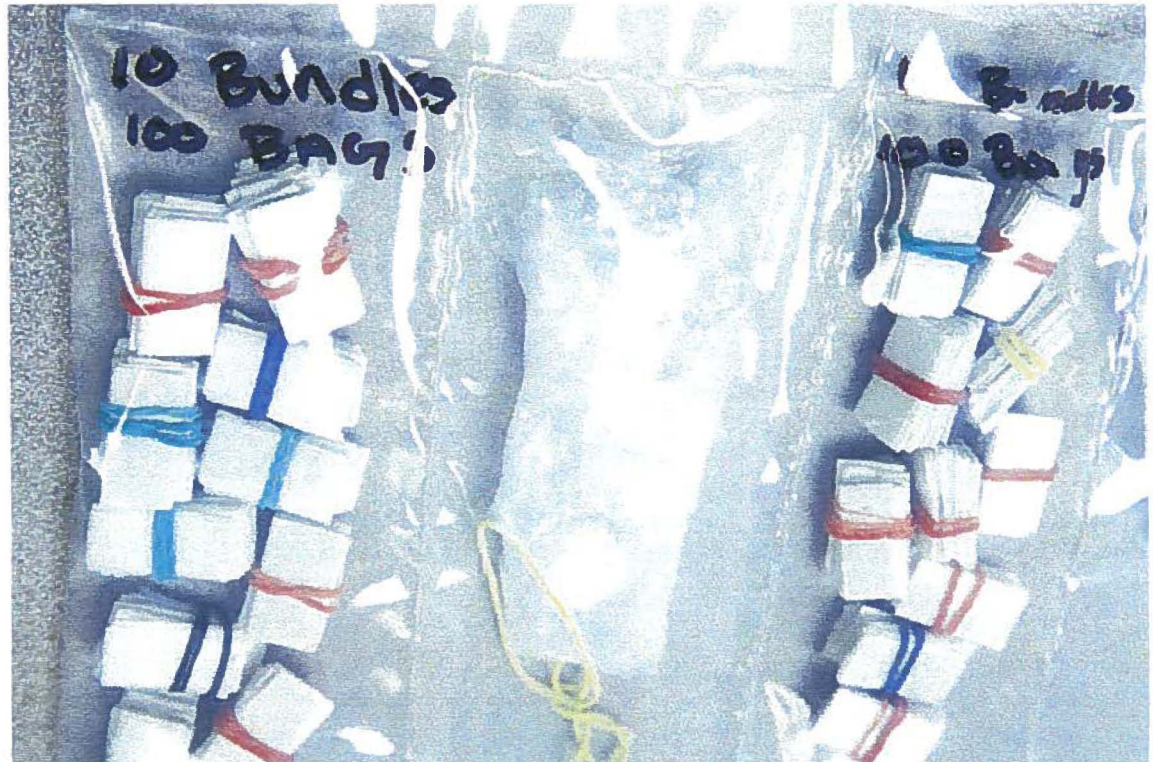




# How is Heroin sold?



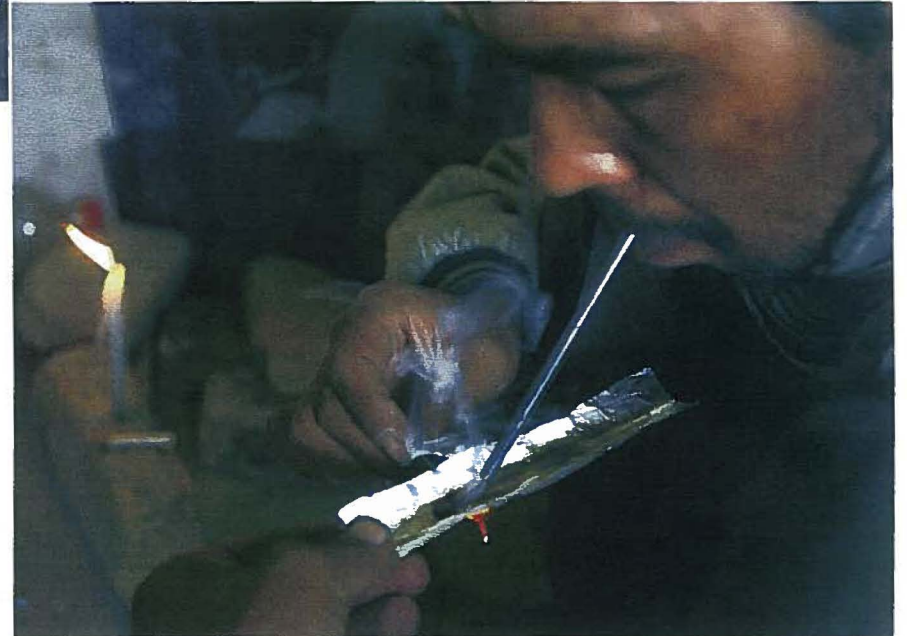
- Bag – approx. 0.02 ggs (\$5-\$20)
- Bundle (\$50-\$200)
- Rack / Brick (\$500-\$2000)
- Kilo (\$100k-\$200k)



# How is Heroin used?



- Injecting
- Smoking
- Snorting





# Heroin's Effects on the Body

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- Heart, blood and circulation – Heroin slows down your circulation and heart rate and increases the size of certain blood vessels (making you feel warm).
- Stomach – It depresses bowel activity, which can result in constipation. Heroin can make you feel sick, and first-time users often vomit.
- Lungs – Heroin suppresses the cough reflex and slows down breathing, causing hyperventilation. This can result in risk of lung disease. **An overdose of heroin can cause respiratory failure and death.**
- Nervous system – At higher doses, sedation takes over and you become drowsy. **An excessive dose can produce stupor and coma, and possible death.**

# Long-term Effects of Heroin

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- Long-term effects of heroin appear after repeated use for some period of time.
- Chronic users may develop collapsed veins, infection of the heart lining and valves, abscesses, cellulites, and liver disease.
- Pulmonary complications, including various types of pneumonia, may result from the poor health condition of the abuser, as well as from heroin's depressing effects on respiration.
- In addition to the effects of the drug itself, street heroin may have additives that do not really dissolve and result in clogging the blood vessels that lead to the lungs, liver, kidneys, or brain.
- This can cause infection or even death of small patches of cells in vital organs.
- With regular heroin use, tolerance develops. This means the abuser must use more heroin to achieve the same intensity or effect.



# Long-term Effects of Heroin

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- As higher doses are used over time, physical dependence and addiction develop.
- With physical dependence, the body has adapted to the presence of the drug and withdrawal symptoms may occur if use is reduced or stopped.
- Withdrawal, which in regular abusers may occur as early as a few hours after the last administration, produces drug craving, restlessness, muscle and bone pain, insomnia, diarrhea and vomiting, cold flashes with goose bumps (“cold turkey”), kicking movements (“kicking the habit”), and other symptoms.
- Major withdrawal symptoms peak between 48 and 72 hours after the last dose and subside after about a week.
- Sudden withdrawal by heavily dependent users who are in poor health can be fatal.

# History of Heroin in the US



- During the 18th century, physicians in the U.S. used opium as a therapeutic agent for multiple purposes.
- It was only towards the end of the 18th century that some physicians came to recognize the addictive quality of opium.
- In 1805, morphine and codeine were isolated from opium, and morphine was used as a cure for opium addiction since its addictive characteristics were not known.





# History of Heroin in the US



- Morphine's use as a treatment for opium addiction was initially well received as morphine has about ten times more euphoric effects than the equivalent amount of opium. Over the years, however, morphine abuse increased.
- Heroin was synthesized from morphine in 1874 by an English chemist, but was not produced commercially until 1898 by the Bayer Pharmaceutical Company.
- Attempts were made to use heroin in place of morphine due to problems of morphine abuse. However, it turned out that heroin was also highly addictive, and was eventually classified as an illegal drug in the United States.

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# Poppies in Afghanistan

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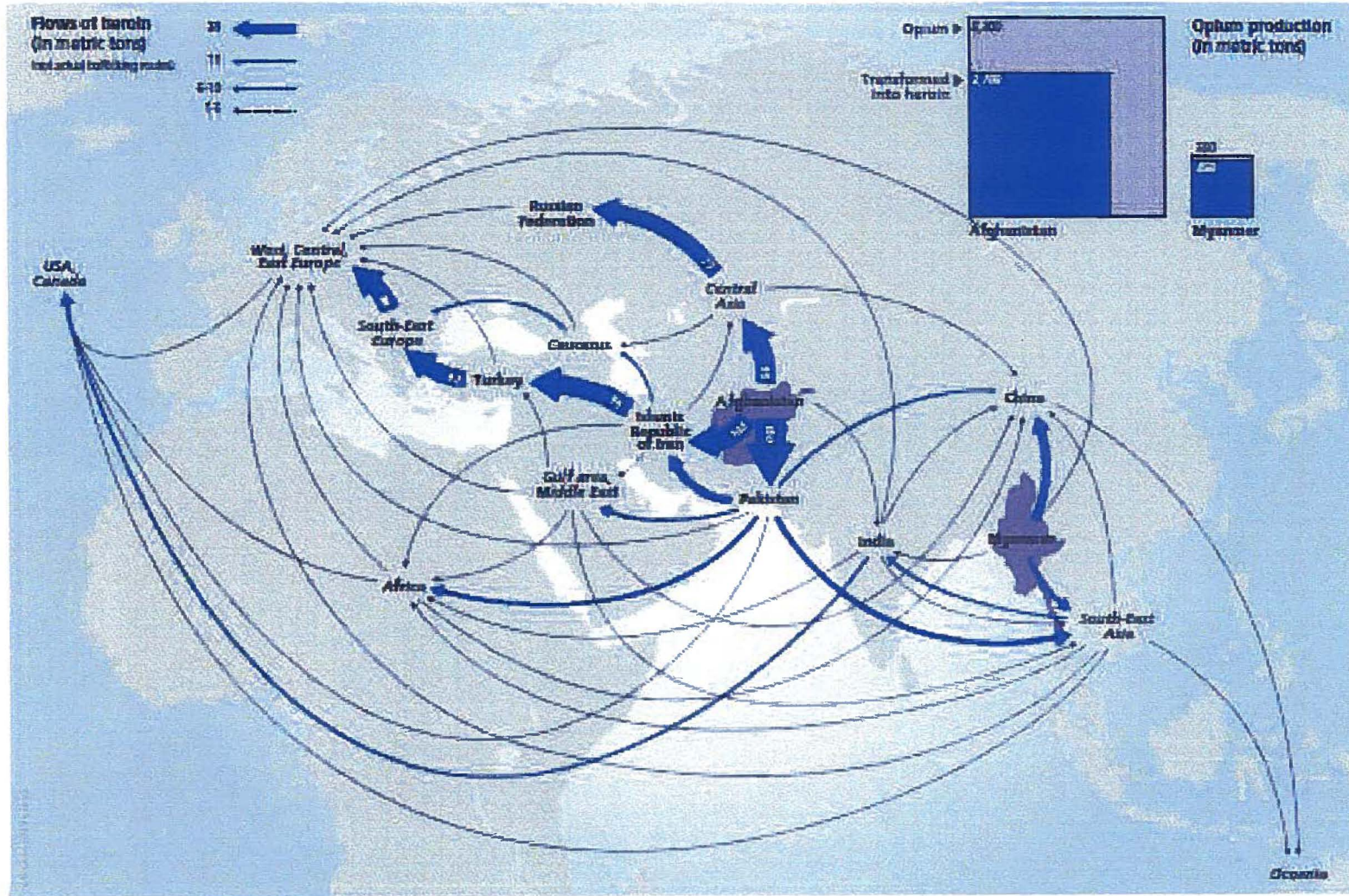


# Poppies in Afghanistan





# Flow from Afghanistan and Myanmar





# Poppies in Mexico

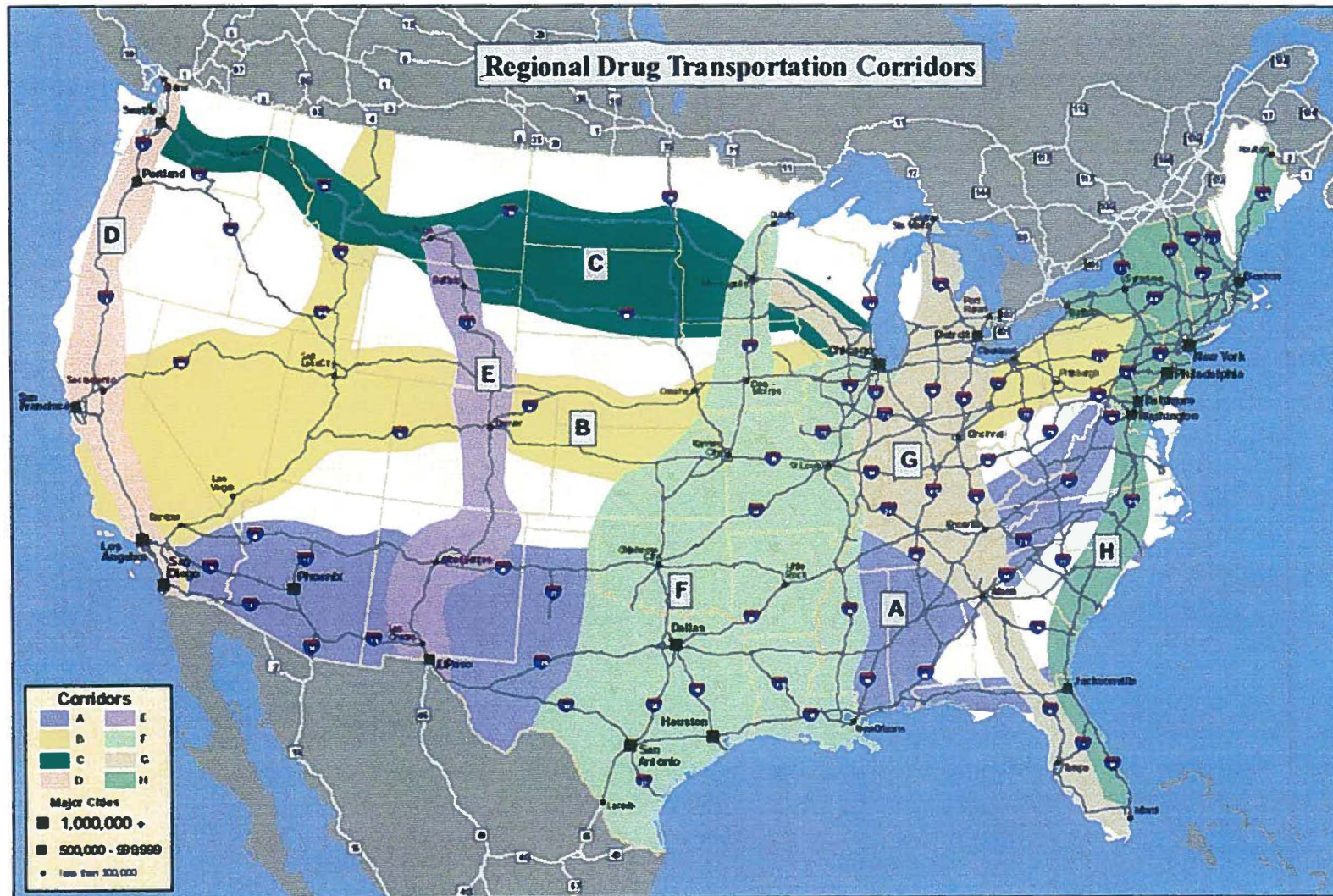




# US Trafficking Networks



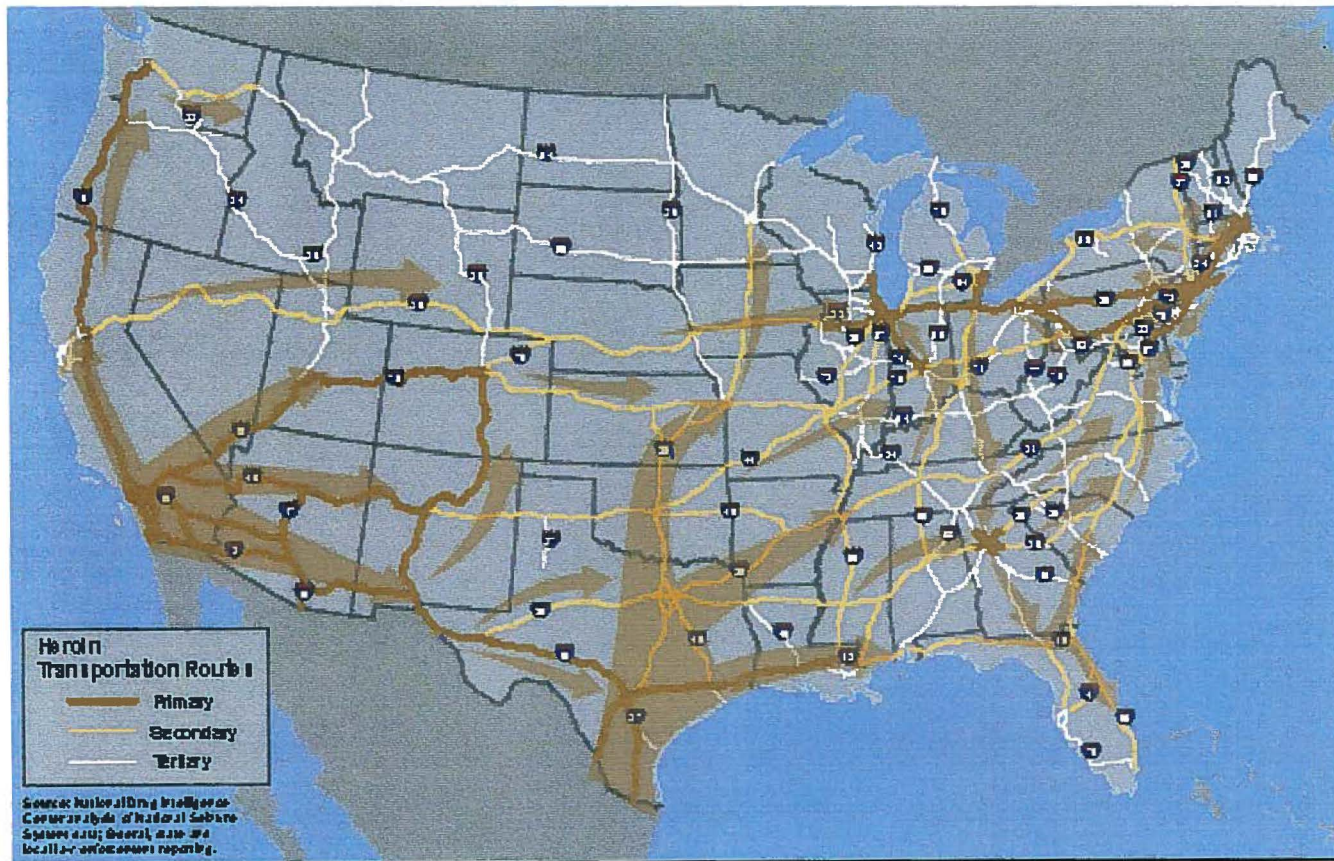
Figure 3. Drug Transportation Corridors in the United States



Source: Federal, state, and local law enforcement data and reporting.



# Heroin Trafficking Networks



**Table 1. Concentrated Activity by Mexican-Based TCOs in the Nine OCDETF Regions**

TCO	Primary Drugs	Primary Regions
Sinaloa Cartel	Cocaine Heroin Marijuana MDMA Methamphetamine	Florida/Caribbean Great Lakes Mid-Atlantic New England New York/New Jersey Pacific Southeast Southwest West Central
Los Zetas	Cocaine Marijuana	Florida/Caribbean Great Lakes Southeast Southwest
Gulf Cartel	Cocaine Marijuana	Florida/Caribbean Mid-Atlantic New England New York/New Jersey Southeast Southwest
Juárez Cartel	Cocaine Marijuana	Great Lakes New York/New Jersey Pacific Southeast Southwest West Central
BLO	Cocaine Heroin Marijuana	Southeast Southwest
LFM	Cocaine Heroin Marijuana Methamphetamine	Southeast Southwest
Tijuana Cartel	Cocaine Heroin Marijuana Methamphetamine	Great Lakes Pacific Southwest

Source: National Drug Intelligence Center analysis of law enforcement reporting.

# Mexican TCOs

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- Mexican TCOs are the most pervasive organized crime threat to the US because of their extensive cross-border trafficking operations and expansive transportation and distribution networks along the SW border and throughout the US.
- Mexican cartels have established command and control networks throughout the country, and they are working with associates, often members of US-based gangs, to support drug, human, currency, and weapon smuggling operations on both sides of the border.



# Mexican TCOs

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- Heroin availability continued to increase in 2012, most likely due to an increase in Mexican heroin production and Mexican traffickers expanding into markets traditionally supplied with white heroin.
- Heroin-related overdoses and overdose deaths are increasing, likely due to high purity and increasing numbers of heroin users starting use at a younger age and abusers transitioning from prescription opioids (oxycodone, hydrocodone, etc.) to heroin.

# Mexican TCOs

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- The Commonwealth of Pennsylvania has experienced a significant increase in the threat from Mexican Drug Trafficking Organizations (DTOs) over the last decade. Narcotics Agents with the Bureau of Narcotics Investigation (BNI) throughout the Commonwealth have noted a marked increase in Mexican trafficking targets as well as those arrested on drug and associated charges. This increase has been confirmed by other local, state, and federal law enforcement agencies, including the Philadelphia Police Department, the US Drug Enforcement Administration, and the US Department of Homeland Security.



# Mexican TCOs

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- The Mexican DTOs have significantly increased their trafficking activities in PA itself as well as through PA as a conduit into the Mid-Atlantic and Northeast regions. This alarming upward trend is also indicated in neighboring states and municipal jurisdictions.
- The increase in Mexican DTOs operating in PA brings violence associated with them. Mexican DTOs are well-known for eliminating their competition through effective use of violence or threat of violence.

# Mexican Drug Cartel Modus Operandi

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- Mexican DTO's have filled void left by Colombian and other cartels
- Two discernible overland trafficking routes into and through PA
  - From the west on I-70, I-76, and I-80 (Chicago, OK, AZ, CA, etc.)
  - From the south on I-95 (Atlanta, North Carolina, VA)
- From New York City and Philadelphia (via commercial air from SE and SW US)
- Private aircraft into small, rural airstrips in Commonwealth
- Two predominant cartels involved
  - Sinaloa, Gulf
  - La Familia Michoacana (reportedly disbanded or merged)
- Extremely effective use of organic PA distribution networks
  - Use of fear, intimidation, coercion, or influence
  - Gets around language barriers
  - Local law enforcement unable to adequately identify threat
- DTOs willing to “front” drugs in effort to gain market place
- Sheer volume of shipments allows for risk of compromise
  - Violence for lost load may be local, national, or transnational



# Past PA OAG Cases

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- “Operation Blowout” (11/2012)
- “Operation Dead Drop” (09/2011)
- “Operation ‘Hoodtown’” (01/2010)
- “Operation Infamous Choppers” (09/2009)
- “Operation Ice Breaker” (08/2009)
- “Operation Mexican Ice” (06/2009)
- “Operation Rio Hondo” (10/2008)
- “Operation Dough Maker” (10/2008)
- “Operation Broken Doll” (09/2008)
- “Operation Speedball” (07/2007)
- “Operation Black Tar” (07/2007)
- “Operation Zig Zag” (04/2007)
- “Operation Byrdcage” (01/2006)

# Prescription Pill Abuse

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- Considered the “gateway drug” filling the gap between alcohol or marijuana and heroin
- Pills obtained through relationship (family), either with knowledge or through theft
- Once scripts run out, user needs to maintain habit by theft, burglary, home invasion, etc.
- Once habit becomes prohibitively expensive, user moves onto heroin
  - Stronger “high”
  - Cheaper to maintain habit
  - More dangerous to non-initiated user



# Diversion Control Investigations

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- Out-of-state prescriptions can be filled in PA
- Physicians, dentists, and others who are legally authorized to write prescriptions may sell or barter their scripts
- Prescriptions/prescription pads are compromised and sold; may include the physician, office staff, or 3<sup>rd</sup> party theft
- “doctor shopping”

# Questions?

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October 2013

# “Operation Blowout”

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- Joint (PA OAG, PSP, Bucks Co. DA's Office) investigation identified a network of distributors and dealers responsible for transporting bulk quantities of meth into Reading and Philadelphia - as much as a pound of drugs every two weeks
- The meth was then repackaged into smaller quantities and resold by various associates in an area stretching from Philadelphia and the Lehigh Valley all the way to Lycoming and Tioga counties, near the New York State border in north-central Pennsylvania
- Bulk quantities of meth from sources in Mexico were moved across the U.S. border to McAllen, Texas, and then transported to a source in Reading
- Impacted areas: Reading, Philadelphia, Bucks Co., Berks Co., Tioga Co., Lycoming Co.



# “Operation Dead Drop”

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- Joint (PA OAG, PSP, Northumberland County DA’s Office, US Postal Inspection Service, Sunbury P. D., Point Township P. D., and the Northumberland/Montour County Drug Task Force, Northumberland County DA’s Office, the Snyder County DA’s Office, the Shamokin Dam P.D., the Selinsgrove P.D, the Middleburg P.D., and the Snyder County Probation Office) investigation identified a network of distributors and dealers responsible for transporting bulk quantities of marijuana throughout Snyder and Northumberland Counties
- Bulk quantities of marijuana from sources in Mexico were moved across the U.S. border, then mailed to “dead drops” to a source in Reading

# “Operation Ice Breaker”

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- Joint investigation (PA OAG, Philadelphia P.D., NJ State Police, NJ AG’s Office, and the Chester Co. DA’s Office)
- Crystal methamphetamine originated in Mexico and was transported to Atlanta, Georgia, then on to Philadelphia
- Continuation of “Operation Mexican Ice”
- PA source had 55 individuals in his distribution network throughout Philadelphia, Montgomery, Bucks, and Chester counties
- PA source supplied his dealers with multi-gram to multi-ounce quantities of crystal methamphetamine
  
- "This case demonstrates how far and how deeply drug organizations can reach into our communities," Attorney General Corbett said. "The meth pipeline fueled addiction and crime that stretched all the way from Mexico to Philadelphia, its suburbs, and South Jersey."



# “Operation Infamous Choppers”

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- Joint investigation (PA OAG, US Immigration and Customs Enforcement (ICE), Aliquippa City PD, Allegheny Co. PD, Ambridge Borough PD, Beaver Falls Borough PD, Coraopolis Borough PD, Crescent Borough PD, Hampton Township PD, Harmony Township PD, Hopewell Township PD, McKees Rocks Township PD, West Deer Township PD, Ohio Township PD, Sewickley Borough PD, Texas Department of Public Safety, and Oklahoma State Police)
- Mexican source provided bulk marijuana through Tucson to western PA for distribution
- Bales of marijuana in the shipments were concealed by being heavily wrapped in wrapping paper, covering an inch of cellophane; under the cellophane was a half inch of grease, followed by another layer of cellophane and dryer sheets

# “Operation Mexican Ice”

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- Joint investigation (PA OAG, Philadelphia PD, NJ State Police, NJ AG’s Office, and US DHS ICE)
- Mexican source provided bulk crystal methamphetamine through Atlanta to Philadelphia for distribution throughout Philadelphia Co., Bucks Co., Chester Co., and southern NJ
- "Restrictions on pseudoephedrine sales have put a significant dent in meth production in the United States," Attorney General Corbett said. "However, that void is being filled by the Mexican meth trade and other Hispanic drug dealers, who are making millions of dollars from America's drug addiction."



# “Operation Broken Doll”

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- Joint investigation
- Mexican source provided bulk methamphetamine to Philadelphia for distribution throughout southeastern PA