COMMONWEALTH OF PENNSYLVANIA
HOUSE OF REPRESENTATIVES

JUDICIARY
COMMITTEE HEARING

HARRISBURG HIGH SCHOOL
2451 MARKET STREET
HARRISBURG, PENNSYLVANIA

THURSDAY, NOVEMBER 21, 2013
10:05 A.M.

PUBLIC HEARING ON HEROIN EPIDEMIC

BEFORE:
HONORABLE RON MARSICO, MAJORITY CHAIRMAN
HONORABLE GLEN R. GRELL
HONORABLE TIMOTHY KRIEGER
HONORABLE JOSEPH T. HACKETT
HONORABLE RICK SACCONE
HONORABLE TARAH TOOHIL
HONORABLE THOMAS R. CALTAGIRONE, DEMOCRATIC CHAIRMAN
HONORABLE BRYAN BARBIN
HONORABLE DOM COSTA
HONORABLE BRANDON P. NEUMAN
HONORABLE MADELEINE DEAN

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Pennsylvania House of Representatives
Commonwealth of Pennsylvania

ALSO IN ATTENDANCE:

REPRESENTATIVE SUSAN C. HELM

COMMITTEE STAFF PRESENT:

THOMAS W. DYMEK
MAJORITY EXECUTIVE DIRECTOR

DAVID VITALE
DEMOCRATIC EXECUTIVE DIRECTOR

I N D E X

TESTIFIERS

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SUBMITTED WRITTEN TESTIMONY

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(See submitted written testimony and handouts online.)

P R O C E E D I N G S

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MAJORITY CHAIRMAN MARSICO: Good morning, everyone, if I can get your attention. I want to welcome you to the Judiciary Committee of the House of Representatives of Pennsylvania. Thank you all for being here.

I just wanted to say that this is the last in a series of three hearings we've had here in the State to examine the heroin drug trade and the heroin epidemic. We had a hearing in Westmoreland County. Representative Krieger conducted that hearing. And also in Delaware County, where Representative Hackett conducted a hearing just recently at the Glen Mill schools.

Like I said, we've conducted these hearings across the State, and before I begin with introductory remarks, I'd like the Members of the House and staff to introduce themselves starting at my left, and tell us where you're from.

REPRESENTATIVE KRIEGER: Representative Tim Krieger representing the 57th Legislative District in Westmoreland County.

REPRESENTATIVE HACKETT: Good morning. Joe Hackett, Delaware County.

REPRESENTATIVE SACCONE: Good morning. I'm Rick

Saccone from the Fighting 39th of southern Allegheny County and northern Washington counties.

REPRESENTATIVE TOOHIL: Good morning. Tarah Toohil, 116th Legislative District, Luzerne County.

MR. DYMEK: Tom Dymek, Executive Director of the Committee.

MAJORITY CHAIRMAN CALTAGIRONE: Tom Caltagirone, Reading, Berks County.

MR. VITALE: Dave Vitale, Executive Director, Democrat.

REPRESENTATIVE BARBIN: Bryan Barbin, Cambria County.

REPRESENTATIVE COSTA: Dom Costa, 21st District, Allegheny County.

REPRESENTATIVE NEUMAN: Brandon Neuman, Washington County, 48th District.

REPRESENTATIVE DEAN: Good morning. Madeleine Dean, Montgomery County.

MAJORITY CHAIRMAN MARSICO: Okay. I'm Representative Ron Marsico, the chair of the Committee.

I'd like to thank all the members and staff for being here, and also all the testifiers for taking the time out of your busy schedules to be here.

And lastly, I'd like to thank the Harrisburg School District and Harrisburg High School for their

hospitality and having us here today on this very important subject. I thank Gene Veno, the Recovery Officer for the Harrisburg School District, Dr. Knight-Burney, Superintendent of Harrisburg School District, and also Jennifer Smallwood, who is the President of the School Board here at Harrisburg School District.

We are very much aware that the drug problem here in Pennsylvania, the heroin drug problem, is multifaceted. It is certainly a law enforcement problem, and it does demand a law enforcement response. It is also a health care problem, a social problem, and in many cases, it's a family problem, and it's also a budgetary problem. Various committees of the House have oversight responsibility over health care aspects, the treatment, the responsibility over health care, treatment aspects and also budgetary aspects. Much work has been done in those areas and much more will be done.

The focus of today's hearing, however, will be on the law enforcement aspect of this problem. This hearing is meant to assist Members of the Judiciary Committee and other Members of the House as a whole in the exercise of their oversight over law enforcement and oversight over the criminal law in general. Hopefully, it will help Members better understand the problems of the nature of the drug trade in Pennsylvania, and the problems encountered by law

enforcement agencies, and of course, the enforcement of our current laws.

Our testifiers today include Pennsylvania Attorney General Kathleen Kane, Pennsylvania Department of Corrections Secretary John E. Wetzel, Pennsylvania State Police Colonel Frank Noonan, Pennsylvania Office of Drug and Alcohol Secretary Gary Tennis, Dauphin County District Attorney Ed Marsico, Cumberland County District Attorney David J. Freed, Chief County Detective John Goshert with the Dauphin County DA's Office, Sharon LeGore with Moms Tell, Susan Shanaman with the Pennsylvania Association of Coroners, Dr. Lavette Paige, CEO of King Community Center in Harrisburg, and Dr. James Rigney, M.D.

So welcome again, our first testifier, special welcome to Attorney General Kathleen Kane, Pennsylvania Office of Attorney General. You may proceed.

MS. KANE: Good morning, Chairman Marsico, Chairman Caltagirone, Mr. Dymek, and Members of the Judiciary Committee. I appreciate the opportunity to allow me to offer the perspective of the Office of Attorney General on the heroin problem in Pennsylvania, as well as the proactive approach that we believe is going to be most important and most productive in Pennsylvania in the coming years.

For the first time ever, heroin has replaced

cocaine as the drug of choice in Pennsylvania. Heroin reaches all counties across Pennsylvania and affects all socioeconomic levels and age groups. Counties across Pennsylvania are reporting increases in the number of heroin-related overdose deaths. Many of those deaths are the result of poly-drug use, which is the combination of mixing heroin and other substances such as alcohol, marijuana, prescription medications, including fentanyl. In the last few months, several overdoses and deaths have been linked to fentanyl-laced heroin in Pennsylvania.

The usable data that we have regarding heroin overdose deaths was collected from 48 out of 67 counties in Pennsylvania. In 2012, there was a reported total of 329 heroin overdoses in those 48 counties reporting. Of those, 235 deaths were the result of mixed-drug toxicity where heroin was also identified in the toxicology results. Ninety-four of the deaths occurred as a result of heroin only. The youngest reported victim in Pennsylvania was 19 years old with the oldest reported victim being 86 years old. Typically, the national age for initial heroin use is 22 years old, so we see in Pennsylvania it's lower than the national average.

Men made up over 77 percent of those individuals reported to have overdosed, with the average age of the male victim being 27 years old, and the most frequently

occurring around the age of 25. Women made up 23 percent of those reported to have overdosed in 2012, and the average age of the female victim was 40 years old.

As of May 2013, there have been a total of 91 reported heroin overdose deaths in Pennsylvania. The medical examiner's office indicates that the number of suspected heroin-related deaths will rise, still pending toxicology results. And of the 91 reported, 66 were the result of mixed-drug toxicity and 25 overdoses were heroin alone. The youngest reported victim in 2013 is 19 years old with the oldest, as I said, being 65. Men were 74 percent of those individuals overdosed with the average male being 27. The most frequently occurring age is 30 years old, which as you can see now, the age is increasing. The initial use of heroin is decreasing and the age of the average user is increasing, which is a problem for us. It shows that they're starting earlier and they're not getting the help that they need because of the continued age of the heroin overdose, the advanced age. Women made up 26 percent of those reported to have overdosed in 2013 with the average female victim being 34 years old with 28 years old being the most frequently occurring death.

The availability of heroin in Pennsylvania and throughout the northeastern United States is very alarming. Typically in years past, you would never see Mexican

cartels, Mexican drug operations operating east of the Mississippi. In the past couple of years, we have identified through our federal, State and local partners that that has all changed.

The increased production of heroin in Mexico and the transportation of huge quantities across the southwest border is throwing more and more heroin into Pennsylvania. The Mexican-produced heroin is purer and cheaper. The low prices we see throughout Pennsylvania suggest that the Mexican criminal organizations have established and controlled the market in Pennsylvania. The prices of heroin have also dropped in Pennsylvania. Typically, they were around $20 per bag or packet. Now we see as low as $8, the typical range being $10.

According to DEA's National Threat Assessment for 2013, Mexican cartels represent the greatest organizational drug threat to the Nation and to Pennsylvania. In the past these drug trafficking organizations and associated street-level operations were insular in nature; you could never trace it back. Today the cartels have an excellent business model. Instead of re-creating the wheel, what they've done is, they've taken the existing market, the existing dealers from the street level and they have used those dealers. It makes it harder for local law enforcement to detect, and it also makes it easier to get

their drugs out onto the street. They don't have to re-create the wheel.

So what they've done is, they've taken supplies into either Reading or Philadelphia, Philadelphia still being the largest city supplier in Pennsylvania for heroin, and they distribute it out to the street-level dealers, who are already there and already have an existing demand.

The local networks have several degrees of separation from the cartels, and that also makes it more difficult for local law enforcement as well as State and federal. Because of that, we've taken several proactive approaches. We can no longer just take the dealers off of the streets. We take a dealer off, and in five minutes there's another dealer right behind him or her. What we've done is, we've increased our relationships with our local partners as well as our federal partners. We work now with the local police. We do ride-alongs with them because we don't have original jurisdiction to make the necessary road stops or traffic stops or to have the necessary jurisdiction on a street-level crime that sometimes then generates that next level of drug activity.

We work with them. We then turn the information and the intelligence. We'll make them into informants and we'll get the information as to where their supply is. If their supply is within Pennsylvania, of course, as you

know, we have jurisdiction over 67 counties. We then work with all of our regional narcotics task force and we make sure that then we try and find the supply as well as to trace the money.

We now see that this is not just within the four borders of Pennsylvania. We don't just limit our work to Pennsylvania. We then work with our federal partners, with DEA and the FBI, and we'll work to trace that back. What we've seen is that it's coming in typically from the Midwestern States, either from Arizona, Illinois, California, and we work with them, who then trace it back to Mexico.

If this sounds like a problem that is far-fetched for Pennsylvania, it's not. We have already made drug arrests that trace the drugs immediately back to the Mexican cartels, right back to Mexico, and we have several sensitive investigations that are going right now that do the same thing.

That money that comes in and out of Pennsylvania is astonishing, astonishing -- hundreds of millions of dollars. So, not only do we try to get the dealers off of the streets, not only do we try to interdict the drug load, but we feel that we need to cut them off where they live. We need to cut off the umbilical cord and that is to trace the money back. We are taking down trucks that have

truckloads of money that come in and out. They transport the money back and forth. They transport the drugs back and forth, either by airway, sometimes FedEx or UPS, truckloads, or cars, or human mules. We are working with our intelligence-based data center to make sure that we gather all of that information. We have hired two analysts to make sure that we have somebody dedicated full-time to looking at all of the different drug arrests from across the county from all of the different law enforcement agencies, making some sort of sense out of it, and then distributing it amongst the agencies and amongst the locals and amongst the public where they need to know. That, I think, is different in and of itself. Sometimes agencies don't play well with each other, and sometimes it's a question of turf fighting. We don't believe that that is productive to Pennsylvania, and we don't believe it's productive in fighting this drug trade. Our relationships, I think, have been unbelievable. We have made great strides.

Our Mobile Street Crimes Unit, thanks to all of you, is up and running, as we will not put out in the public where it is, because the drug dealers read the newspapers, and they have enough capital on hand and enough supply on hand and enough demand to just literally be able to close up shop for three months and move someplace else,

or just literally to take a vacation until we leave. So we don't put out in public where it is, but I will tell you, it's making incredible strides in the community, not just in taking down the drug trade, but also the associated violence with it.

We have reports from the community of where this Mobile Street Crimes Unit is operating that there is a calm there. That affects people's everyday lives. We want to make sure that the associated violence doesn't spill out so badly that it's uncontrollable to some of these counties and some of these local townships and boroughs that don't have the money to fight this war anymore, and it is a war.

As you also know, we have been working with all of you in the fight for prescription drug abuse. It's the new gateway drug for heroin use. The prescription drug abuse is to the point now where, as you know, we have supported the prescription drug monitoring bill. That's important because a lot of these kids are getting their pills literally from the medicine cabinets of their own home. They have pill parties. They take whatever pills they can find from their own home, they throw them into a big glass bowl, and then they all just take it. They don't even know what they're doing. They don't know what they're taking.

Prescription drug abuse is an expensive trade.

Once they can no longer get their hands on those prescription drugs, either from their medicine cabinets or even by legitimate prescriptions, then they turn to heroin. Heroin is pure, it's a potent high, and it is much, much cheaper than prescription drugs. So, all of these are tying in together. We recognize that. I know that we worked with you to let everyone know where we're going in Pennsylvania, and we're working to try and make it easier for law enforcement to detect where these prescription pills are coming out of and to stop the enormous flow into the community.

Our BNI, our Bureau of Narcotics Investigations, has also taken a strategic approach that focuses on targeting the multifaceted criminal organizations. As I said, we're not just taking the dealers off the street. We're building up our intelligence analysis capability. We now have a database that will track the stamps on heroin packets. Drug dealers stamp their heroin packets, and it lets the buyers know the potency or the degree of high that they will get from that packet. So you can have a packet that's stamped with a Mercedes stamp that will show that that is a higher quality and not cut as much as perhaps another packet. We've identified 1,200 different stamps in Pennsylvania, 1,200, and by identifying those stamps, and putting them in a database that's available to all of our

law enforcement partners, we're sharing the intelligence and we're letting them know what they see, and then they, in turn, need to let the parents know what they see.

I have two little boys, they're 11 and 12 years old, and I tell them, there's no democracy in our household. They have no constitutional rights to illegal search and seizure. So if I go into their backpack, if I didn't have the job that I had, I may not know that that little packet that looks like a candy, a little packet of candy that's stamped with a Superman stamp, or that's stamped with the name of their favorite candy was what it was. So we also believe that it's important and it's our job to do education and outreach and it's is a tremendous tool for parents as well as educators in making sure that they're the first line of defense, that the know what they're seeing, and when they see what they see, they know where to go for help. So that database is available to everyone.

I also go out to a number of schools. Our education and outreach program was expanded to include many more educators. We, to date, have educated thousands and thousands and thousands of students and parents and teachers. I believe it's important to have boots on the ground to let them know that we're there, and if they need help, where to find us, and going into the schools and

talking to the parents and students I think is a tremendous resource.

The problem here, as you all know very, very well, and in speaking with the parent that you'll hear from later on, who, unfortunately her daughter overdosed, we all know, even in law enforcement, this is not just a law enforcement problem. It just isn't. We can't fight it alone. We don't have the resources to fight it, and it's bigger than ourselves, which is unfortunate. This is a problem that encompasses treatment, it encompasses mentoring, it encompasses special treatment courts such as drug courts, mental health courts. It encompasses the Department of Corrections. It encompasses our educators. It's something that if we don't all band together to fight, then we're going to lose the war, and we can't afford that, because our children are dying.

Thank you very much for this opportunity. I also wanted to let you know that we have put together a heroin report. It is dated July 1, 2013. It is usually kept within our office, or we make it available to our law enforcement partners, or available upon request, and I would be happy to provide you all with that information. It's very specific to Pennsylvania, which I think will be a tremendous resource for you. Thank you.

MAJORITY CHAIRMAN MARSICO: Thank you. One of

the statements you made is very bothersome, where you mentioned that there's times that law enforcement doesn't work together because of turf wars, etc. What can we do to help with that? Do you have any suggestions or recommendations with that?

MS. KANE: Like I said, our relationships are of tremendous importance. You know what it actually boils down to? And I saw this 20 years ago as a young prosecutor. What it boils down to is funding. Everyone is struggling for funding, and they have to struggle to keep their numbers up or they're going to lose their funding. We shouldn't be fighting over numbers just to make sure that we get the funding that we need to keep our levels of staffing and our troops on the ground.

MAJORITY CHAIRMAN MARSICO: Chairman Caltagirone?

MINORITY CHAIRMAN CALTAGIRONE: You know, the thing that intrigues me is, the Federal Government, are they following the money, because they need the cooperation of the Mexican authorities because these drug cartels have to be putting money somewhere, and if it's, let's say, in bank accounts or real estate, the way, I think, to really break their back is to take their money away.

MS. KANE: I completely agree.

MINORITY CHAIRMAN CALTAGIRONE: And I'm wondering, are we getting the cooperation from the Federal

Government with the Mexican government to go after the money that they're sandwiching back into Mexico?

MS. KANE: There's a tremendous amount of cooperation. The Office of Attorney General is a member of the National Association of Attorneys General, and I work very closely with them. I'm now on the executive committee. And we work very closely with each other, so we recently had a case where the drugs were traced back to Arizona, and the main target, one of the top suppliers, who then went back and forth from Mexico, was in Arizona. We worked with the DEA, and when we were ready for the arrest and the takedown, Arizona was right there working with us. They took down the target and he's being transported back to Pennsylvania.

But yes, not only are our federal partners tracing the money, but we're tracing the money. Our analysts, that's what they do. We have financial crimes experts in our office, and we are now making sure that we put a tremendous emphasis on tracing that money, not just taking it out of the drug dealers' pockets when we arrest them, or through search warrants of their homes, but we are tracing them back through the banks, and then we will trace them back to their main supply in Mexico, and they are a tremendous resource to us, and that again is because of our relationship building. They trust us, we trust them. We

then have to obviously share in the seizures, but it's well worth it. It's a great tool for law enforcement.

MINORITY CHAIRMAN CALTAGIRONE: The other question is, how are they getting so much of it in? Is it air? Is it water? Is it ground? Or all of the above?

MS. KANE: It is all of the above. It is all of the above, unfortunately. We've seen bricks of heroin transported via UPS and FedEx. It's incredible. So not only do we have the ports in Philadelphia that it's being transported in, via the waterways, we have a tremendous amount of private airstrips in Pennsylvania where these planes can fly in undetected, virtually. You know, you can fly into some of these airspaces and you really don't even have to report it under a certain altitude. It's coming in that way. And lately I've seen a lot being transported via trucks.

MINORITY CHAIRMAN CALTAGIRONE: Thank you.

MS. KANE: You're welcome.

MINORITY CHAIRMAN CALTAGIRONE: Thank you, Mr. Chairman.

MAJORITY CHAIRMAN MARSICO: Representative Toohil for questions.

REPRESENTATIVE TOOHIL: Hello, General Kane. Thank you so much for your testimony here today.

When you were speaking about our children in

Pennsylvania, do you find that there's a certain demographic or a typical at-risk youth that are engaging in these pill parties or in the heroin use, or are you finding that it's -- because we hear stories of the straight-A student that was the star athlete that went downhill in a matter of two, three months. Is there a demographic, a race demographic?

MS. KANE: Unfortunately for law enforcement, to be able to detect, there is no profile. There's no demographic. There's no socioeconomic profile that we can predict. It is crossing all socioeconomic lines. It's crossing all areas of our Commonwealth. There isn't one group that's worse than another, and therefore, that makes it harder for us to pinpoint, as well as harder for us to target our enforcement and our education. So, unfortunately, no.

REPRESENTATIVE TOOHIL: Okay. Thank you.

MS. KANE: You're welcome.

MAJORITY CHAIRMAN MARSICO: The chair recognizes Representative Krieger for a question.

REPRESENTATIVE KRIEGER: Thank you, Mr. Chairman, and thank you, General Kane, for being here and taking your time out today.

As you probably know, we had hearings in Westmoreland County and we talked about a lot of issues,

and there's so many questions I could ask you. I know your time's limited, so let me just ask you this question, and this is particular to Westmoreland County, but I'm sure it's not unique. I get reports of medical doctors that have hundreds of patients that come from West Virginia, which is about an hour from my district, getting pain pills, and I have to believe that that doctor understands that these people aren't coming from West Virginia because he's the best doctor around. What do we do about those doctors? And I'd certainly be quick to say, and I think you would agree, that the vast majority of medical doctors aren't involved with this, but for the few bad apples, what can we do?

MS. KANE: That's right. I was actually in Westmoreland County, as well, at Hempfield High School, and I know that the parents were very upset, saying, don't just focus on the children who are using drugs and the street-level dealers, focus on the doctors who are prescribing those drugs. We have a tremendous diversion program in our office that we have agents and prosecutors, and all they do is diversion. All they do is go after the medical profession who's flooding the market with the supply of illegal drugs, illegal prescriptions. We had one of the largest busts on a doctor who was selling these prescriptions and flooding the market, so we do have a

tremendous scope and a tremendous opportunity within our office.

But also, I will tell you, the prescription drug monitoring bill is really important to law enforcement. Even with the self-monitoring aspect of that bill, that will tell us, without having to constantly go in and every day and look, that will tell us who is exactly flooding the market with all of these drugs, what the drugs are. It'll pinpoint for us a little bit better where we can find them. That would be a tremendous tool to law enforcement. So we can fight it on two different aspects.

REPRESENTATIVE KRIEGER: Thank you.

MAJORITY CHAIRMAN MARSICO: Representative Barbin, questions?

REPRESENTATIVE BARBIN: Thank you.

My question was on the prescription drug monitoring bill. We passed that in the House. It's in the Senate. From the way that it was in the House, do you have any suggestions other than get the bill back to you as quickly as possible? What should be in the bill? Because there are some amendments that are being discussed in the Senate.

MS. KANE: I will tell you that from my understanding, there were quite a few amendments at the last moment, and I will fully admit I don't know what the

final outcome was. I will tell you what we need. We need access to schedule II as we've always had, the access to schedules III, IV and V. It would be tremendously helpful to law enforcement for reasonable suspicion, which is what we need in many crimes, and the self-monitoring I think would be of tremendous importance as well.

We have the technology to help us, to give us that tool, to let us know the information that's available. I think it would be derelict or irresponsible of us not to use that technology to our advantage to save our children. It will literally save children.

REPRESENTATIVE BARBIN: Thank you.

MS. KANE: Thank you.

MAJORITY CHAIRMAN MARSICO: Representative Dean?

REPRESENTATIVE DEAN: Thank you, Mr. Chairman, and thank you, General, for your important testimony and your important work.

Tragically, like so many other areas, we recently, in my community, had a young man overdose at a university campus from heroin, 19 years old, and he's gone, and the connection between what you talked about -- the abuse of prescriptions and how this leads -- because they have become too expensive for kids and so they try something else. What's cheaper, what can I get. And so, tragically, this is going on all over the place, as you

point out. And I know you have a great need for discretion, but could you tell us a little bit more about the Mobile Street Crimes Unit? How broadly are you able to use this device? And tell us a little bit more about how it interferes with the sale.

MS. KANE: Absolutely. The Mobile Street Crimes Unit is made up of 12 specially trained agents, many of them Spanish-speaking, as well. They're trained in drug diversion. They're trained in all types of narcotics investigations. They're trained in forfeitures and seizures, and they're also trained in gang activity. They then partner with the local police, who have provided us with four or five of their officers. It's tremendously important to us to have the local officers because, like I said before, we don't have the jurisdiction for a lot of the crimes that then lead to the search or the seizure of drugs within a car. Once we pick that street-level dealer up or once we pick a user up, then we use their intelligence. We turn to them for our intelligence. We ask them where their suppliers are. We then use them to go out as CIs and make other buys.

The effect of the Mobile Street Crimes Unit so far, and it's only been on the ground, as you well know, for a couple of months, is unbelievable. They've made an incredible amount of arrests. They are turning the

intelligence. They are working closely with the DEA and the FBI, and then they're tracing those supplies back. So we're not just taking the dealers of the street; we are finding those supplies and we are tracing them back.

We haven't found a tremendous amount of money with the Mobile Street Crimes Unit just yet, but long after they're gone and they move on because of the transient nature of these groups, they know that if we're in their area and we are saturating their area, there's other places they can go and they'll just close up shop and they'll move someplace else where it's more profitable for them. The fact that we made it mobile and this team of efforts can then move quickly into another area is of tremendous importance because we will chase them all throughout this Commonwealth, and they need to know that.

So right now, even after the Mobile Street Crimes Unit moves from the first area that they're in, to another, we will still have trained those police officers, we have trained the prosecutors who are in those counties to continue tracing the money back. The effects will be felt long after we leave. It will make a tremendous impact. Saturation patrols are always important in law enforcement and especially in this area. We've also identified a lot of gang activity, and because of the wisdom of the General Assembly last year in making it against the law to even

initiate a child into a gang, we're making tremendous roads into that area as well, because we can't allow these children to join gangs. The gangs are nothing but street thugs and drug dealers and the violence that ensues from them.

So, the fact that we're there and we're all working together, and it is such a saturation, is making a tremendous impact on the community, and it will be for many, many years to come.

REPRESENTATIVE DEAN: Do you anticipate wanting to expand the Mobile Street Crimes Unit?

MS. KANE: I would love to expand the Mobile Street Crimes Unit. I'm sure at the budget hearings we'll talk about the stats and how the money was used wisely, and I'm very conscious of the fact that you are stewards of the taxpayers' money, and it's spread very thin. But I think you'll be very happy with the results.

REPRESENTATIVE DEAN: Thank you for your testimony, and I would like a copy of your heroin report. Thank you.

MAJORITY CHAIRMAN MARSICO: Representative Neuman?

REPRESENTATIVE NEUMAN: Thank you, Mr. Chairman, and thank you for your testimony today.

In my district, I have the intersection of 70-79,

which are the two major highways in this country, and we seem to be an area for distribution for all of the Northeast and Midwest actually. I'm 20 miles from West Virginia, 30 miles from Ohio, and I have a bunch of different local police forces from different municipalities. Do our local municipal police forces have the capabilities to work together in our area and across State lines with their local police forces, or is that something that we need to work on?

MS. KANE: We need to work on that because a lot of times they don't have the capability of tapping into someone else's intelligence. To us, intelligence is of great importance, and that's why we hired an analyst and we're making sure that we collect it from all areas, put it in a form that we can make sense out of, and then distribute it back out to the local police forces, because sometimes they don't always know even what's in the borough next to them, what's happening, or what our office is doing.

So, it does a couple of things. It allows us to work more efficiently in targeting and in finding the drug trade. It's also officer safety. You know, they need to know who's in what area, God forbid we ever have a situation where they don't know that it's an undercover police officer from another agency. But it makes us see

that this isn't just a township problem or a county problem, even a statewide problem, and then, we, in turn, because we have the jurisdiction that we have, we, in turn, then can work with West Virginia and we can work with their State authorities and the federal authorities as well.

I think it's getting better because we're opening up the databases, but there is more work to be done.

REPRESENTATIVE NEUMAN: Thank you very much, and I just want to talk a little bit about the importance of local police officers, and in my municipalities, a lot of them are eliminating their police forces. If we don't have them, then we have to increase our complement of State Police that we get coverage, and a lot of times we don't talk about the importance of the intelligence of the officers on the street every day in that community. So I would encourage us to continue to find ways that we can have regional police forces that can help municipalities, that do not have the funds, to have their own police force.

Thank you for your testimony.

MS. KANE: Thank you.

MAJORITY CHAIRMAN MARSICO: Representative Hackett?

REPRESENTATIVE HACKETT: Thank you, Mr. Chairman.

General Kane, thank you very much for testifying here today. Does your office have a tip line, an 800 tip

line for drug dealers, drug pushers, anything?

MS. KANE: We do have a tip line, and I will get that to you. We have a general hotline, and we break it into specifics, whether it's for seniors or others, but I will make sure we get that to you.

REPRESENTATIVE HACKETT: Thank you very much.

At the Delaware County hearing, Kevin Decker from your office came down. Is that right?

MS. KANE: Jonathan. Jonathan Decker.

REPRESENTATIVE HACKETT: How do you say it?

MS. KANE: Jonathan Decker.

REPRESENTATIVE HACKETT: Oh, it is? Okay. He did a phenomenal job, a great job there, and I really learned a lot and was updated, and it seems like this problem is an international problem. It seems like it goes back as far as the poppy fields in Afghanistan, where most of the product is coming out of, and we're of the understanding that basically when we were over there, we didn't destroy those fields because of the same reason: we were developing intelligence over there to maybe fight al Qaeda.

With all that information said, will your office be working maybe with the military intelligence? Because I think that would flow the other way too. It would come backwards and maybe help us here in the United States and

also in Pennsylvania.

MS. KANE: Yes, sir, we already are doing that. Jonathan -- and I will let him know that you said that, but he's an incredible asset to our office because of his federal ties and his federal relationships. We're working very closely with them, and in fact, the intelligence isn't just running from our office out. Unusually, the federal authorities usually are pretty strict with their dissemination of information, but not anymore. They are really opening up their databases and their intelligence to us, as well.

I think it's working extremely well for us right now. Of course, there's always more. We can always use more agents. We can always use more intelligence analysts. But we're making do with what we have for the moment, and I think that we're more efficient than we used to be. The intelligence, I'm glad that you recognize that it is an incredible tool, especially in the international war. Without it, we couldn't do it.

REPRESENTATIVE HACKETT: Thank you very much.

MAJORITY CHAIRMAN MARSICO: Okay. I believe we have one more question. We did invite some of the local Members that are not on the Judiciary Committee to attend today, and I'm pleased to see that Representative Helm is here, and I think Representative Helm has a question.

REPRESENTATIVE HELM: Thank you, Mr. Chairman, and I do appreciate the invitation to be here today since I am not a Member of this Committee, but I do think it's an important issue.

General Kane, you talked about all the statistics in Pennsylvania, and I realize that it is a Pennsylvania issue, but I'm just curious: could you provide me with what's happening in my district? I mean, I can drive through the district and I can find out if a new business moved in or if there's a spaghetti dinner at a church or whatever or somebody calls our office for help, but no one calls our office to tell us this issue, and I would love to know more. I just wondered if you had it broken down by districts.

MS. KANE: We absolutely can provide you with that information. If it's not in our heroin report, we will have the data that made up this report, so we will be happy to share that with you.

REPRESENTATIVE HELM: That will be great. I mean, the more I know, the better it is. I remember, in my real estate days, one of my agents took a picture of a house, and in the front, on the wires up above, it had shoes, like sneakers. I had no idea what that was. Obviously a lot of us didn't. Somebody called and said Sue, get that picture out of the multi-list. That means

it's a drug house. So I learned something there, and I think the more that we know, the better it is for us, so if I could have that information, I'd truly appreciate it.

MS. KANE: Absolutely.

REPRESENTATIVE HELM: Thank you.

MS. KANE: You're welcome.

MAJORITY CHAIRMAN MARSICO: Any other questions?

General, thank you very much for being here. We certainly appreciate your time and what you're doing for the people of Pennsylvania. Thank you.

MS. KANE: Thank you for the opportunity.

MAJORITY CHAIRMAN MARSICO: Our next testifier is Secretary John Wetzel, Department of Corrections. It's a long walk, isn't it?

MR. WETZEL: I'm breathing heavy, so excuse me.

MAJORITY CHAIRMAN MARSICO: We'll give you a chance to catch your breath. Welcome, Secretary. Proceed when you're ready.

MR. WETZEL: Thank you very much, Chairman and Chairman, and the Committee. I appreciate the opportunity to discuss this issue, and I also commend you for being so proactive, and when you look at the agenda and you look at all the different perspectives you're going to get today, it's really, I think, a smart approach.

And obviously, I have a unique perspective, and I

really look at this issue as one that's best viewed as a dichotomy, and it's that dichotomy between supply and demand, and we sit right in the intersection of supply and demand here at the Department of Corrections, and in corrections, in general.

You heard from General Kane, and really talked about the supply end and addressing this issue from the supply end. Our law enforcement partners, the district attorneys, Colonel Noonan, the local law enforcement, really are the supply end of addressing this issue, and because the issue has these two dichotomies, it's really important that our response is the same way.

So from a supply standpoint, how do we address the supply? It's clear law enforcement. It's clearly good law enforcement, proactive, and law enforcement that works together, and we do have a role in that. I mean, obviously, we're often considered graduate school for criminals, and since most of the people come out, us sharing information with law enforcement, especially as it relates to gangs, is very important so they have information when somebody's coming back that they're coming back to the community. That's an important part of the supply aspect.

But the demand aspect is also very important. I mean, people want drugs, and certainly, heroin is not new.

The scope of this heroin problem is new and it's surprising to many of us that this would be an issue in all 67 counties in Pennsylvania. You really wouldn't have thought that 20 years ago.

So from a demand standpoint, you know, enforcement, absent treatment, is not going to get it done, and one of the good parts about being in such a budget situation, where we're squeezing every nickel and penny in some cases is that we're really forced to work together more, and if you talk to some enforcement folks, they say the answer is to bust all the drug dealers and just have a complete enforcement approach. And then, if you talk to some treatment providers, they'd say no, the answer is to treat people and get rid of addiction and those kinds of things. Either one of those alone is not going to get it done.

The problem is a two-prong problem. The approach to resolve has to be a two-pronged approach. One absent the other is going to be a failed approach. So enforcement coupled with treatment, that's the answer. Now, that sounds easy enough, but to get there is quite a challenge, and so, I think if you look at really what the response needs to be from the corrections system -- and I define that broadly. I'm not just talking about the Pennsylvania Department of Corrections, but corrections, from the time

someone goes to your local jail and they're under local supervision or State parole, plays an important role in really addressing this two-pronged issue and part of the two-pronged approach, and I think that some of the exciting things that are going on around the Commonwealth and some of the discussions really start with when somebody's arrested and the opportunity to plug them into programming or treatment right at that moment.

And to be honest, it starts before that. It has nothing to do with corrections, but really to ignore prevention, keep kids in school, the kind of things that are important, that always has to be part of this discussion. If you really want to keep people out of the criminal justice system, keep them out from the beginning. That's the easiest way. But once the criminal justice system picks up, we have opportunities at every step of the rung, and at arrest, even. There's a program in Seattle that one district attorney here in Pennsylvania is looking at that puts people into treatment at arrest. They meet the criteria for addiction. They get them the treatment they need before they even get into the court system. That's exciting that we're looking at something like that.

Beyond that, pre-adjudication treatment, and I know you have Gary Tennis, who's the expert on this, so I certainly don't want to talk because he's going to be much

more informed about that, but putting folks in treatment before they're adjudicated and having that treatment history, either successful treatment history or unsuccessful treatment history at the time of sentencing, really gives the courts an opportunity to make a good decision. If you have someone who's arrested and heroin's the issue, and you put them in treatment and they do everything they're asked to do and they come in front of a court and the judge has to decide what the proper sentence is, and they have that discretion, I think everybody in the system is going to feel better about the opportunity to divert them if we have a good treatment history.

Conversely, if we don't, if they have been given this opportunity, pre-adjudication, and they chose to use again or, more importantly, commit a new crime, rob somebody else, sell more drugs, then that's important information too, and that person, you know, send them to us. That's what we're here for.

So, I think that in both of those examples, you see a combination of attacking this problem from both ends: enforcement and then treatment. And keep in mind, that addiction is very difficult to overcome, heroin addiction, opiate addiction, very difficult to overcome. So having the potential to get locked up or the potential hanging over your head is an important way and a good way to keep

someone engaged in treatment, because it's difficult to begin with. That's a great opportunity.

I know the General mentioned specialty courts, and I'd be remiss if I didn't take this opportunity to really push how important those are. Now, keep in mind that all specialty courts aren't the same, and just kind of creating a court for every ill of society and just calling it a specialty court isn't what we're talking about. We're talking about a specialty court that's designed, that has practices that are evidence-based, that do a good job selecting the right people to go in those courts, that are properly funded, that have case management coupled with enforcement, that's a great model for us, and that's money that when we spend it up front, you don't spend it time and time again on the back end when two-thirds of the people getting out of the Department of Corrections are either coming back or getting rearrested. So, the more front end you can address these issues, the better off we are as it relates to corrections.

There's a couple programs that are very effective. Restricted Intermediate Punishment, which, again, I'm sure Gary's going to touch on, is an opportunity at the local level to put someone in treatment, coupled with that enforcement or oversight, very successful program, good numbers. PCCD does a study on that. At the

State level, for people who have a crime that's going to send them to us, but addiction is the driving force behind it, we have the State Intermediate Punishment program, and every other year the Department does a study on it, the off years the sentencing commission does a study on it, and that program is effective. Last year we looked at the arrest of people in that program after they got out, versus the arrest rate of people who would have been eligible for that program but weren't in the program, and people who completed that program were 5 percent less likely to commit another crime.

So those are important opportunities where, again, there is that accountability, and that's important in our society. Our criminal justice system is predicated on just desserts: if you do this, this is going to happen to you. But doing that, absent addressing the addiction, just gets you people who are older. If you send someone and lock them up and you don't address addiction, they're going to come out older, but they're still going to be an addict. So we're not getting ahead of the game. That, in my opinion, is just wasting money. Warehousing people is wasting money.

We do provide a significant amount of treatment within the Department. We know 70 percent of the offenders come in with an addiction issue. My guess is, with heroin

specifically, we'd be approaching about 30 percent. And I say that based on our State intermediate punishment numbers that you'll see. A third of the State intermediate punishment participants, 31 percent, their drug of choice was heroin. That number is increasing.

So, we do provide good treatment, what we call therapeutic community, in essence, an inpatient drug and alcohol rehab in almost every one of our prisons. That's an important part of the puzzle, not the end-all, be-all, because first of all, if we don't treat them and they get out, that's a flawed policy, but if we treat them, and then, just think that magically this treatment is going to be magic and it's just going to go away when they get out, again we're fooling ourselves. And that's really where it comes to that pass-off that everybody's calling reentry, that when people get out and go back into the community and how we manage that, and historically, the approach we've taken is, we've sent about half the people coming out through halfway houses with varying success -- actually not varying success: varying failure. It hasn't been a great system for us. But we've really looked at that system and we tied performance measures to the halfway houses. We're really focusing on delivering evidence-based practices to the people who need it, based on assessments.

But one of the most exciting things we're doing

right now is medication-assisted treatment, and specifically, we're doing a pilot at SCI Muncy, for females coming out and coming back to Harrisburg, Philadelphia, and Pittsburgh, and what we're doing is, we're using this drug called Vivitrol. Vivitrol is a drug that's administered by a shot once a month, and it's coupled with treatment, and it reduces the craving for opiates, and so, the females are getting their first shot while they're in Muncy, and then, when they get out, they get five shots after that, so five months after that. And what we know about our offenders is that if they're going to recidivate, half of them are going to recidivate or come back within that first year. So, every barrier we can remove during that first year, we're going to be better off and we're going to get better success.

Addiction is clearly a huge barrier. It's easy to stay sober inside one of our prisons. We do random drug testing, and it's less than a half a percent test positive every month, so it's easy to stay sober in there. When you're locked up for any period of time and you get out, it can be party time. It's easy to find, and it gets easier and easier to find. So, if we can manage that, so again, you couple oversight, the pass-off to the Board of Probation and Parole, and the parole officers working with them, and drug testing, and that important thing with

treatment, and now, this medication-assisted treatment, it's a really exciting opportunity for our field, and really, I think two, three, four, five years from now, it's just going to be well, of course we're using this. I really think it's that kind of moment.

We started the program a couple months ago. In the traditional State way, it took us a good year to get it up and off the ground with all our bureaucracy and stuff. So, we're starting to have folks in it now, and we're actually probably pretty close to looking to expand that program.

So again, I commend you for the group you put together, and I would just urge you to continue to look at this issue, supply and demand, not just one way or the other. It has to be a balanced approach to address these challenging issues, and these issues that are really having a negative impact on our communities.

MAJORITY CHAIRMAN MARSICO: Thank you, Secretary.

MR. WETZEL: Thank you.

MAJORITY CHAIRMAN MARSICO: Chairman Caltagirone, questions?

MINORITY CHAIRMAN CALTAGIRONE: I want to compliment you on the job you're doing because I think you are making a difference, and you're not afraid to try some new experiments within the corrections system to see if we

can make a difference, and I worked very closely with you, as I'm sure most of the Members of this Committee, and we're committed to working with you, and hopefully we can continue to make those changes. Good job. I just wanted to get that on the record.

MR. WETZEL: Thank you.

MINORITY CHAIRMAN CALTAGIRONE: Thank you, Mr. Chairman.

MAJORITY CHAIRMAN MARSICO: It was good you did that, Chairman.

Representative Hackett?

REPRESENTATIVE HACKETT: Thank you, Mr. Chairman.

Thank you, Secretary, for being here today. I appreciate your comments. My face lit up a little bit when you mentioned Vivitrol. I was in law enforcement for 26 years. I have to be honest with you: I have yet to see a heroin addict recover, until recently, when I got in the House of Representatives and Vivitrol came along.

How much is it costing us?

MR. WETZEL: I can get that for you. I don't know offhand, but I know our pilot is actually funded with a grant.

REPRESENTATIVE HACKETT: Great.

MR. WETZEL: But I can get you a per-offender cost, but I can tell you everything we do in our

administration, before we do it, first of all, there has to be a significant body of research that suggests it would work here, and second of all, it has to make financial sense. We don't just throw good money after bad to say we're doing something. I don't even want to throw a number out, at this point, but I will get you a number after the fact.

REPRESENTATIVE HACKETT: I totally understand that. If you don't have the facts in front of you, that's fine, sir.

Since I have one shot at the microphone here with you, I do have to say that it is my personal belief that I think that our incarcerated folks are being treated much nicer than our folks in the military out in the field, so I know you're doing everything you can. I do keep a sharp eye on that, and I agree with the program you're talking about, too, with the 70 percent addicts coming in, and we need to address that problem first. We really don't need to keep them housed up there. Let's treat them. I think it's a great way to go.

So thank you, Mr. Secretary.

MR. WETZEL: Yes, and I'd also like you to come take a tour with me, and we can talk about your perspective on our Department. I'd love to do that.

REPRESENTATIVE HACKETT: It won't be the first

prison I was in.

Thank you, Mr. Chairman.

MAJORITY CHAIRMAN MARSICO: Representative Barbin.

REPRESENTATIVE BARBIN: Thank you, Mr. Chairman.

Your testimony about diversion is very interesting to me, and what I was wondering about is, and the reason it's interesting is, you said you had 30 percent of the people that were coming in had this heroin addiction, and I think it's fair to say that when people are in prison, they're not going to be addicted because you have a lot of barriers to them satisfying that addiction. But when people get out of prison, now, I know that Vivitrol can work because methadone is kind of based on the same sort of idea. You give methadone to a heroin addict and you cut the craving.

But what I'm wondering about is, if we have such a big problem with drug users, they're not using when they're in prison, but they're now getting out, and when there's a lot more people out under the recent bill that the legislature passed, and put under probation and parole, why aren't we holding on to our assets that could be used for drug or mental health treatment? And I'm specifically referring to both prisons that we purchased at about $100 million, and we've closed them, when we acknowledge that

our big problem is with finding mental health beds, number one, and number two, treating people if they come out for minor probation violations, why would we give up these assets or why wouldn't be using them for drug treatment?

MR. WETZEL: Why are we not -- I'm unclear on the question.

REPRESENTATIVE BARBIN: We closed two prisons.

MR. WETZEL: That's correct.

REPRESENTATIVE BARBIN: Why aren't we using those prisons to do drug treatment? Drug treatments that succeed don't succeed because they're not 90 days and then somehow miracles occur. The ones that have good results take nine months, 13 months. Why aren't we using these prisons, Greensburg and Cresson, to make sure that if you know these people have heroin addictions coming in, and you're going to give them parole or pre-release, why aren't we using those prisons to make sure that they're actually doing what they're supposed to do? Why not use those places to make sure that somebody's already been addicted isn't in a contained, less secure prison location until we're sure they're not going to be addicted when they're out?

MR. WETZEL: Okay. I'll answer that two ways. One, if you're talking about the people who are under our custody, people who are incarcerated -- inmates -- we do deliver programming, and actually, 65 percent of the

offenders have completed their drug and alcohol treatment by the time they get their parole hearing. That number is up significantly over the past two years. So that suggests that we are delivering programming in a timely manner. So we have at least close to adequate drug and alcohol capacity in the Department.

But if you're talking about using those closed facilities as potential sites for drug rehabs, I know, at least in one of them, I spoke to someone in the past couple of weeks that at least one of those facilities is being explored by a private vendor for potentially that use.

REPRESENTATIVE BARBIN: But we've spent $100 million. Why should it be a private vendor using that facility?

MR. WETZEL: When you say we spent $100 million, I don't know what...

REPRESENTATIVE BARBIN: Cresson has spent at least $100 million over the past 10 years to outfit it to be a prison. So why would we give that away to a private vendor to run a drug and alcohol rehabilitation facility? Why aren't we doing it?

MR. WETZEL: I wasn't talking about giving it away to a private vendor. But we closed those two facilities to save $23 million in the budget this year.

REPRESENTATIVE BARBIN: And I would respectfully

disagree as to what the savings are, but I'm still asking the question: why aren't we using those facilities for your diversion plan because your diversion plan in concept makes a lot of sense. Why aren't we using those facilities to do that?

MR. WETZEL: If you're talking about another department, that's something we could certainly explore.

REPRESENTATIVE BARBIN: Thank you.

MR. WETZEL: You're welcome.

MAJORITY CHAIRMAN MARSICO: Representative Neuman?

REPRESENTATIVE NEUMAN: Thank you, Mr. Chairman.

Thank you for your testimony today, Secretary. My question will probably be very relevant for Secretary Tennis as well, but are you taking the people that are going through our correctional system and learning from them on prevention measures? I feel we're talking a lot about enforcement and rehabilitation, but we're not talking a lot about prevention. Are we educating ourselves on why people are taking the first hit, why people are getting addicted, and using that to educate our youth and using that to educate people for prevention measures, and collaborating with Secretary Tennis and everybody else to try to prevent people from taking it the first time?

MR. WETZEL: Yes, we do that. I work a lot with

Gary, also with Bev Mackereth at Department of Public Welfare, because we have an increasing number of behavioral health issues being the root cause for crime, and so, I would say it in a couple ways. One, we collaborate between departments. We work extensively, not just at the State level, but we also work with counties, because if we can intercede at the county level, that's even better, and actually, we host meetings on a very regular basis talking about these issues.

We also have a very robust research component, and we have a significant body of research. I'd be happy to share with you a lot of the research we're doing. We do it constantly. And based on what the research suggests, we modify our practices to continue to get better, and that's Gary's role, as far as the prevention and kind of front-end stuff.

You know, Pennsylvania is very fortunate that we have prosecutors and an Attorney General who historically have been very proactive in trying to also spend energy on the prevention end, and I think that it's important to continue that.

REPRESENTATIVE NEUMAN: Okay. Thank you very much. I'm glad to hear that there's a lot of collaboration, because I think the prevention should be one of the key components to what we're learning from people that are

going through the corrections department, and I think it's important that we continue to educate ourselves. I'm not an addict, I've never been an addict, so I need to learn from someone that's gone through the experience and maybe use them as a way to learn how we can prevent somebody from doing it the first time.

So thank you.

MR. WETZEL: Thank you.

MAJORITY CHAIRMAN MARSICO: Representative Dean?

REPRESENTATIVE DEAN: Thank you, Mr. Chairman, and thank you, Secretary, for your testimony.

Pretty impressive is the statistic you offered: 70 percent of offenders are addicts. And I'm wondering, is that number, that percentage even higher if you say what percentage of incarcerated folks or offenders are incarcerated, not just by addiction, but some connection to illegal drugs? Is that number even higher?

MR. WETZEL: I would guess absolutely.

REPRESENTATIVE DEAN: And I really appreciate, from your standpoint, your advocating for this multilayered approach, that it's everything from prevention to treatment to at-arrest treatment to post-arrest or during-incarceration treatment.

What are the treatment models, programs looking like in Pennsylvania? What are we doing now with this

changing drug addiction and habit and trade? What are we doing, as my colleague noted, 30 days, 60 days doesn't do it for this type of addiction, for heroin addiction, for opiate addiction. What are the programs now that Pennsylvania is offering to this captive audience of addicts?

MR. WETZEL: And as far as the programming in the community, I'm sure Gary will touch on that, but one in particular, SCI Chester, it essentially was designed and built to be a drug and alcohol rehab inside our prisons, and as you said, we have a captive audience, so it's a great opportunity, especially for folks with the highest level of need, where they do this intensive inpatient drug and alcohol four to six months, but we've done a pilot at Chester that starts there, and then follows in an inpatient halfway house when they get out, and that's probably our most exciting new program, in addition to the Vivitrol. So, we have a good infrastructure, inpatient drug and alcohol treatment, and also, outpatient drug and alcohol treatment.

Then, in community corrections, we have both inpatient, and now, for the first time in our history, we're also funding outpatient drug and alcohol treatment for people who aren't in custody, under the Board of Probation and Parole. But that pass-off, when we have the

most addicted individuals and we pass them from an inpatient drug and alcohol treatment at, say, an SCI Chester, to an inpatient halfway house drug and alcohol, that's a nice model for us.

With the introduction of the Vivitrol approach, that's another layer, another opportunity to really battle this addiction.

REPRESENTATIVE DEAN: I really appreciate that, and what I think is that all of that programming to others may sound like, man, that's got to be an expensive way to go, but I believe, and I'm wondering if you don't believe that that kind of investment for intensive inpatient with the incarcerated people programming, as expensive as it might be, will save us dollars in the long run because of trying to interfere with recidivism and re-incarceration.

MR. WETZEL: I think any time, with this population in particular, those who are addicted, any time we can spend money once, we're doing a good thing. So if someone gets in trouble and we put them in a rehab, and now they get back on track and they don't have to go to the county jail, that's a good investment at the front end.

So I think the whole approach, if you can spend money once, spend it effectively with the right people at the right level, coupled with enforcement, that's ideal.

REPRESENTATIVE DEAN: Great. Thank you for your

work.

MR. WETZEL: Thank you.

MAJORITY CHAIRMAN MARSICO: Mr. Secretary, as always, it's always good to be with you. I appreciate your time and your testimony and your recommendations.

MR. WETZEL: All right. Thank you very much.

MAJORITY CHAIRMAN MARSICO: The next testifier is Colonel Frank Noonan, the Commissioner of Pennsylvania State Police, accompanied by Major Martin.

COLONEL NOONAN: Yes, my faithful companion.

MAJORITY CHAIRMAN MARSICO: Yes, he is.

Welcome, Colonel. You may proceed.

COLONEL NOONAN: Good morning. It's a pleasure for me to be here today, and especially, I wanted to take this opportunity to talk about this, because this is about heroin.

I don't want to repeat things that have already been said, so we'll pass out my written statement, but there's a couple things I thought that maybe I could bring to the table that might be interesting.

I've been in law enforcement for over 40 years. I know several of the Committee Members have also had extensive law enforcement backgrounds. About half of that time was spent working drugs.

Ten years ago, I thought heroin was something

that you read about in books. You hardly saw it at all. It just wasn't on the table. Everything was cocaine. Methamphetamine was coming up. Pills were starting to come up. And then something changed, and what did change? Well, in 2007, production moved to Mexico, and the purity of the heroin coming into the United States increased, and why this was significant is because it allowed people to snort heroin, and that made a huge difference, because heroin's cheaper than cocaine, and that was much more acceptable to people than injecting.

What happens, though, is if you start on heroin, the high that you get, you get adjusted to it, so you have to take more heroin, and eventually, to increase that feeling that you want, you will start injecting, and that started a downward spiral. And what we see now is that the price of heroin has gone down tremendously. It used to be, if I'm not mistaken, around $75,000 to $90,000 for a kilo, and now it's down to about $35,000 to $50,000, and that's been passed on to the consumer, and you can almost say this is a real marketing success, because while all the time that heroin's prices have been going down, cocaine prices are going up, and so, this has made heroin a much more of a drug of choice for our people.

Now, 50 percent of intravenous heroin users start by taking pills, so it's a natural progression, and that's

because of cost. Drug dealers have seen this and are switching over from selling cocaine to heroin, and here is the key thing about selling heroin rather than cocaine: when you sell heroin, you have repeat customers, and I mean every day. You don't have to go out and advertise. You don't have to tell people you're selling. People will find you. So the demand and the marketing that goes on, heroin has become, basically, our most serious drug problem, serious because it's the most deaths associated with people that take heroin, and I would guess that everybody, I know at this table, and I would imagine at that table, has been associated with somebody or some friend or relative that has had an overdose of heroin, and heroin, it gives a lot of difficulties that some of the other drugs don't give.

Mixing heroin with anything, whether it's alcohol or pills, can cause death because you have to keep taking more of it to get the same high, and that's why when you see people that have overdosed, almost every time, heroin is involved, and if there's one little bit of information I would like people to know, is that you should never drink and take heroin, because it doubles the effect and there are a lot more deaths associated with that.

We've recognized that in the Pennsylvania State Police as a tremendous problem. It's a problem for our local communities because you will see crime increase where

heroin is increasing, and think of it this way: if you had to spend $100 every day to buy anything and you weren't working, because many times when you're doing heroin you stop working because all you want to do is heroin, and you have to come up with that $100, and your habit keeps going up every day, every day, every day you have to have it, how are you going to get it? Eventually, you run out of money. So, you start stealing or you start going into prostitution, and it's a terrible spiral.

One of the worst experiences that I have in law enforcement in my 40 years is talking to spouses or parents or children about their parents or husbands or wives that get on heroin because they say what can I do to stop it, and there are treatments and things like that, but I tell you what, I think the hardest drug to get off of is heroin, and we can talk about statistics all day long, but these are individual cases, and these are people that all have families, and it just sinks the entire family, it sinks the community, because the crime rate, the violence goes up because the dealers that are selling these drugs on the street, they're in big business, and if you can't protect your corner -- I remember when I first went down and was working in Philadelphia, and people say well, you know, they were fighting over the corner; what are you talking about; well, they're fighting over the corner because

that's where they sell the drugs and that's where the people that want drugs know to go. So you want to protect that corner.

So it is a real problem and one I don't think law enforcement, certainly not myself, ever foresaw that heroin would become this big issue.

So what are we doing to try to tamp this down? I've reorganized the drug units in the Pennsylvania State Police. We still have our regional vice units, and every troop and station has vice officers, but I've also organized, and we have six throughout the State, units specifically designed to attack drug organizations. I also have a specific group of troopers that are designed to work the interstates to try to catch them bringing in drugs and the money, and we have had million-dollar seizures, usually working with the federal officers that'll be telling us, hey, there might be a shipment coming through on Interstate 80, going up to New York, and we'll be looking for something like that, and that's been very successful.

We still do our undercover investigations. We do follow the money and try to seize the money as much as we can. We work with just about everybody, and one of the things I wanted to highlight is that we have our PaCIC, or our fusion unit, and I know some of you have been down to see that, and I would invite any of you that would want to

come down, because it's pretty impressive, and it's located at my headquarters in Harrisburg, and we have the FBI, the DEA, the ATF, they have people assigned to us to work, basically, on information sharing. We have over 900 police departments signed up in the State of Pennsylvania. So, when something happens in law enforcement in the State of Pennsylvania, especially drugs, we can almost instantaneously know about it and send it forward.

As I told you, 50 percent of the people that are injecting heroin started out taking pills, and I've been around a long time, so I've worked a lot of this stuff, and I remember, I don't know if Representative Toohil would remember, she might have been a little young, but up in West Pittston there was a doctor that had been there for 20 years, and people would come from all the surrounding States -- West Virginia, Ohio -- over to West Pittston. They'd be lined up outside the door, down the road, because he was writing these prescriptions. That's something that we want to pay close attention to, and as has been previously talked about, that legislation that's coming up is critically important because that's one of the ways we can identify which doctors -- we had one doctor, he was a Pakistani. He had only been in this country a couple years. He was a general practitioner and was the highest prescriber of oxycodone, which, at the time, was only

supposed to go to cancer treatment, which he did not deal with, and he was the biggest prescriber, and that was one of the ways we were able to identify him. So that type of information is very helpful.

As my good friend John Wetzel said, law enforcement's never going to stop. We can never stop the importation and the distribution of these type of drugs. We can definitely slow it down, and that's what we're really trying to do. But there is such a demand, and to think about a heroin addict -- and if you don't take anything else away, remember this: the recidivism rate is so high. If you get a heroin customer, you might have him for 10, 20 years, and you won't have to find him; he'll find you. A lot of the violence that you see in the cities, those of you that have cities in your area, heroin is generally behind a lot of this. A lot of crime in this country comes from this. So we're working on it very hard and we've worked with a lot of people.

Good enough, but if you have any questions, I'd be happy to answer.

MAJORITY CHAIRMAN MARSICO: Chairman Caltagirone, questions?

MINORITY CHAIRMAN CALTAGIRONE: One of my staffers had indicated something called dirty heroin, in Reading. Evidently, it's on the street, and evidently,

it's having a bad effect with users.

COLONEL NOONAN: Well, here's the thing about it, and I talk to high schools and kids and stuff like that. You don't know what you're getting. You don't know what the heroin's cut with. It can be cut with fentanyl. A lot of times they'll get a cheaper grade of heroin, and they'll put fentanyl in there, and it gives you a bigger high. There was people that were putting Drano and rat poison, mixing that with their heroin, because people thought it was more potent because of the shots, when you go in, it would burn. They thought that made it more potent. Actually it was just a poison that was killing them.

There's brown heroin, there's dirty heroin. It's just a matter of color. But the question is -- and as you heard General Kane talk about the packaging stamps, it's just like Lucky Stripes. They try to develop a customer base with a brand. But there's no guarantee that that's actually going to be a stronger product or a weaker product. That changes periodically, depending on what's coming up from Mexico or Colombia, what they're sending into this country, how many times has it been cut and stepped on. The profits in this are impressive. I can tell you that.

MINORITY CHAIRMAN CALTAGIRONE: The other thing I wanted to ask you, and I'm not trying to put you on the

spot, please believe me, I think you got unanimous support from just about everybody on this Committee about your complement, because the thing that we're concerned about is that we need feet on the ground and on our highways and whatnot, and I keeping hearing mixed reports, 200 in the classes that are going through, we're down another 300, potentially, and we heard this last year, that there's a potential of 500 that could possibly retire this fiscal year. And you need the manpower to do the job, and you're doing a good job, but I know we need the manpower, and I don't think we balk at giving you the support financially that you need to keep the force up to complement. Could you just instruct as to where we might be at?

COLONEL NOONAN: Certainly. Here's the issue, and it always strikes me as funny because I'll see the headline, State Police get 200 more troopers, which is true, but I might be retiring 300, so I'm not gaining anyway, and right now, we're at 500 troopers under complement, right now. We're at 500. I expect we have a class that's going to start in November, another one in May, and I know I've talked to the Governor and he's very aware of this problem, and I expect and hope, that with this next budget, we're going to be able to do maybe around 350, which would be a good number.

Our problem is, and this is a statewide problem,

we hire in bubbles, and 25 years ago, or 23 or 24 years ago, we hired big classes, well, they're all coming up towards retirement now, and in the next three years that is going to be an issue that I hope that we can address, because understand, our number one priority is the trooper on the road. We have 2,800 of our 4,100 troopers on the road in patrol work. That is our number one priority. And so, these other aspects that we do, where we do homicide investigations, we do crimes, we do an awful lot of things, that's with what's left over. We have to keep the people on the road.

And I have to say, I think this issue has gotten everyone's attention and I am very grateful, and I know the Pennsylvania State Police is very grateful for the support.

MINORITY CHAIRMAN CALTAGIRONE: And the only other question is, the number of communities that are eliminating their local police departments, where they're saying well, now staties will have to cover us, and I keep looking at this and I keep thinking you can only spread them so thin.

COLONEL NOONAN: Yes, and where the difficulty comes in, especially with that, is that it increases our response time. A lot of the towns that do away with their municipal police departments are, maybe, small, and say, well, it's only maybe 5,000 people. Yes, but it

incorporates a huge geographic area that we then have to be the first people that are responding to a call. So it is an issue. I don't know what the solution is.

MINORITY CHAIRMAN CALTAGIRONE: Well, and that goes right back to the drug dealing. You eliminate your local police department, you're standing there basically naked unless and until other law enforcement agencies can fill the gap to help snuff out the drug activity, especially in the rural areas, let alone some of the suburban areas.

COLONEL NOONAN: Well, you know, Representative, you bring an interesting point, because this heroin is not just limited to the inner cities, which is what we normally thought, but it's in very rural areas, and not coincidentally, many of those areas are seeing increases in their crime and violent crime that comes along with this, so that's an issue, which is also something we're very cognizant of.

MINORITY CHAIRMAN CALTAGIRONE: Thank you, Colonel.

Thank you, Mr. Chairman.

MAJORITY CHAIRMAN MARSICO: Representative Krieger?

REPRESENTATIVE KRIEGER: Thank you, Mr. Chairman, and thank you, Colonel and Major.

You talked a little bit about coordination with the federal authorities. I am interested in hearing your views as to how we can coordinate better with the local level and particularly county to county, and at our hearing in Westmoreland County, it's somewhat anecdotal, but I think we all gathered that the coordination between counties may not be what it could be, and I wonder if you could address that?

COLONEL NOONAN: Well, you know, it goes county by county, and I could tell you some areas where there is a great deal of cooperation and some not so much, and where it's not so much, a lot of times it's because the departments have lost a lot of manpower, and that is an issue. It's something we work with. Because our troops are generally multi-county, so we have crime meetings and things like that where we try to bring people together, and as I said, 900 departments are signed up for our PaCIC, so when I want to get information, if I wanted to get information out to law enforcement in Pennsylvania or federally, I could do that in five minutes. I can get it out that quickly. So if something comes in and they need help, we can answer it.

We have 38 analysts, just analysts, assigned just to working with police departments throughout the State of Pennsylvania to make sure that all this information -- and

what's nice about our PaCIC unit, I have the FBI sitting next to us. Their analysts are right there with us, ATF, DEA. We have a lot of the State agencies with us. So the information is there. As Representative Caltagirone said, boots on the ground really matter, and that's what I think is lacking in a lot of these areas.

MAJORITY CHAIRMAN MARSICO: Representative Barbin?

REPRESENTATIVE BARBIN: Thank you, Mr. Chairman, and thank you, Colonel, for being here to testify, and I want to say first, thank you for what you're doing in the Johnstown area. It's a really perfect example of what happens when everybody works together. You're making a real difference on our heroin problem.

I had a question, though, about, I had seen a 60 Minutes news show maybe about a month ago in Massachusetts, what was called a strike force in their State Police, and I know you have complement issues right now, but if you could get back to the complement level, the 4,500 troopers, would it be a good idea, given the fact that the legislature had said we're going to look at this heroin problem specifically, and we're going to say it's a good idea to have a mobile network in the Attorney General's Office to also have a complement, assuming you had resources, where we could give you additional resources to get back to full

complement, would it be a good idea to have those extra State Police available to do the same thing? Because, like in Johnstown, we've lost police officers in the city. The cartel knows it. They've moved in to our area. So if we can't provide funding to Act 47 municipalities, what's your opinion on whether a mobile State Police force would be a good short-term sort of solution?

COLONEL NOONAN: Yes, that would be something I think that would be very effective. The issue, I don't envision it as statewide, but as regional, if I could build up the regional areas, because here's the thing: it gets very difficult for me to send somebody from Philadelphia out to Erie to work, and what I've designed is six regional drug investigative agencies, and to beef those up, and we do work in the cities, but there's only so many of them.

But I think Johnstown was a very good example of people getting together and coming up with a plan with the resources we have to make a difference hopefully in that city.

REPRESENTATIVE BARBIN: Thank you for your help.

COLONEL NOONAN: You bet.

MAJORITY CHAIRMAN MARSICO: Any other questions?

Okay. Thank you, Colonel.

COLONEL NOONAN: Thank you all very much.

MAJORITY CHAIRMAN MARSICO: I appreciate your

time.

The next testifier is Secretary Gary Tennis, Pennsylvania Office of Drug and Alcohol. Good morning, and welcome.

MR. TENNIS: Good morning, Chairman Marsico, Chairman Caltagirone, Members of the Committee.

I am so happy to be here again. It's difficult for me to testify in front of this Committee without remembering the countless times I had the honor of representing the Pennsylvania District Attorneys Association over 20 years, often dealing with this very problem and related problems.

I want to begin, and I know you've already been thanked, but listening to the comments and the questions from the Committee members, it seems to me that your hearings have succeeded and you have particularly tremendous insights right within your Committee on it, and I appreciate that too because this is a complex issue. As Secretary Wetzel said, it's not supply, it's not demand. We would no more go into a war debating on whether we're going to use the Army, the Navy or the Air Force or the Marines. We know we need to use them all.

We know here that law enforcement is so critical, and even though I'm here, as Secretary of the Department of Drug and Alcohol Programs, to look at the issues of

prevention and treatment, I know that law enforcement is critical. It's absolutely critical to addressing the problem. So I thank you for that. I thank you for having us here.

Secretary Wetzel talked quite a bit, he took a lot of my testimony actually, talking about the relationship of drug and alcohol addiction and drug and alcohol treatment to this problem. I want to talk about that a little bit. The 70 percent is pretty accurate nationally. It reflects national research, and there have been repeated studies, 70 percent. Some studies show 80 percent of the people we're arresting are being arrested with untreated addiction, and untreated addiction is the driver for their criminal behavior, over and over again. It's just one of the things that happens. As your life deteriorates with untreated addiction, pretty soon you lose your job, you lose your family. You might become homeless, but ultimately, you're ending up committing crime.

So here we are looking at these untreated addicts, and we have a system, and this is national. We actually do better in Pennsylvania than the rest of the nation, but we have a system that basically provides resources to treat one person for every eight individuals with drug and alcohol addiction. Nationally, it's one for every 10. So we have a system that's in place, kind of

like a separate, we take this one disease and it was actually identified by a Pennsylvanian, one of the signers of the Declaration of Independence, Dr. Benjamin Rush, 240 years ago first identified this as a disease, and we say this is the one we're not going to treat, and yet it drives 70 to 80 percent of our crime. It drives about 80 percent of our children and youth cases, car crashes across the board. Untreated addiction is a tremendous driver, not only of all of the costs and all the money that you have to appropriate every year to deal with the mess from not treating the problem, but also all the suffering, the human suffering that we know that addiction is in one out of four families in Pennsylvania, one out of four families in the United States, mostly kept quiet, mostly kept secret, and even those who get recovery because of stigma need to keep it quiet. So you might know people in recovery, Representative, but they might not have told you.

I was actually recently at an event with 20,000 individuals in recovery, the International Narcotics Anonymous Convention, so I understand how the impression is there, because it's certainly one that we all have, but I think there's a much larger group of recovering individuals than we know.

In terms of how we got here, you've already heard that testimony. I think that the heroin problem really

traces back to a change in the '90s with prescribing practices, when there was a strong movement afoot in the medical community to say let's not just save these heavy-duty opioids, these strong opioids for cancer pain or terminal pain, let's use it for other things too, we can use it for anything. It's safe, no one's going to get addicted, we can use it for lower back pain, we can use it for recovering from surgery, and suddenly, you'll look at the pain prescribing, it quadrupled of opioids.

And I'm not a good statistics person so I can't give them to you, but the amount of opioids that are consumed on the planet, the vast majority of them are here in the United States because of that. This is an area where the medical community is starting to correct. I've actually pulled together -- there are a number of medical centers, folks from Geisinger Medical Center and Penn Pain Center -- to look at prescribing practices, to see what do we know about safe and responsible prescribing practices so we can get fewer people addicted. But ultimately, as we address and we get the opioid prescription prescribing under control, and we get more responsible, safer practices, that is going to have a big, big impact on the heroin problem.

There's a lot that can be done. There's a lot that's being done. You passed an outstanding prescription

drug monitoring program. I know there were some amendments, and I think it needs more work. We need to make sure that law enforcement is able to continue to do its job, at the same time, weighing the interests of the medical community. If, for some reason, they have a geriatric population or they have a population that needs more painkillers, they need to be able to give those and address legitimate pain needs without worrying about being the subject of a law enforcement investigation.

So, you, as the Members of the General Assembly, have a delicate balancing act, but ultimately, one way or the other, we need this prescription drug monitoring program, because what it will do is, it's been proven in every State when it's been implemented, it will reduce the number of people getting addicted to prescription opioids, and again, those people that are getting addicted to prescription opioids ultimately are transitioning to heroin, and that is, I think, the chief cause for why we have such a growth in heroin. So that monitoring program that you've done is an outstanding piece of legislation.

Another function I have is, I'm Chairman of the National Alliance on Model State Drug Laws. You actually modeled your law after the model law that we did, and I think it was a very good one. I know it's going to get more work in the Senate. It's going to go through the

process that it does, and I trust that it'll be a good product.

We have something we're doing in terms of our kids particularly are accessing prescription drugs out of medicine cabinets. We know because of the liberal prescribing of painkillers that they're in our medicine cabinets. We might have leftover Percocet or something from when we got hurt out working in the yard or whatever, and so we didn't use it all, we left it there. That was something that might have been safe 10 or 20 or 30 years ago, but today it no longer is because our young people know and they access a lot of these prescription drugs out of the medicine cabinets of their families, their grandparents, their friends' families or grandparents, and that's where they get a lot of them.

So one of the things we've done is following what occurred in Bucks County. In Bucks County, they basically put up prescription drug collection boxes, permanent ones, and then they got the information out. They do a good job of PR in their county and they've got almost every police station in their county having a prescription drug collection box. You don't have to remember what day's the take-back day and where was it located and all those things. You know it's there all the time during regular hours. You can go while you're out on your errands and you

get can rid of those drugs. They are collecting thousands and thousands of pounds. Even years after they've started it, they're collecting thousands and thousands of pounds of prescription drugs. These are drugs that either would've ended up in the bodies of our children, our young people, or maybe they might have been flushed down the toilet and our water filtration systems don't adequately filter out prescription opioids, so then, that means we all get a little of it in our drinking water. So these collection boxes are important.

We had a very strong partnership with PCCD and the District Attorneys Association. The DA Association is actually running the program, and each DA is running it. I see your District Attorneys Ed Marsico and Dave Freed here. They're moving really aggressively on this issue, and that's going to help too. That's a piece of the puzzle.

There's no silver bullet. None of these are the whole answer. Each of these is just a piece of it.

Prescriber training I talked about. We have that prescriber training. One of the issues, there's some fundamental things that we hope to have across the medical community. Doctors may not even know that proclivity to addiction is an inherited trait. There's actually genetic markers that have been identified as someone who's especially vulnerable to addiction, and you'll see

addiction going down from family member to family member to family member, and back in the old days we used to think, well, that was just like a bad family, and now we know that was a family that had that genetic predisposition. Doctors don't even necessarily know to check for a history of addiction in their family. So if you knew there was a history of addiction in the family, you might take a much, much more conservative approach. You might reach over to Tramadol or something less addictive, a non-opioid, for example, to prescribe.

So we do need to work with our medical community. I've reached across to Scott Chadwick with the Pennsylvania Medical Society, who's very excited to work with us, and we have various departments coming in. DPW has accepted the invitation, and Department of Health, Department of State, Department of Aging with their policy folks, to say what are the best responsible prescribing practices and what can we do in State government to promote and encourage those practices so that we stop the problem from the outset.

One of the things you've been hearing about today is the necessity to kind of integrate or have the different disciplines -- law enforcement, treatment, medical -- all work together. One example of this is what we're trying to do to address what you've all experienced in your districts, I know, which is the growth in overdoses, the

really dramatic increase in overdoses. So I formed, about four months ago, and we've already had four meetings, the Overdose Rapid Response Task Force, and we're trying to pull together law enforcement, the health care providers, the folks that are doing ambulances, the people who work in emergency rooms and hospitals and law enforcement, up and down the line, the DA association there, the State Police, BNI with the Attorney General's Office. We even have DEA at the table, and SAMHSA is watching because they're looking at what we're doing as a national model. And the Coroners Association actually plays a very critical role, and you'll be hearing from the coroners in a minute.

We're trying to develop a platform, and the State Police have offered to do this, to set up the platform where if we see some kind of rapid trend, for example, a few months ago we saw fentanyl popping up and it was alarming for those of you who remember in 2006 and '07 when we had hundreds and hundreds of people dying every month. You don't want to see that popping up in your communities because it results in a tremendous number of overdoses. If we get emergency departments, and if we can gather that information in real time and get that to State Police or get to BNI, they could go in and send undercover people in to those communities where it's showing up, and do undercover buys and intercept the supplies right away.

There's no reason we can't have the health care systems and the law enforcement systems communicating with each other in a real-time basis to try to get a more rapid, nimble response and have us work together, and I think that possibility is there.

We've looked at the issue of folks that come into emergency rooms with overdoses, and what we do now is, we basically give them a phone number to call and send them on their way again. We've sent a directive and we're working with our county drug and alcohol directors to work with our hospital emergency rooms to do more of an intervention at the time when they come in and they overdose. A lot of the fatal overdoses are people that have overdosed before and survived them, and then they finally go too far.

So there are a lot of things here. I want to say a few things about treatment, because we know that treatment, if it's done with clinical integrity, results overall nationally, the research will come in at about two-thirds reduction in recidivism. I think Representative Dean was alluding to this just a minute ago: two-third reduction in recidivism if you do treatment. In Pennsylvania, we have done so much better, as Secretary Wetzel alluded to, a study that's going to come out from Pennsylvania Commission on Crime and Delinquency. Many of the Representatives here remember when we put in

Restrictive Intermediate Punishment treatment program, which you fund the treatment for that. That was done very, very well. We drafted the regulations with PCCD to make sure that treatment was done with clinical integrity, that people got as much treatment as they needed, because when it fails, it fails because we undertreat, and we do tend to undertreat all the time, and that was alluded to as well.

Because we're doing it right, and I think we have the best treatment diversion program in America based on what I've seen with my work with the National Alliance, the recidivism rates are going to come in at about 13 percent. This is one year after they've not just completed treatment, but they've completed the entire Restrictive Intermediate Punishment program and then 12 more months. That's the period of time in which you're going to get most of your recidivism, 13.9 percent. Those are unheard of numbers, but they show what can be done, the kind of impact we can have.

For DUIs -- and you all drafted a DUI law with very strong treatment provisions, but for DUIs, the recidivism rate if they get clinically matched treatment, if it's done with clinical integrity, 2.9 percent.

Now, just to show the impact and how this works across systems, in the Department of Corrections, one of the things I asked, I reached across the Department of

Corrections and said, how many people that are locked up in the Department of Corrections committed a DUI, got convicted of a DUI before they committed the offense that got them into your State prison. Five thousand, one hundred individuals in State prison today had a DUI. We had an intervention opportunity for those individuals in virtually every case not used in the way that the statute envisioned. It's one of the things we're looking at working with Department of Transportation is, what can we do to make sure our good DUI treatment provisions are there, because think about that: 5,000 individuals.

For those of you who look at the issue of domestic violence, you know that a DUI is a good opportunity for intervention. There is a lot of individuals committing DUI are disproportionately involved in domestic violence when they get drunk, so you get to reduce domestic violence, you reduce your prison population just by doing clinically matched treatment.

So funding is an issue. You heard me talk about the one out of eight. I think we are at a historic crossroads. I don't know how it's going to go, but Healthy Pennsylvania holds tremendous promise for increasing our access to treatment. Under Healthy Pennsylvania, all of the people, all those that are not currently covered under Medicaid, all those up to 133 percent of poverty level will

have the same health insurance we have, and you have that Act 106 benefit for starters that gives you 30 days residential, 30 outpatient units plus 30 flex days that you can use for 15 more residential. In addition to that, and most importantly, the Mental Health Parity and Addiction Equity Act says if your physical health plan gives you the level of treatment you need to get better, then that's what you get for addiction treatment as well. So it should cover. That's going to be an issue that's going to take years to sort out, and I'm sure it will end up in the courts and be resolved in the courts, but the promise is there. For now we need to make sure we do the best we can to do the kind of diversion programs that Secretary Wetzel was talking about.

The LEAD program, which did come out of a county near here, and we're just at the beginning, we've been doing the research for that district attorney, and we've met with Secretary Wetzel and this DA to try to do an intervention on lesser offenses where the police -- and it's something that used to happen informally years ago, not so much now, but they took a program that was started in England where they arrest people on lower-level offenses, and there it's basically prostitution, low-level drug dealing, but it could be other offenses -- breaking into cars, the kind of offenses that addicted folks commit

-- and basically, we train the police to take them to the right place to get a drug and alcohol assessment, get them into treatment. If they stay in there, no record, no arrest, no nothing. They get to get on with their lives. This could save enormous amounts of money, could make our communities safer and could reduce a tremendous amount of suffering.

I wanted to address a couple of issues and questions that had come up. One thing about what the research shows about in-prison treatment. Behind-the-walls treatment is very effective, but not nearly as effective, as Secretary Wetzel said, they need to do some of the treatment outside the walls. The therapeutic process is not one you can fully engage in when you're in with other State prisoners. You need to be able to do a lot of work, and the research shows a tremendous increase in outcomes when you do it outside the walls. Individuals coming out of prison, if they have not developed the decision-making ability and the habit of deciding against taking it, they don't develop that decision-making habit when they're in prison because they have no opportunity. They should have no opportunity to get the drugs. They really do need the treatment. What the clinical research shows is, their level of addiction, their likelihood of going back to reuse and get back into trouble again is the same the day they

leave prison as it was the day they walked in. That's counterintuitive, and it's understandable why someone would think otherwise, but that is what the research shows.

So on those notes, I'll stop my testimony, and I welcome any questions you have.

MAJORITY CHAIRMAN MARSICO: Thank you.

At our last hearing in Delaware County and today, it was mentioned that the drug Vivitrol has been helpful with addicts and has been proven successful. What are your thoughts on that?

MR. TENNIS: You know, I think it holds great promise. The thing I like about Vivitrol is, it's non-addictive. You can't get high on it. I mean, we have other medication-assisted treatment that's been out there for a while, and it does serve a use, but with methadone and buprenorphine, otherwise known as Suboxone, you're addicted to those substances, and also we know that those substances can get diverted, they have a use. But Vivitrol, there's no high, can't get addicted to it. All it does is cause your neural receptors to kick off any opioids. So if you take drugs while you're on them, you basically go into withdrawal and you suffer withdrawal effects right away.

Vivitrol is a good support for treatment. There are still behavioral issues. There are cognitive issues,

socialization issues that are involved with addiction. Those still have to be addressed. So I think Vivitrol holds great promise, and I agree with Secretary Wetzel. I share his enthusiasm, and I caution against using that as a reason to undertreat. We still need to provide the level of treatment that's clinically called for.

There are two factors, by the way, that are the two big components to getting good outcomes in treatment. One is clinical integrity, which I've talked about before, doing a good assessment. We have something called the Pennsylvania Client Placement Criteria. It's the best criteria in the nation for determining how much treatment do you need. The second is retention of time in treatment. If I just walk in, treatment is hard. It's difficult. After a few weeks, I'm likely to walk out and say I can take care of this on my own, and I'm lying to myself because I can't. Criminal justice gives us a lever, so if we have somebody going on, whether at time of arrest, whether on parole, at any level we can divert them in. If we have that consequence, if you walk out of here, we're going to come grab you and you're going to jail, with that consequence, that gives us retention of time. So we need the time in treatment, and with Vivitrol, I think we can take our very, very good outcomes and make them even better.

MAJORITY CHAIRMAN MARSICO: Thank you.

Chairman Caltagirone?

MINORITY CHAIRMAN CALTAGIRONE: Gary, I heard something, I don't know how accurate it is, but the pharmaceutical firms supposedly are pushing to have doctors not only prescribe, but dispense within their offices. I understand they give out samples. Have you heard anything like that? I'm thinking it is just absolutely crazy.

MR. TENNIS: I don't know. That's alarming. I've heard those rumors, and Chairman, in all honesty, I don't know whether they do or not, but I think one of the things we have to do is make sure, from the State perspective, that we're doing everything we can to make sure, well, number one, the overwhelming majority of doctors are trying to do well, really are doing well, and doing no harm, but I don't know about that.

MINORITY CHAIRMAN CALTAGIRONE: Well, legally, right now, can they do that?

MR. TENNIS: Give out samples?

MINORITY CHAIRMAN CALTAGIRONE: Well, no. They can give out samples but can they write a script and then fill it within their own office? I don't think they can do that.

MR. TENNIS: I don't believe that's correct. I mean, that's really something I would have to check back

with the Department of Health about, but I believe -- I've had doctors give me samples for, you know, a rash, skin cream or whatever, those kind of things, but in terms of an addictive substance, that would be troubling. I share your concern.

MINORITY CHAIRMAN CALTAGIRONE: Yes, I think we really should check into that because that, to me, is just mind-boggling if that were to be the case.

MR. TENNIS: We will look into it, and I'll get back to you with an answer on that.

MINORITY CHAIRMAN CALTAGIRONE: Thank you, sir.

MAJORITY CHAIRMAN MARSICO: Representative Saccone, I believe, is next.

REPRESENTATIVE SACCONE: Thank you, Mr. Chairman, and thank you for your testimony.

You were there at the Westmoreland County hearing that we had, and there was some compelling testimony there by two young people, and it was indicative that our youth, they're searching to fill an empty void in their souls. Many of them are just lost. They don't have a compass to guide them and they'll try anything to fill it, and that was the story of these two young people, and too many of them try the destructive path of drugs.

MR. TENNIS: That's true.

REPRESENTATIVE SACCONE: And they, ultimately, in

their case, ended up being able to come off of that by using a faith-based program to help them get out of the oppression of the drugs, and I see in an intervention opportunity in our youth in the early stages when they get in trouble in schools, and so forth, for these faith-based programs. We don't have to wait until they're addicted to drugs and they've ruined their lives and the lives of their families. So what part do these faith-based programs play in the process of helping our youth in stemming this drug problem?

MR. TENNIS: Well, they can play a role at any different level. If you look at prevention programs, I think people that are involved in faith-based programs can be more connected with their colleagues in a healthier, more wholesome environment. I think you can intervene. One of the things faith-based programs provide is a sense of community and connection to the community in a healthier way. Peer pressure for kids is so strong, so if peer pressure can work in favor of healthy living and really kind of healthy, wholesome connections like we know are part of healthy living, then that's going to be really strong.

One of the issues I wanted to address to you, though, that I meant to and forgot, was about student assistance programs. One of the things, it's not

necessarily faith-based, although ultimately it could steer someone back to that if that's the direction they want to go. Student assistance programs are programs where they train counselors and teachers to identify kids that are at risk. It's an evidence-based practice, highly effective. Once they've identified them at risk, they're also trained to get those individuals to the right place, whether it's a mental health professional or whether it's a family counselor, because of something that's going on at home with mom or dad or whether it's a drug and alcohol assessment and treatment, they're trained to do that. That was paid for with federal dollars, Save Schools Act dollars, an evidence-based practice, but those Save School dollars have dried up and gone away. So except for the counties that have been able to somehow find new money in their counties to pay for the student assistance programs, we're finding that the programs are getting weaker or kind of fading away all over the State.

One issue that we have in this new Department, which you all just created, we started it about 15 months ago, we have so many things to do. One of the things we have to do is really have a look at our student assistance programs and come back to you with recommendations or suggestions or find a way to get them back to where they were. I think one of the reasons our kids are more

vulnerable is, we don't have those at the level that they were, and again, that was because the federal funding dried up.

But I do think there's a strong role for faith-based programs. It's interesting, the legal issues that come up in Alcoholics Anonymous and Narcotics Anonymous, which is totally an evidence-based practice for keeping people in recovery and sustaining recovery, draws on the individual's faith, whatever it might be, whatever your higher power is, but we know that that works to get people in recovery, and we also know those people in AA and NA get more people into recovery, that not only did they go through treatment and succeed but they are walking prevention programs because when they see other people starting to head down the wrong path, they grab them, talk to them and work with them.

So there are also programs like Celebration Recovery, various faith-based programs that are known to be effective.

REPRESENTATIVE SACCONE: Thank you. Thank you very much.

MAJORITY CHAIRMAN MARSICO: Representative Hackett?

REPRESENTATIVE HACKETT: Thank you, Mr. Chairman, and thank you, Mr. Secretary, for appearing here today.

I was really interested in the program that you talked about. It was over in Europe basically where...

MR. TENNIS: In England.

REPRESENTATIVE HACKETT: England is doing it now?

MR. TENNIS: That's where Seattle -- Seattle just got a grant. I learned about it from one of our district attorneys, and I don't want to say who it is yet until we get a little further along, but I was in a meeting with Secretary Wetzel and another DA and he brought this Seattle program up, saying he was interested in it. It's called the LEAD program, Law Enforcement something Diversion program. I don't remember the A. But it's based on England. They do take low-level offenses. The police were trained to see, and they actually know, a street cop knows if he's got an addict or an alcoholic for the most part. They just learn because they're there every day. But instead of taking them in on some very low-level offense and running them through the system, they take them over to get assessed and put into treatment.

REPRESENTATIVE HACKETT: Okay. If you get any more information on that, would you be able to send it my way?

MR. TENNIS: I have some, and we'll send it to you. Representative Hackett, we'll send it to you hopefully within the next couple days. We've already done

some research on it, and we're communicating with the DA and we're going to start hunting for money pretty soon.

REPRESENTATIVE HACKETT: Thank you.

MR. TENNIS: You bet.

MAJORITY CHAIRMAN MARSICO: Representative Krieger?

REPRESENTATIVE KRIEGER: Thank you, Mr. Chairman, and thank you, Mr. Secretary. It's good to see you again.

MR. TENNIS: You're welcome, Representative. Good to see you.

REPRESENTATIVE KRIEGER: One of the previous testifiers, I don't recall who, mentioned the present heroin problem really got started in a big way in 2007 or thereabouts, and I wondered, do you have any information regarding how -- let me first say, I think this is a nationwide problem, as I understand it. It's not just a Pennsylvania problem.

MR. TENNIS: Absolutely, yes.

REPRESENTATIVE KRIEGER: How does the United States compare to, for example, Canada or other counties? I guess what I'm really asking, is this an American phenomenon or is this a worldwide phenomenon?

MR. TENNIS: It is a worldwide problem. I talked to a couple of individuals at a meeting of the International Association of Therapeutic Communities of

America. They had their meeting somewhere in the South Seas, like near Fiji. I can't remember the place, but they talked about the folks that are running therapeutic communities, which, by the way, are very, very good modality, six-month therapeutic community, a very good modality, successful for opioid or heroin addiction. In India and other counties in South Central Asia, they're dealing with heroin addicts that are 10 and 11 years old. So you have a large homeless population, very, very poor people getting addicted to heroin and opioids. I don't know how they afford them or how they get them. I don't even want to think about it, actually. It's probably a nightmare.

But it's a worldwide problem. In terms of the actual statistical numbers, I don't know, but I know that it is throughout the world.

REPRESENTATIVE KRIEGER: Thank you.

MAJORITY CHAIRMAN MARSICO: Representative Barbin?

REPRESENTATIVE BARBIN: Thank you, and thank you, Secretary.

Your concept going forward is a great thing, and I agree with all the prior speakers today that if you don't address all of them, you're not going to be able to really come up with an effective solution because the problem's so

big.

MR. TENNIS: Yes, sir.

REPRESENTATIVE BARBIN: I know that you've got a new department, and I know you have a significant amount of the monies from the Department are kind of directed towards the intermediate treatment program, but in our city, we have what we would call halfway houses, and every day we have people that come from Westmoreland County because it's the only, I guess, place in the area, and they drop people off. One of the things that came out of some hearings that were done in the city was, there didn't seem to be accountability for those halfway houses. People could come into them but they could check themselves out.

How much of the budget for your department goes to the halfway houses as opposed to the drug treatment for prisoners or on parole or probation?

MR. TENNIS: Well, I'll ask for your patience, and I want to run through, in the field, how the terminology works.

I think probably what you're talking about in your county is something that, in our field, we would call recovery housing.

REPRESENTATIVE BARBIN: Yes.

MR. TENNIS: And a halfway house, by the way, gets used for a lot of things. Like there was a recent

report about the failure of halfway houses, and it kind of set my hair on end because these were not our halfway houses. A halfway house is a level of care. It looks a lot like residential rehab except the person while they're getting intensive treatment in the program, they can maybe go out and work or take classes or whatever but they come back to the house, but they're actually getting treatment at the halfway house. So what I would like to do is ask to take that group and that take out of the discussion because those are highly successful and they're not causing a problem.

The problem you're talking about is one we're seeing popping up all over the State. The way out funding works, we actually don't fund RIP. The RIP funding goes through Pennsylvania Commission on Crime and Delinquency, and they do a beautiful job with it, by the way. Our funding goes out to county drug and alcohol directors, and then they try to figure out, and it's not enough, not even close, but they try to figure out how they can maximize the impact with that, particularly in some counties, I think Philadelphia and maybe Bucks County, they put some percentage of their funding into recovery houses for individuals as they come out of treatment and then they're going to go into outpatient. Those programs, they regulate. So they watch them. We're not finding those to

be the problem programs.

The problem programs are where I decide I want to open a recovery house, and we'll take like the bad guy and the good guy. The good guy is, we don't have a place for our people to get a recovery support of a housing environment, I'm going to run a good recovery house and just let the people that come in pay rent, so there's no government dollars at all, I'm just deciding I'm only going to rent to people that are in recovery to support their recovery.

Then you've got other people who do it, and you've probably heard about them. Some of them don't have heat, some of them don't have running water. They might jam 20 people into the houses, and those are really housing code violations, or in Philadelphia, Licensing and Inspection, L&I violations, that need to be handled.

I talked to the county drug and alcohol director, Roland Lamb, in Philadelphia, about what are you doing about those, and he said well, I don't have leverage over the ones that I'm not giving any money, and the ones I'm giving money, you have not heard of a problem with any of those because we're all over those and we inspect them, we make sure they run it properly. But the ones that you're hearing about are just the private individual who says this is a recovery house, I'm going to do this, the people will

come in and pay me with their money, and actually the GA cut got rid of some of those because a lot of people, they were basically just taking their GA check. That's an issue in terms of those people that are holding themselves out for recovery houses. And we actually are looking at this. We're working with Pennsylvania Recovery Organization Alliance, PROA, which is the alliance of all the recovery organizations, asking them to review what's going on and to make recommendations to us. There are two levels. One is where are our dollars going into these, and are we doing what needs to be done on those, and we do have a license for transitional living facilities, which are less than a halfway house, and then what, if anything, can we recommend to do, what can we do about just the private individual who's not getting any public dollars that just says this is a recovery house, recovering people only, what can we do to make sure that that's a decent living facility. Some of that, it's really up to the community to police their housing properly, but nonetheless, it involves us too.

REPRESENTATIVE BARBIN: I believe they have a State license, and I would say that my only issue would be, if we're going to make a difference and we have limited funds, the funds should go to the people that actually have some sort of accountability going in and going out of the program. The problem at our level is, we don't even know

when people leave these recovery houses and we don't know that they aren't becoming part of the network of our existing drug problem that's getting worse in the city.

MR. TENNIS: Right, and that's happened as well, Representative, and we would love to work with you and particularly identifying what's going on in your district and kind of get a handle on it and get more information for you. So we're very interested in doing that. Thanks.

REPRESENTATIVE BARBIN: Thank you, Mr. Chairman.

MAJORITY CHAIRMAN MARSICO: Okay. Well, thank you very much, Mr. Secretary. I appreciate your time and what you're doing.

MR. TENNIS: Thank you for your interest and digging into this issue so deeply. I appreciate it.

MAJORITY CHAIRMAN MARSICO: Thank you.

Continuing with our all-star lineup, we have next to testify the Honorable Ed Marsico, Dauphin County District Attorney, and the Honorable David J. Freed, Cumberland County District Attorney, and John Goshert, Chief County Detective, Dauphin County District Attorney's Office.

Welcome, gentlemen. You may proceed.

MR. FREED: Good morning. My good friend, District Attorney Marsico, has allowed me to assert privilege here as President of the Pennsylvania DAs

Association, and on behalf of my colleagues, I thank you for the opportunity, and I thank you for the hearings that have been done around the Commonwealth. We know there was the hearing out in the western part of the State, and then, in Delaware County, and great DA representation at the hearing out west, and First Assistance from both Montgomery County and Chester County testified down in the southeast, and that's fitting.

We just finished a series of roundtable meetings around the Commonwealth, and the number one issue that came up around the table was heroin and heroin abuse, and we were in Philadelphia, Scranton, Allentown, State College, Williamsport, Ebensburg, Meadville, Pittsburgh, Harrisburg, everywhere, and this is a pervasive issue around the State.

And you have our testimony that's been submitted. We won't belabor that, and I think both District Attorney Marsico and I have a couple points we'd like to make, and Chief Goshert, and then we'd be happy to take any questions you have.

More than 15 years ago, I met the woman who will testify following us, when her daughter died from a heroin overdose. Now, I never met Angela when she was alive but I feel like I know her based on everything her mother has done to keep her story alive over the years, and this is not the first time that she and I have appeared together at

an event, and I don't believe it'll be the last.

That was my first experience as a young prosecutor with heroin-related death. Over the intervening years, heroin use and distribution in Cumberland County and elsewhere in central Pennsylvania, I see it as, it has gone in cycles. Users will seek it out as a cheaper and more readily drug than the prescription drugs that have acted as a gateway.

In the past, the users would find each other. They'd band together to share the drug. They'll pool money, often stolen from strangers, family members or obtained as a result of selling stolen items. I think Colonel Noonan made that point very well about the crime that goes along with this kind of drug abuse. And then they'd make trips to Philadelphia. That's the main source city for the Harrisburg area. Then one of the group would OD, one would get arrested, one would go to rehab, and things would kind of calm down, and we'd go back to where we had been previously, which is a lot of marijuana, powder cocaine, crack cocaine, but not so much heroin.

You know, we see significant upticks from time to time. A couple of the other people who have testified today mentioned back in 2006 and 2007 when we had a real rash of fentanyl-laced heroin around the State. I remember we did a press conference here essentially calling on

addicts to not buy certain brands, certain stamped packages, because we knew that they were laced with fentanyl. And again, that stopped. Now more recently, I don't know if you had any, Eddie, but Lebanon County, I think, at least, had some, pretty recently, laced with fentanyl. But again, the problem would dissipate a bit and we'd go back to normal.

Within about the last five years, we've seen a marked increase in the abuse of prescription drugs and the crimes that are associated with that -- the retail thefts, fraudulent prescriptions, check fraud, burglary. I mean, I can't tell you how many burglaries we have, you know, especially in the northern part of Dauphin County, the suburban areas, my county, where people are going in and they're after guns because they can turn the guns into money very quickly, and they're after prescription drugs, and those handguns that are stolen, they make their way to the streets of Harrisburg pretty quickly and get put into the stream of commerce.

We've also seen, as we've done increased blood testing on DUIs since we have DUIs with alcohol, and now, also under the influence of drugs a tremendous amount of people out there operating vehicles while under the influence of prescription drugs, numbers higher than I think we ever anticipated and probably higher than the

legislature anticipated when the law was passed. You know, you'll hear more about that going forward, I think, in other venues, but there are a lot of people out there with significant amounts of prescription drugs in their system.

This has created a new group of potential heroin users, and the product is there for them to use. Now, we've had some testimony earlier today about where it's coming from. I can't speak to the geopolitical situation. I do agree with Colonel Noonan that I think the movement of the production to Mexico has made a difference. I just read an article recently about the number of heroin-addicted people in Afghanistan and how much poppy production is up in Afghanistan. I don't know what the cause is, but I can tell you what we see out there on the streets is that the amount of product that's available is way up and it's pure and it's cheap. So it's become the drug of choice, different from what we're used to.

Most recently we've seen dealers -- and this is the information that we receive from our colleagues, and I say "we" because Eddie was with me at many of these roundtable meetings that we did -- dealers are spreading out across Pennsylvania to sell heroin for profit. You know, this isn't just users banding together anymore to obtain and share the drugs. They've come to the demand, and they're trying to create more of it. You know, we

heard as we've gone around the State, one of the questions we would ask is, what's your source city, and up in Scranton, we heard New York, and from some of our friends in the great Northeast, Pike County and Wayne County, Paterson, New Jersey, is where a lot of their heroin and their dealers come from. When you go out west, it's Detroit and Youngstown. Around here, it's Philadelphia, and in certain southern areas of central Pennsylvania, it's Baltimore. So it's coming in from all sorts of points.

We're blessed to have a wonderful transportation network here. I love what the State Police is doing with interdiction. I think that's going to be a huge help. But no matter how you slice it, we've got 70, 79, 80, 81, 83, 95, Route 15, Route 6, a ton of roads that are carrying drugs and contraband easily across this Commonwealth all the time.

Now, what we need to do in response: you've heard it this morning. We have to have a multifaceted approach. We have to address prescription drug addiction, as in the monitoring bill that recently cleared the House. I think Eddie will have some more to say about that. We don't think that bill's perfect from our perspective and we'll continue to work on it, but anything that helps addicts into treatment is a plus. We need to effectively treat the addicts in the criminal justice system. We need

to treat the addicts like addicts and the dealers like dealers.

We need to continue to treat the dealers like the poison peddlers they are. Heroin dealers are not those low-level nonviolent offenders that I read about all the time that are clogging up our prisons, and any of you who've heard me testify before, you know I have issues with that characterization to begin with, but the heroin dealers certainly don't deserve the kind of breaks that we're talking about giving to other people. They deserve to be locked up where they can't cause death to anyone else.

Again, on behalf of my constituents in Cumberland County, I thank you for doing this hearing locally, because we do have a huge issue here, and I thank you on behalf of my colleagues around the State for taking this issue seriously, and I'll turn it over to Eddie.

MR. MARSICO: Actually, I'm going to let Chief Goshert go. John Goshert's our Chief County Detective. He was a Harrisburg vice cop for years, head of the Harrisburg vice unit. In a former life, when I was a drug prosecutor, John and I did a lot of cases together. Currently, as Chief County Detective, he's also the head of our Dauphin County Drug Task Force, which is a group of municipal officers and State Police officers who work to combat drugs here in Dauphin County, and I'll let John talk a little bit

about the drug problem, and then I'll close after him.

MR. GOSHERT: Well, first I wanted to thank you for allowing me to come here and testify to you about the drug problem here in the Dauphin County and central Pennsylvania area.

I'm going to give you a little preview here on what I saw in the past and what I see today and maybe some ideas that you could take back to the legislature and say hey, here's some help that you could give the cops.

I was a Harrisburg policeman for 29 years. Twenty-four of those were in drug law enforcement, and for the past 10 years now, I've been with Dauphin County criminal investigation and I'm counting on staying there 29 years, so I'll be about 100 years or so.

I'll tell you what I saw in the past in the '70s and '80s and '90s and early 2000s is for heroin, the sales and use areas were basically the inner city here. In Dauphin County, that meant the city of Harrisburg. The user base, there again was basically inner city people. Poor, inner-city people were basically the user base. The age for the users was, you know, 18 years and above seemed to be the age. If you talked to them and said hey, how did you get hooked up with the heroin thing, what was your gateway drug, it seemed to be marijuana and cocaine.

The price for all those years historically, here

in Harrisburg, was $20 a bag, which would be a dosage unit of heroin, $20 a bag, which historically was for years, I mean, for 20-some years, $20 a bag. The purity of that heroin, when we would do quantitative analysis, was usually about 5 to 10 percent heroin. That was the purity of that. Most of it was prepackaged. Our dealers would go usually to Philadelphia, New York City, bring it back prepackaged.

What I started seeing maybe about five to seven years ago was a really weird, disturbing trend, is, the user base and the sales areas was no longer just here in the city of Harrisburg and more in the urban area. Where it started to expand to was the suburban areas and rural areas. The users there, again, just weren't poor, city people. They became more of a suburban person. The age of the users took an alarming trend down, I mean, to high school students and teenagers, which was just unheard of before. When you talk to them about what their gateway drug was and you said, how did you get hooked up on this, especially within the last couple years now, it's almost 100 percent they'll tell you prescription medications; that's what I started doing, prescription medications, and for one reason or another, my supply dried up there, it was too expensive, heroin's a lot cheaper alternative to that. So their gateway drug became prescription medications.

It was interesting, back in the old days, the

route of administration was injection. Another common route of administration we've seen within the past five years has been snorting it or smoking it, which was an interesting change. That historic price of $20 a bag is now down to $10 a bag. That purity level that was always between 5 and 10 percent -- if you got something over that, that was a big deal. I included in my package about three weeks ago, the drug task force guys picked a guy off coming on the train, and what he had is, he had heroin which was secreted in like a computer bag. It was sort of interesting. You know how on your computer bag it has the foam that protects allegedly your computer, those little dividers? Well, what we had is those dividers were sheets of bulk heroin, and the purity rate of that heroin, I mean, it was incredible. I guess it was 6.5 kilograms. That was unheard of back in my day. I would have went crazy if we'd have seized 6.5 kilograms of bulk heroin. That heroin was 88 percent heroin. That's incredible.

And if you look at market stuff, I mean, if something's in short supply, the price is high, the quality is low. Well, you know what? Now, the supply must be good because the purity has went from 10 percent to that a couple weeks ago 88 percent, and the price has went from $20 a bag, which was historic, to half of that. So the supply is definitely out there.

The other trend we've been seeing is bulk heroin. We never used to see that before where the traffickers around here now are buying it in bulk and packaging it themselves, I mean using the glassine bags, putting the stamp on there for customer loyalty, whatever they're going to call it, and selling it.

The other thing we've seen, and I think Mr. Marsico is going to talk to you about, which probably should be the most distressing to you is our overdose deaths have climbed dramatically, and he's going to talk about that, I hope. So that's what I've seen in the last years.

Some things maybe I was hoping you could do to help us in the legislatures is, I've heard every speaker talk about this database for the prescription drugs, we need to have that and it needs to be more than just schedule II, it needs to be schedule II to V, and it needs to be accessible to law enforcement, to local law enforcement. That's something we really, really need.

The other thing we could use would be some sort of a database I think for medical personnel to avoid that doctor shopping where people go around to get a good handle on that prescription drug thing. However, when you get a good handle on the prescription drug thing, the heroin thing's going to go up. I mean, they're not just going to

stop. That's going to go up.

Another thing we've seen throughout the years, a constant decrease in the funding for the Attorney General's Drug Task Force program, and I think that needs to, at least, remain status quo, if not increase. You need to encourage law enforcement to cooperate. Here in Dauphin County, we do cooperate with local law enforcement, State and federal law enforcement. We all work together. But that's some things that perhaps you could do to help us.

MR. MARSICO: To talk about this problem after John and Dave, just to give you some numbers, and you heard numbers like this, I think, at your other hearings, in 2012, there were 18 overdose deaths in Dauphin County. In the beginning of November when I asked for the stats for this hearing, there have been 41 in Dauphin County, so we went from 18 to 41.

You know, the news media amuses me because every time there's a homicide in the city of Harrisburg, which there are too many of, but whenever there's a homicide, the only thing you hear on the news media is, oh, that's the 10th homicide this year, the 11th homicide. You never hear who was killed, you know, the victim never has a name, it's just a number. The news media has not shown the same type of interest in these numbers, which, to me, is troubling.

I applaud you guys. You really are ahead of the

curve in learning about this issue, and I'm sure you're hearing about it from your constituents. It's a troubling issue. I didn't know those numbers were that high until I started getting ready for this hearing. And when Dave and I started going around the State, Dave, to his credit, as president of our association, wanted to have these small meetings with these DAs outside of our annual conference where 60 days are there and you can't really talk, and we did the road tour of PA, which was interesting for a lot of reasons, but I had no idea what we were going to hear from different parts of the State. It was unanimous, whether it was in Pittsburgh, whether it was in Ebensburg, whether it was Scranton or Philly, the heroin epidemic is out of control. So it really hit home to me.

A couple years ago we were worried about meth. Meth hit northwestern PA. It was more western PA and a northern tier problem. It never really made its way down here to central Pennsylvania or as much into the southeast. You know, this problem is universal. And John talked about the purity rates. When you look at the purity rates nationally, while heroin's a national problem, the purity rates in northeastern United States are higher, and they break it down, the DEA, when they do purity assessments. The Philadelphia region is the highest, I think, in the country or first or second. So the heroin purity we're

seeing is very high.

I agree with John and with Dave that the heroin use is somewhat cyclical. When I started in the DA's office in the late '80s, there were a few leftover junkies that were hippies that were still doing it that John would arrest once in a while and we'd prosecute. We saw, I think in the '90s, some sort of a trend with heroin, whether it was pop culture, whether it was Nirvana, you know, the heroin-chic models you saw again in the '90s, and then as Dave said, it sort of went away and it has ticked up here.

I really think you guys need to hear from guys like John, local law enforcement, with all due respect to my good friends, the Attorney General, John Wetzel, Colonel Noonan, you know, hear what's happening when you go back to your communities from local law enforcement is what I would urge you.

This demographic is different. John alluded to it. I'll call it what it is. This is a white suburban kid problem. That's where we're seeing most of this. I have the overdoses from the last two years from heroin here in Dauphin County. Just looking at them, I think out of the 20 or 30 I looked at, 28 are Caucasian. That's what we're seeing with this, which is different from the crack epidemic, which was more an urban problem. Marijuana is an everywhere problem, but heroin is being sold a lot in the

cities, you know, in the Harrisburgs, the Readings, the Lancasters, the Yorks, the Williamsports. We're a source city for other communities, more rural communities. Representative Helm left, but northern Dauphin County, which she represents, those kids are getting their heroin from here in Harrisburg. A lot of the dealers in Harrisburg are getting it from Philly but the difference is what we're seeing lately is, these guys setting up shop and packaging it here, you know, not just making the run, buying it cheap somewhere else in New York and Philly, coming back and selling it here.

The other thing in looking at the overdose deaths, a lot of these overdose deaths, the majority of them are just heroin, but a lot of them are what they call multiple-drug toxicity, and that's hydrocodone I'm looking at. Here's one, two, three hydrocodone, oxycodone, you know, different drugs, different prescription drugs, half of which I can't pronounce that are being used. You guys, and especially the House Judiciary Committee, or any Committee of the legislature, has always been on top of the drug problems. You guys gave us the drug mandatory for heroin several years ago. We lowered the threshold from 2 grams, which is a heck of a lot of heroin. It's not much cocaine when you talk about weights but 2 grams is a lot of heroin. Representative Marsico sponsored a bill, and we

got it mandatory through the Senate. I can still remember meeting with Senator Jubelirer back then, and it was only because there was somewhat of a heroin problem in Blair County at the time. I think that we got it though the Senate. But we lowered that to 1 gram, which is a good tool. It's still a high amount for a dealer of heroin. So you guys have done a good job with that.

The prescription drug monitoring bill, everybody's talked about it. The version that got through the Senate is terrible. It's a joke that we're so focused on the right to privacy that we're letting kids die. These are highly regulated drugs, and the bill that's in the Senate now that came through the House after amendments -- you know, I used to work in a pharmacy at 2nd and North Streets right down the street from the Capitol when I was in high school. I was a 16-year-old pharmacy tech. I could see all that information on the pharmacy computer. That can happen now, but God forbid, the amendment that passed is making law enforcement, even the AG, jump through search warrants to get this type of information. I realize there's been a lot of privacy outreach at a national level that has ironically members of both caucuses very concerned, and I am certainly am a strong supporter of the 4th Amendment, but these are drugs that are highly regulated, and to put in that hurdle of search warrants for

these is frankly ridiculous. So I'm hopeful the Senate will take action to get the bill back to where you guys had it in an earlier form, an earlier printer's number.

Legislatively, as I was traveling around the State with Dave, I don't know what the legislative fix is for this. I mean, I appreciate that you guys are doing this. I think John has some good recommendations. You know, funding is certainly an issue. The Attorney General can step in and State Police in certain areas, especially the rural areas where local police might not have enough manpower. I look here at decreasing manpower here where we sit, in the city of Harrisburg. Obviously, their financial plight is well known to all of you, and while it might be the kids in the suburbs primarily using the heroin, a lot of times they're buying it here in the city. So it's important that we have a strong law enforcement presence in the city of Harrisburg, and we have a good drug task force, great working relationship here with all the different entities, especially our federal partners really do a good job here.

As I was sitting here, and I've been before this Committee so much, I was thinking, you know, our good friend, Ron Waters, who, I guess is no longer on this Committee, this isn't a Ron Waters problem, it's a Glen Grell problem as we're looking at this particular problem.

So we're trying to do some different things here in Dauphin County. We have a judicial center, a central booking center where we're putting social service groups in there, drug and alcohol, mental health, to try, as Secretary Wetzel and Attorney General Kane both said, try and hit these people as they're coming in, spend the money there. We've started treatment courts. We have drug courts, but they only hit a small fraction of the users. So I think we need a combination of beefed-up enforcement, and I thank you guys for doing this hearing because until I started doing my homework, as John and I called it, for this hearing, and saw the numbers here, I went to a chiefs of police of Dauphin County meeting just yesterday, John was present and said hey, we really have to focus on this heroin problem, it's out of control, kids are dying. Derry Township, which is Hershey to most of you, has a huge problem, and the Derry Township Police are having a forum with the community on this issue.

So again, many of the other crimes that you see, whenever you see five 7-11s that are robbed or Wawas or Turkey Hills or Sheetzes, invariably that's a heroin addict, or a rash of burglaries in a certain community. When I see those crime sprees, I'm always like, that'll be someone that's on heroin, and almost invariably it is.

So it has an effect besides the tragedies of the

deaths that we're seeing, the families that suffer through this and the communities where anybody can be a crime victim because of this.

So I appreciate the opportunity to be here today, and again, I thank the Committee for all your good work but especially this.

MAJORITY CHAIRMAN MARSICO: Thank you very much.

You touched on the penalties that we passed back in early 2000s to increase the penalties for traffic dealers. In fact, Sharon, who's here with us, helped very much to get that legislation passed into law. Anything else with that? I mean, that was raising the penalty, like you said, based on the amount sold.

MR. MARSICO: I still don't think we see a whole lot hitting a gram of heroin. Most of the dealers are still dealing in the smaller quantities. Now, when we hit a big one like this, it's good. Frankly, I don't know that moving the mandatory -- it's something I think you should look at, dropping that to half a gram. I had said back when that bill went through several years ago that realistically to have an impact, half a gram is where it should be. I know many people don't like mandatory sentences, but they're effective for those particular cases. So that's sort of where I am on that.

Dave, I don't know if you...

MR. FREED: I agree. We've used them. Where we used to have the people -- anybody who's familiar with Cumberland County knows we have the intersection of Route 81 and the Pennsylvania Turnpike in Middlesex Township, and a bunch of hotels in that area, and that's where drug dealers will often come and set up shop, and we've done a lot of interdiction in those hotels. I can't tell you how many cases we've done with search warrants where we go in, and the police are trained to look up in the ceiling tiles because that's where the drugs are hidden, or in the shoes of the dealer, and where that used to be cocaine, now it's heroin. And we're getting actually pretty large amounts. That's very troubling to me, that we have, as Chief Goshert said, these bulk amounts coming in, and we're shipping those guys off to State prison regularly. But we have to stamp out the dealers.

One thing that occurred to me as we were talking today, Eddie mentioned meth, and I don't know that there's another State in the nation that was on the precipice of potential huge meth problem as we were that stopped it in its tracks. I mean, you still have a little bit with the bikers in the southeast and you get a little bit from here and there it pops up, but our State was particularly suited to meth, you know, a lot of rural areas, place where you could make it, small towns, and we stopped it. You stopped

it because of the work you did in the legislature.

We saw synthetic drugs start to take over. We've gone a long way towards combating synthetic drugs. I've shut down three businesses in Cumberland County, taken their businesses, taken their assets. We shut down two in Carlisle. The demand moved to Mechanicsburg. We shut down the one in Mechanicsburg. A lot of those people, though, who were getting high from the synthetics, as Chief said, they're going to look for something else, and unfortunately, I think they're looking to heroin now.

Somebody asked earlier what can you do, I think when General Kane was testifying, District Attorney Marsico and I were talking in the seats, and the ability for the Attorney General to have the strike force or the strike teams and the ability for State Police to have an asset like that, to have the funding to do that is critical, because Eddie and I'll both tell you, we don't need that here necessarily. We're doing a pretty good job with the assets that we have, but because we don't, and there are other places where it's not needed, that frees up those assets to go to places like Reading and Johnstown and Wilkes-Barre and Hazleton where they are desperately needed. So that's one thing that I think you've done and can continue to do.

MAJORITY CHAIRMAN MARSICO: Okay. Representative

Barbin?

REPRESENTATIVE BARBIN: Yes, I want to thank you for all the work you're doing and making the issues clear to people.

The testimony this morning was 40 percent of the gateway to heroin comes from prescription drug abuse, so what I want to do is just to tell you, personally in Ohio, my parents both just died in hospice in their home. One of the jobs I had to do after they died was to take all of the hydrocodone and the morphine, and I was really pleased to see that in Ohio -- this was in Akron -- there were five locations. They were all located in the municipal buildings that were locked, from after 6 o'clock they're locked, and the police officers would come in, and only one police officer would be responsible for getting those drugs out. You couldn't put needles in the mailboxes, but I know you're doing that with the PCCD grant, and I really think that if you can tell the people this is coming and this is a really important way to make sure that the -- you know, the heroin user age is coming down. If we want to stop them from getting started, we need to get the medicines, that were not used, that are still in the medicine cabinets, out, and our grandparents need to do it and our aunts and our uncles and everybody else. So, thank you for that.

Can you say anything on how our program's going to be different or...

MR. MARSICO: We're rolling out a program, the beginning of December, Representative Barbin, is when it's going to be rolled out across the State to put those boxes in police stations across the State. In fact, we're working with the Capitol Police to put one in the Capitol itself here in Harrisburg, because just as you said, it's so important.

But I think a big part of this is education. I was glad to see the news media come in here today. It's not helping you in Johnstown, but at least here in central Pennsylvania getting the word out to parents and to others: A, get rid of those prescription drugs, but B, be aware this is what kids are doing. Kids are using heroin, and be on the lookout for it.

MAJORITY CHAIRMAN MARSICO: That's part of the purpose that we're having this hearing is obviously just for education and awareness as well besides hearing testimony, so I'm glad you pointed that out.

Representative Hackett?

REPRESENTATIVE HACKETT: Thank you, Chairman, and thank you, gentlemen, for appearing here today. As always, you guys have been a great help through our course of the Committee hearings.

I'm glad Representative Barbin talked about the drug boxes, which are working fantastically, and especially in Delaware County that I know of. Just if you guys could, through, maybe the DAs association, if you can make it an important point that it's the manner in which the folks transport those prescription drugs to the box. Let's make sure that seniors and everyone knows how they transport them there. I'm fearful that grandson is transporting grandmom's medications to the box, okay?

The other thing is the identity theft situation going on. If possible, maybe we could look into that, whether they black out the information after they get it to the box before, because you don't want to be stopped transporting that medication to the box. A couple little intricacies that we need to hone in on a little bit closer, please, I would appreciate that.

Chief, if you can help me with this. Recently we had the prescription drug database bill going through. It was amended in the House because of the concern of privacy rights where police officers couldn't get the information to the database unless they had a search warrant. I've been on the street 26 years, worked many drug investigations. That information isn't useful to me after I get a search warrant. I need the information before I get the search warrant.

MR. GOSHERT: Right.

REPRESENTATIVE HACKETT: I think everyone's missing that point.

MR. GOSHERT: I think if you had the information, get a search warrant, you probably wouldn't need the information that you're getting the search warrant for.

REPRESENTATIVE HACKETT: Thank you very much. I'm hoping the Senate can realize this. I believe the bill with the amendment is over at the Senate, and I would only hope that we could get that common sense cleared up.

Believe me, I'm with privacy rights, okay? Forget it, we don't need the information, okay, don't give it to us then, we don't need it through search warrant. It doesn't help us. Thank you.

MR. FREED: Thank you. The Senate bill does have the search warrant for threes, fours and fives, and I'm not chuckling, it's not a funny issue, but Eddie and I are having a role reversal here today because he did a Smart Talk radio show, which is a local public affairs radio show, on this issue, and I was frustrated, and I understand the concerns, and we're certainly going to try to work and get the bill into a form that helps everybody, and I was frustrated about the search warrant for the same reasons that were mentioned, and Eddie, at the end of the show, was asked, you know, is this still a good bill, and I was in

the car driving with my wife and I was screaming no, and Eddie answered yes, because it does get to the monitoring and help people who are addicted, and that's true. I do agree with that.

The simple fact is, it's not a bad bill if that's in there, it just doesn't really present a lot of help to law enforcement. So we're going to do what we can in the Senate, and we understand that there are very strongly held feelings about it, and we respect those feelings and we're going to continue to try to work to see if we can get the form that everybody agrees with.

MR. MARSICO: You made it out very simply. By the time we get that probable cause, then we have probable cause to arrest, so we're not going to need the search warrant, and we found that pharmacists will gain from the bill. It's usually pharmacists that tip us off to this going on. A pharmacist is seeing the same person come in or they're exhibiting signs. We're hopeful that at least if the pharmacists get that access, they'll turn around and call law enforcement that will work together to do that. But the irony was, the radio show I was on was the day I had a bad cold. The night before I had went to go get cold medicine, and I can't get Sudafed without showing three forms of ID, but yet you're asking law enforcement to get search warrants to try and stop prescription drug abuse.

MAJORITY CHAIRMAN MARSICO: Any other questions?

Well, thank you very much. I appreciate it.

Next to testify is Sharon LeGore. Sharon, thanks for your patience, and as I mentioned before, Sharon helped back in early 2000 to get legislation signed into law, which was mine, to increase penalties for heroin dealers. She literally walked the halls of the Capitol, the House and the Senate and knocked on about every door, and because of her effort and the effort of others, that bill became a law.

So Sharon, welcome, and it's good to see you again.

MS. LEGORE: Thank you, and good morning, Chairman Marsico and Chairman Caltagirone, and I'm really honored to be here today, and I want to bring a face to addiction, a family face, because we have thousands of families going through similar situations that I went through, some even worse. So if you don't mind, I'm going to use my written testimony today because some of you know me and I could go on and on and on, so I'm going to stick to my written testimony.

As a parent, as a grandparent and as a family advocate, I've experienced the very worst scenarios of addiction. My daughter struggled with addiction for four and a half years. Her drug use progressed from marijuana

to huffing to LSD, cocaine, prescription drug pills, and she would do whatever she had to do to get her final drug of choice: heroin.

This drug turned my sweet baby girl with a beautiful smile, a carefree spirit and a gentle heart into someone I could hardly recognize.

Angela went from an all-American young girl who loved school, played the violin in the school band, had a ton of friends, and was well liked, into a dropout, untrustworthy liar, a thief who not only stole to supply her habit but had to do whatever she could to obtain her drug. My daughter begged, shoplifted, stole a truck and eventually prostituted herself for the drug.

As her mother, I tried everything I knew to stop her. I attended tough-love groups, which at the time was all I could find. I searched for support and help but I could not find any available out there for parents who were struggling to learn about the drug issue and be educated.

We had Angela in 11 different facilities seeking treatment. As I said, I was uneducated about addiction, and I did not know that a few days here or a few days there was not enough time in treatment for my daughter or for anyone else. She needed time to recover, but I trusted the doctors when they told me in some as a little as a few days, take her home, she's well, and I wondered, what is

wrong with you, they said you're well.

I've dealt with Children and Youth, with suicide attempts, hospitals, angry parents, some who thought their child could catch it by hanging out with my daughter. I've dealt with self-guilt, self-doubt. I've dealt with shelters, runaway attempts, fear, uncertainty, helplessness and at times hopelessness. I've dealt with law enforcement, judges, lawyers, caseworkers and juvenile detention centers. I've dealt with our local police station. I dealt with them so much in Cumberland County that they didn't even need to ask who was on the other end of the line; they recognized my voice. And then even carried an 8 by 10 glossy picture because my daughter would run away and I'd be down there immediately asking for help. They had it ready in case they brought her in to give me a call. Some police officers recommended that I just let her go. How do you do that? How do you just let your child go?

I encountered compassion from some and from some what seemed like contempt, like many thought it was somehow all my fault, and I know parents across the Commonwealth, across the United States have dealt with the same issue where we're looked at as the entire problem. I desperately tried to understand why this drug had such a deep-seated control over her. When I asked her, she explained to me

that she needed heroin like she needed air to breathe, and that's the power of this drug.

On one occasion when Angela was arrested, I talked to her court-appointed attorney and found out the name of the judge she would have to appear before. I decided to write him a letter asking for his help. In it I begged him to teach my daughter the lesson that you have to be accountable for your actions and this lesson needed to be taught before she turned 18 and found out the hard way what the adult justice system was like. I knew that as a juvenile the system would be a little more forgiving than when my daughter was an adult. I explained to the judge the history of my daughter's addictions, her circumstances, and when they called me to come to the courthouse for the hearing after Angela had been arrested, I waited anxiously in a small room where I was told they would bring my baby girl to see me. My mind raced with thoughts of how did we ever get to this place.

The door opened, and I wanted desperately to look into her eyes, hold her and tell her how much I loved her, but my daughter walked through the door, and to my disbelief, she was dressed in an orange suit with a big leather belt around her waist, her hands cuffed and chains from the belt that led down to the leather straps which connected to the leg irons surrounding her ankles. My

heart literally sank as I realized my little girl had gone from recitals and ballet slippers to handcuffs and leg irons, and in what seemed to me as just overnight.

My heart is really heavy because I know I'm not the only one suffering from the loss of a child. As you've heard in previous testimonies, it's rampant not only in Pennsylvania but across our country, and although Angela at that time couldn't hug me back, we were able to repeat the I love yous that I gently whispered in the moments of that hug. We stood before the judge, but unfortunately, he did not take my request into account and gave her what I considered a get-out-of-jail-free card. She was not forced into treatment, and I sat there wondering why. No accountability. No accountability for her actions. What could I do to save her life? My hands were tried.

She ran again, and it wasn't long after that on a cold, dreary February morning that we received a call form the coroner's office that my daughter's body had been found dumped down by a muddy creek, and she was dead from a heroin overdose. Due to the circumstances of her death and the subsequent arrest of her drug dealer, I found myself enthralled with law enforcement once again and this time with the District Attorney's Office. I was connected with Victims Assistance Unit, where I was treated with respect, something I'd not been given much of by others. I was also

introduced to a young assistant district attorney, Dave Freed, who you heard just prior, who showed compassion to me and made sure I received the information I needed to confirm that it truly was Angela's body that they had found. As her mother, I never got to see her body to really know that was my daughter, and I subsequently was going down streets and looking and saying this must be a mistake, but he was able to get me the proof I needed to be able to know that that truly was my daughter so that I could identify a tattoo that she had and know that was her. That may seem like a little thing, but it was a big thing to me because I had to know that she was gone.

The case against the drug dealer moved forward, and unfortunately, he was given a very short sentence for the seven drug charge, involuntary-manslaughter charges and for leaving her on his floor without help for some 25 to 27 hours until she died. He was also charged with abuse of a corpse for dragging her body down that muddy embankment and leaving her thrown against a tree. His sentence of one year to two years minus a day came as a complete shock since he could have received about 14 years, but he was out in just shy of 11 months.

I was stunned at the verdict and even more stunned when I received that letter telling me that he was going to be released from jail early. He has since been

arrested on drug charges, and the last thing I heard was from a news reporter who called letting me know he was arrested for weed and was growing weed in his home, and I share our story with you because as a result of that lenient sentence, the direction of my own life changed.

I was a dental assistant at the time of my daughter's death, and I began trying to figure out what I could do to change the law, and found out about the heroin drug trafficking bill that was introduced by Representative Marsico, and I called his office and set up a meeting and told him my story and asked what I could do to help. I began working on the legislation to see it passed, and the heroin drug trafficking law was passed in 2000. At that time I thought my work was done. I'd accomplished what I needed to accomplish. But in the meantime, due to the publicity, parents began to call, parents who were struggling just like I did without anyone to talk to, nowhere to go, nowhere to get help.

Those parents began to contact me, and as a result, we formed the organization Moms Tell, which is a parent advocacy organization but we also provide support to other parents and education and resources. We really want to support those families impacted by addiction and also co-occurring, you heard earlier in testimony about mental health courts. There's a high rate of mental health and

substance abuse together. I believe the last statistics I heard was around 70 percent for co-occurring disorders, so they really need to be addressed together as well and have comprehensive assessments so that you can identify the mental health issues as well.

A grand jury hearing was held about the heroin problem -- I have a copy here -- a few years ago in Philadelphia, and that was just three years after my daughter's death, which was in 1998. Here I sit 14 years later, again testifying in the House Judiciary Committee, and the severe prevalence of heroin is still the subject of discussion. According to State law enforcement officials, Pennsylvania has the third highest number of heroin users behind California and Illinois. The data shows heroin is the most commonly cited drug among primary drug treatment admissions in the State. We know the numbers would be much higher for heroin admissions if treatment was readily available.

Throughout Pennsylvania, families are struggling with a child's addiction just like I did and still deal with today. Their addiction sometimes forces them into homelessness, jails and institutions. It robs them of self-esteem, self-confidence, self-worth and the trust of their family.

In 2001, the grand jury had a few observations ad

recommendations, and I would really like to reiterate one today, and that is, that law enforcement, schools and charitable organizations should improve their drug education programs to emphasize the rise of opioids and heroin use and its addictive and destructive effects on the lives of the users. They must be taught that based on evidence, snorting, smoking and injecting heroin are equally dangerous. We must teach them that heroin users often turn to a life of crime to support their addiction and that they really face the possibility of overdose deaths. As a mother, I know the reality is true. It was true in 1998, it was true in 2001 when this report and grand jury was done, and it's true today.

As family members and advocates, we do recognize the problem that continues to exist today. We need to cut down on the demand of heroin and other drugs. We at Moms tell would like to offer some suggestions to the legislature as a way to combat this heroin epidemic. A lot of them you've already heard.

Continue with prevention education efforts to teach our children, parents and communities about the dangers of addiction, the effects it has on the brain, and put an emphasis on prescription drug opiates and heroin. Let's bring this discussion out of the background and into the foreground of our discussions. Support substance abuse

cross-training for law enforcement, first responders and our community leaders. We realize that law enforcement needs community support and we need to know some tangible ways that we can help as a community. Allowing parents and family members the chance to tell what life is like from their perspective as I'm doing here today, sharing this knowledge and learning the challenges that law enforcement faces would be a good start. Again, supporting the passage of the prescription drug monitoring legislation. We suggest the information of a collaborative partnership between family leadership, law enforcement and policymakers to discuss the epidemic-level drug problem and to tackle the issues collaboratively, maybe like a roundtable of all the leaders together, not just at hearings like we're at today but really sit down and hash this out. How can we work together? And lastly, increase the level of drug courts around the State because we also recognize that treatment is the best intervention that we have. Sometimes in jail they don't get treatment. It's not readily available or they don't know how to speak up for themselves.

As I mentioned, I began this nightmare journey with my daughter when she was 14½. She would have been 34 today. I'm still dealing with the disease of addiction with so many others, like so many others in our State,

within my own family. So to say it devastates a family is truly a fact, not only for me but for millions of families across this country. I receive calls and emails weekly from parents who just found their child's using heroin, those struggling to get their child into treatment but who are having difficulties due to funding and available options, and there are always the calls that I really dread, and that is from the parents who have lost a child to a heroin overdose. I received one of those calls just yesterday.

It is critical that prevention, treatment, recovery, law enforcement, policymakers and you, our legislature, begin working together collaboratively to address this issue. Families are struggling to save their lives, their children's lives. Law enforcement is struggling with ways to curb this epidemic, and you, our legislators, are relying on us to help you with the ideas that can be translated into bills that will make a real difference in this effort to cut back the demand and the devastation that heroin has brought to the Commonwealth. We need to focus on areas where we can make a difference here like funding for treatment, recovery and prevention, support for law enforcement, and even support for family organizations across the Commonwealth who are taking that leadership role to help families in their own communities

and around the State.

This is a deadly disease that kills thousands of Pennsylvanians. It has impacted countless families and left many parents and family members struggling to cope with the loss of a child, a sibling or a loved one. As a State, we must face this epidemic head on but more importantly, we need to face this together.

Thank you for this opportunity to speak to you today, and I'd be happy to answer any questions.

MAJORITY CHAIRMAN MARSICO: Thank you, Sharon, once again. You've been very impressive, and we thank you for the work that you have done for the families across Pennsylvania and the help you've given them and for your recommendations as well.

MS. LEGORE: Thank you.

MAJORITY CHAIRMAN MARSICO: Any questions, Members? I see no questions.

Well, thank you very much. Good to see you, Sharon.

MS. LEGORE: Thank you.

MAJORITY CHAIRMAN MARSICO: Next testifier is Susan Shanaman, Pennsylvania Association of Coroners. Thanks for your patience, Susan.

Welcome, and once again, thanks for your patience.

MS. SHANAMAN: Absolutely, and thank you for yours. I think I'm one of the last few speakers that stand between you and lunch and you and session. So I'll get out of the way.

Chairman Marsico, Chairman Caltagirone, Members of the Committee, the coroners would like to say how important this subject matter is, and they commend you for having a hearing on this important subject.

Coroners are a piece of the whole puzzle. You will see what we presented to you was our best ability to kind of calculate the number of heroin or heroin-related drug deaths in the different counties. Just yesterday I got, though, from Delaware County. I'll submit that to the chairman so that you can have that as part of the record also.

The data there is showing the exact same thing, and that is an increase in heroin usage and heroin as part of the cause of death in Pennsylvania. The majority is not pure heroin is what I found in most of the counties but it is heroin mixed with prescription drugs. The sad thing is that some of my coroners have told me that when they go out on a call, they have found people who have mixed heroin and fentanyl, and they have died and they haven't even had a chance to take the needle out of the arm. This is a terrible problem that obviously we need to deal with.

Coroners have traditionally gone around in their counties and talked to schools, to have town hall meetings to talk to other groups about the issue of drug deaths, trying to be part of the education process to our younger folks. The Westmoreland County just announced the beginning of this week that they were setting up a new kind of drug task force in which they were now bringing in education, they were bringing in the idea that they needed to have a drug court in Westmoreland County, which they currently don't have. They needed to have inpatient facilities in Westmoreland County to treat people with drug addiction. So there's a lot they're looking forward to being able to have an impact in Westmoreland County.

The other thing that the coroners have been doing, and we've been more than pleased to do, is working with Gary Tennis and the Department of Drug and Alcohol Programs, working with the State Police, working with the Attorney General's Office, working with many of the other offices that have been referred to already today to provide as much information as we can on drug deaths that we see, and also to help provide kind of an early warning system as Secretary Tennis had referred to that when we come upon a scene and we see, say, the individual with certain drug paraphernalia, we can call, let somebody know in the State. That information will not only go there. I know the

details are being worked out. It'll also go to the State Police to let them know that this is occurring in a particular area. We aren't the ones going out and doing the law enforcement and picking up individuals involved in doing the prosecution. We can be involved in that if we're called as a witness. But we do play a role in at least recognizing what is happening in this State in terms of drug overdose deaths.

I might conclude with simply a statement, and I think the witness before me said it just perfectly, and that is, for all the statistics that I can provide you here today, each one of those statistics is a person with a family and a story, and we can't forget that, and I know you folks don't forget that as you're dealing with many pieces of legislation. The coroners are very supportive and thank you for passing the prescription drug monitoring program. That is something we believe is absolutely necessary to help get a handle on exactly what is happening with the drug problem in the State.

With that, I'll try to answer any questions you may have.

MAJORITY CHAIRMAN MARSICO: Okay. Well, thank you. Any questions? Representative Toohil?

REPRESENTATIVE TOOHIL: I have a question.

Thank you so much for being here today. I was

looking over the statistics, and I represent Luzerne County, southern Luzerne County, so on page 32 of your statistics, I was surprised to find, because we actually have a heroin epidemic going on in my district, and I was very surprised to find that it just is listed as multi-drug toxicity since 2009, that it's just the multi-drug toxicity and it's noted listed as heroin only. So I wanted you to just clarify that a little bit for me if possible.

MS. SHANAMAN: What that is, to make it clear, that means there is heroin in that mix of multi-drugs. The coroner there obviously told me that most of the deaths had heroin plus another drug in the system as opposed to pure heroin. I can check with the coroner again. I mean, that's the numbers that he gave me. That's what I'm seeing in most counties. There are a few where we're seeing the absolute pure heroin being utilized, but mostly they're mixing it with something else. I mean, the prescription drugs are lot more expensive, and to get the continued high, they then go to what is relatively cheap -- heroin -- and mix it in. And I gave you a list, I think, in the very front of some of the drugs that are typically seen mixed with the heroin.

Let me just say, I learned a lot in trying to put these statistics together in terms of the number of drugs that people will put into their system. There was one

individual that the death, he had 28 drugs in his system. Twenty-eight, heroin, plus other prescription drugs. And I think that's why you all are here today taking a look at this very severe problem.

REPRESENTATIVE TOOHIL: Okay. Thank you, and thank you for all of your hard work on this, and if you can just give us a little bit, if the Luzerne County coroner perhaps wants you to provide you with a little bit more information just to see if it's heroin cut with something or do you think that they were just heroin with pills. I just don't know if perhaps in Luzerne County, while we have such a drug trade going on, that perhaps I don't know if it's low quality or if it's heroin mixed with fentanyl like we had talked about. I would be very interested to find out a little bit more from you on that, if possible.

MS. SHANAMAN: I will contact him. In defense of the coroners, some of the counties are better able to fund the coroner's offices and therefore they have better systems whereby they can computer-generate the information. Those counties were a lot easier to get the information from. I had one individual who had to sit down and he went through five years of his cases and handwrote out pages to me. I'd like to see a day when every coroner in every county has a computer with an operating system that allows them to do this kind of information on a regular basis.

I understand, we're not there at the moment, and counties have their own other budget battles, but if we could do something about that, that would be helpful too.

REPRESENTATIVE TOOHIL: Thank you.

MS. SHANAMAN: Thank you.

MAJORITY CHAIRMAN MARSICO: Thank you, Susan, for putting this information together for us and for being here. Appreciate it.

MS. SHANAMAN: Thanks.

MAJORITY CHAIRMAN MARSICO: The next testifier is Dr. Lavette Paige, CEO of King Community Center here in Harrisburg.

Good afternoon, Doctor.

DR. PAIGE: Good afternoon.

MAJORITY CHAIRMAN MARSICO: Welcome, and you can proceed.

DR. PAIGE: I'm going to read because I don't want to take too much time. I used to do this. This was my job.

To the Judiciary Committee, thank you for the opportunity to be here today, and I want to commend you on your holistic approach to attacking this devastation that's in our community called heroin. We all see the problem, and it's horrific.

As you know, my name is Dr. Lavette Page and I'm

CEO of the King Center. We're on South 18th Street in Harrisburg. We were on the corner of 15th and Market for almost 30 years, so we come personally with our stories today, and I brought with me one of the members of my congregation who has a personal story, so we're not going to keep you long. I just want you to hear the personal devastation that's happening, and we've already heard statistics and numbers, and you have my testimony. I'm not going to try to go there.

But the human toll that is taking place, the toll that is taking place on our families is just horrible. I see parents who are just like the lady from Moms Tell. That's every day and every kind of situation, every kind of way you can put it. You can turn that upside down. We have grandmothers raising their grandchildren because their children, and not only their children but their grandchildren, so some of them are raising their great-grandchildren because their children got hooked on drugs.

Crack cocaine is one of the worst things that ever happened to our country and to our Harrisburg-Dauphin County communities. The families that are torn apart is ridiculous.

A primary mission of the King Center is to develop enrichment programs that promote positive family values and community alliances. Our major focus is a

collaborative effort with Dauphin County developing a young women's initiative, and this is a program to assist adolescent women and positively redirecting their lives. We want to give our young women the tools to break the cycle. Somehow we have to break these cycles that our families are dealing with, you know, with the dad and the son and then the grandson, and then it just goes on and on and on that you can have a whole family in jail, parts of the family. So we want to work with our young women to prevent this.

This young women's initiative that we're working on with the county, it'll provide court-adjudicated young women individualized wraparound services at our facility to provide things that you heard about today: diversion, continued education, fostering positive self-esteem, career readiness, all these things, positive peer relations and mentorship.

On September 18th, I went to SCI Muncy. We spent the day at this facility, and they took us on a tour, and we talked to 25 women, and I talked to them and we talked about our program and what we're trying to do, and I asked them, I said before we start a program in Dauphin County, if you were starting this program, what would you do? The floor opened up. First of all, somebody was asking them what they would do. These women opened up. They talked.

They cried. They don't want their children to end up in the same situation that they are in. Some of them have two months to go and they know they're going to come back to Harrisburg or Philadelphia. Most of them were from Dauphin County. They're going to go to halfway houses. They're going to be abused in these halfway houses. They can't afford them, so they're going to have to sell their bodies. They're going to have to go out and sell more drugs. Some of their doing their third and fourth term at Muncy because they cannot ever get it right because they need help. So they were so thankful that we asked them for their help and what would they do.

They said start at the age of seven. Don't try to fix somebody but start with these kids at seven, work with them, try to prevent them from getting in a situation where they're following, they're trying to go to jail just so they can see their mom. So they have drug dealers, heroin, crack cocaine dealers who are getting these young kids at seven, eight and nine, and they're running and they're paying them. So it's hard to take that away from them, say okay, you need to go to college, you need to go work at McDonald's and make $85 a week after taxes when they're making $1,000 a week and they start at early ages.

So we have an epidemic in our community, and I commend you. I don't have a lot of time because you have

to go to a hearing and you have session, but I'm going to let Tanya speak because she has a personal story.

TANYA: Being a citizen of the Dauphin County area for the last 28 years of my life, I've tried drugs. I had an alcoholic mother, and I have a sister who's been on drugs since she was 14 years old. On Saturday she'll be 39 years old and she's still on drugs. But she has a problem with stealing, and she's been in and out of jail all of her life since 14, and I don't believe that jail is what she needs. I know she needs to pay for her crime but I believe that she needs a program that's going to help her with her addiction. This is something she's been doing since she was 14 years old and she has been given a chance to go to a drug treatment program but she needs to be able to stay there to get her life together.

Not only my sister, I have a brother that's on drugs now, and he's on his way to jail. So it's like the area that you live in, the people, the association, it keeps you there because you're surrounded by it. It's like just giving it up free if you want it, and it's like really dwelling on my life because now my mother's not here so I'm trying to be the wiser one for them but it takes a lot, and I don't know what else to do so that's why I'm coming up to you to ask you what else can we do to get them in drug treatment programs that they need because I take drug

medications for my own stress and I have been on drugs before in my life, but I had a support team to help me.

So I thank you for just hearing me.

DR. PAIGE: One of the things that I just want to touch on really quick is the prescription drugs. It's really big, and in my own family, I'm dealing with it. I didn't know if I could testify because I'm trying to hold myself together. Adderall, it's just a terrible thing because it's taking normal teenage college graduate kids and it's turning them into monsters, and they don't even understand what they're doing, and it's something that no one mentioned today, and that is mixing prescription drugs with Red Bull where you can freely go into the store and buy Red Bull or these 5-minute energy drinks. They're mixing 5-minute energy drinks, Red Bull with prescription drug that they're getting for ADD, ADHD, and it's being taken wrong and so it turned my family member, who just graduated from college, into this person that we don't know, and so we're dealing with this. We're dealing with the things that happened because of it and trying to get him off of this.

So it's devastating because the Adderall leads to other things. It leads to the next thing because they're trying to keep that high, and a family's trying to take that away from them.

So we have work to do. I'm going to leave you guys, because I know you have someone else, but I thank you for the opportunity for us to come today and to speak before you.

MAJORITY CHAIRMAN MARSICO: Thank you very much to both of you for being here and sharing your story, and it took a lot of strength and courage to come up here and do what you did.

We've heard a lot of good things about the King Community Center, so keep up the good work. Appreciate your testimony.

DR. PAIGE: Yes. We hope to help with that faith component to our community because people need that. They have lost faith, and so that's what we really want to do, help them with their spirituality where they just feel like all hope is gone. So that's what we're there to do.

MAJORITY CHAIRMAN MARSICO: Representative Toohil?

REPRESENTATIVE TOOHIL: Thank you, Mr. Chairman.

I just wanted to thank both of you for coming and for your testimony today. I think, Doctor, you just brought up a very important item that we did not address is that right now we have a whole generation of children that are coming up that are overmedicated, overprescribed with attention deficit/ADHD and that they are on Ritalin and

Adderall and that they're already prone to taking a drug. So I don't think we've seen the effect on our society now of children that are on drugs, that children have access to prescription drugs and their parents and siblings have access to those drugs. That's another issue that we're going to be having in the coming years that those children now, I don't know if there's a statistic on how more likely they will be to use heroin or go from a prescription drug to heroin.

DR. PAIGE: I just said it because we don't have time, but you have work to do, because they're masking their feelings with other drugs, the feelings that they're getting from the prescription drugs, they're masking it with marijuana and then there's a thing called wet that's out on the street and they're dipping their marijuana in -- what is it? The coroner just left.

REPRESENTATIVE TOOHIL: Formaldehyde?

DR. PAIGE: Yes, it's embalming fluid. They're dipping marijuana in embalming fluid and they're going crazy out on our streets. They're taking their clothes off. They're stripping. They're acting like wild animals. So I didn't hear that brought up today, but there's a lot of stuff on the street that we deal with, and I didn't hear that today. So I wish we had more time but at least we had a little bit of time, and so you guys take the rest. Do

some work with that.

MAJORITY CHAIRMAN MARSICO: I think Representative Hackett had a question.

REPRESENTATIVE HACKETT: Thank you, Mr. Chairman.

Thank you, Doctor. Would you agree or disagree that family structure plays a big role in all this beforehand? I mean, it's 2013 now. The education is that drugs are bad for you, but people are taking drugs to get high. They're taking drugs to get high to escape something, or maybe not, maybe to find a new level of something or, again, to fill a void.

I think family structure in the beginning would play a big role in this.

DR. PAIGE: Family structure is absolutely important, and that's why we have the King Center and that's why we're working. We have a mentoring program at our church. Right now we have a tutoring and a mentoring program at the King Center and at our church. That is to work with these children. Some of them don't have that family that they can go home to. So the program that we're providing, we're trying to keep children that do get into trouble from going into jail and coming into our program where we're providing all these things with the county so that those that don't have that family structure, we can try to help them so that the next generation -- that's what

we talk about, breaking the cycle.

If you're on drugs, you're on drugs. Now we've got to deal with that. But we're trying to break the cycle so that children don't go on drugs and the grandchildren don't go on drugs. Of course, their family structure will be different than what they came out of, so that's what we're there to do to help them.

REPRESENTATIVE HACKETT: Thank you.

MAJORITY CHAIRMAN MARSICO: Well, once again, thank you for what you do for Harrisburg. Appreciate it. See you again soon.

Next testifier is Dr. James Rigney. Good afternoon, Doctor.

DR. RIGNEY: Good afternoon. Thank you all for asking me here.

MAJORITY CHAIRMAN MARSICO: We appreciate your patience as well. Thanks for being here.

DR. RIGNEY: I'm a clinician. I don't talk too much. And I've got to detox somebody, waiting, who hasn't had any opiates for 24 hours at 4 o'clock in Doylestown, so I will be brief, and I hope maybe I'll inspire some questions.

I'm going to give you my creds because obviously those of us that do this business are under a little bit of scrutiny right now. There's a lot of strange stuff going

around in addiction medicine.

I've been a physician for 40 years. I've had a circuitous course that I'd like to tell you about. And then what I'd like to do is really to make it simple, give you some information that I sense many of you may not have. It's information that I give to all of my addicts. So I'm going to kind of talk to you and teach you what the addicts need to know about what opiate addiction is, what opiate withdrawal is, and most important of all, what the Vivitrol does, because that seems to be the key thing that we seem to be talking about.

Anyway, I started my medical career at Yale University where I did my pre-med, and I went to Georgetown in D.C. From there I went on into the big city, St. Vincent's in Greenwich Village, which is where I started to see a little bit of drug stuff. It certainly was the Bowery, there were the hippies, but there was not so much heroin then. It was the pot, it was the Quaaludes. Then I went up to Lennox Hill where I studied nephrology. I'm actually a nephrologist but no longer practicing nephrology. There, the person that trained me took into practice with him and we ran a not-for-profit dialysis center in Manhattan in the heyday of dialysis that those of you have been around for a while know all about, and we did actually half of the dialysis in New York City.

I then got a lot of experience in the unit that we had in the South Bronx. It was people who had destroyed themselves and their kidneys with opiates, stuck on dialysis, and of course, that was where all of the hepatitis B was being spread. In fact, that's what the blood center did many of their studies with then.

In 1980, I moved out to Bucks County to be with my now-wife of 35 years to be a family practitioner GP, which is what I really always wanted to do. I had kind of gotten into business medicine and really didn't like it. To survive, I took at job at the Bucks County Prison and I worked in the prison system for 16 years, so I know a bit about that world.

A year after I started there, I took a job as medical director of a wonderful not-for-profit program named Today Incorporated, which had been started by a great friend of my wife's and mine, now deceased. He had a bunch of judges and lawyers in Doylestown set the thing up because in those days, the pothead kids were going to jail, and my friend, Bill Eastburn, really started in the barn at the back of his house. It's now a 55-bed inpatient facility. We reside on a county park property, a beautiful home. We have 55 beds, 32 male units, 16 female adults and about 16 adolescents. The joy and the excitement of my career -- and as you can see, I'm not a new physician --

six years ago, my bosses told me they wanted a detox program, an opiate detox program. I didn't know what that was all about. Nobody really did. I went and got my license, which is not that big of deal, the X license you heard about. You spend a day and learn some things but nobody really tells you how to do it.

I had the opportunity to visit with Dr. Wallen, who runs Livengrin, which you may have heard of. It's a very large private-funded facility, and he taught me many things, and the thing that I will remember the most was what he said to me as I left. He said, you know, Jim, don't worry about the whole thing, you're going to do fine. He said this is one of the few arts left in medicine, and believe me, that is what it is.

What I'd like to teach you all now is a silly model that I give to all my drug addicts because I think you people who are now the legislators that are going to be doing something about this disaster really should know really what the chemistry is and what these people are going through and specifically what Vivitrol does. I do Suboxone also. Suboxone is a wonderful drug. I don't think it's really suited to the correctional system, and when I explain to you how it works and what it does, I think maybe you'll understand.

In our brains, we have things called mu

receptors. I always show my clients that. It gives them a visual. They don't know what the hell they're doing there, they're feeling horrible, they're withdrawing. I say these are your mu receptors. When you took your stuff five years ago, it hit your mu receptors and it did something to you that it doesn't do to me. I've had Percocets, Oxys, morphine for kidney stones, a horse broke my leg in ten places. I hated how I felt. I couldn't wait to get off the stuff. I liked the way it treated my pain but I'm not an opiate addict. I could become dependent upon opiates if I followed around some of my clients and took what they did, but as soon as I could detox, I could walk away. They have a disease. UOP is doing a study on it now, as you probably all know, and I am trained as a scientist and I will tell you, this is only anecdotal, it's not true science because I'm not part of the program, but I've had three of my patients go through the program and they know their DNA sequencing, which is going to prove to all of us now not just what we thought, but this is a disease that's no different than diabetes, high blood pressure, and of course, it's going to have a big impact on that world because my clients come begging for funding. They have lost everything. Seventy-five percent of my patients have been in prison for at least one month. We set our place up to take the people with no money, public funding.

So it is a disease, and some day, I tell them, you'll be able to stand up and say to your kids, I almost destroyed my life, but I have a disease, I want to test you and let's see what you have. So these are also going to be things that you as legislators are going to have to think about. This is not a bad person doing bad things. These people are really quite some incredible people that I treat.

In any event, I've done probably 2,000 Suboxone detoxes for opiates at that unit. With my license, I have the ability to have 100 patients under my care. I donate six to my six-bed unit at Today and I have the right to have another 94. Two years ago, I went scouting around to see where I would park my license and start doing it outpatient. It's a pretty rough world out there in this business. I know there's been issues in the New York Times and you've heard of them, I'm sure. There are ka-ching ka-ching outfits where you pay your money, you get your script. I've heard of doctors who have a whole auditorium of people -- how are you feeling? Good, good. Give me a check, here's your prescription. That's why I really want to tell you my credentials. I am in love with this business. I'm impassioned by it because it is an epidemic and I can do something about it.

Now, what do I do with my medicines? Let's talk

about Vivitrol. Vivitrol is a very old-fashioned drug. It's naltrexone. You can buy it generic for $60 a month, one pill a day. It was used for alcohol. What the Alkermes people have done is they put it into a delivery system that's an injection which releases over 28 days. It's not an opiate. It is an opiate blocker. It's really very similar to Narcan. If someone has oversaturated their receptors, they stop breathing, that's what I did at St. Vincent's. You give them a Narcan. All of a sudden they wake up and they're -- because everything is pushed off these receptors. And that is just what Vivitrol does.

Now, the amazing thing is, these people have no cravings, and at first, my partner and I, Dr. Drew, said wait a minute, that's because it's like if the free cart of heroin went by and you know because you're intelligent that you're not going to get high unless you chase it for 28 days. Maybe you'll let that thought go. But really, it's more than that, and of course, that's why UOP has gotten, I'm sure, what is a lot of money to do this study. What they're doing, if you haven't already been educated about that, they're getting opiate addicts off of their opiates, and you have to be off opiates for at least a week, Suboxone for maybe 10 days, because what the Vivitrol does, it pushes everything right off of there.

What is allowing an opiate addict to take all of

their dope? It's the excess adrenaline that they build up in their brains to allow them to take these massive amounts of drugs. They use; they come out even. If I took a bundle of heroin, I'd probably stop breathing. They can take 20 bundles because they have all this stuff up there. What withdrawal is, is they take the heroin, they've come out even, and then every four to six hours it's going down, four to six, half's gone, half's gone, half's gone. So what they feel like when they get to the bottom of that is the way all of us would feel if somebody walked in here with an automatic rifle, certainly in these times, and started shooting around in here. We would release adrenaline, which would make our pupils dilate so we could see all over the place. Our hands would shake because we're optimally mobilized to run, strangle somebody. Our heart rate goes up so profuse our brains so that we can think faster, and we get diarrhea, hence the origin being scared whatever. It is a physiologic thing, a total fright, an escape. That's how they wake up every day. That's why they know immediately they've got to go get it. If they don't get it, they're going to be throwing up, having diarrhea, bent over in pain. That's why they rob people. That's why they do bad things. They steal from their parents. They have to do that or they feel as though they're going to die.

Now, the miracle about the Vivitrol is, and they're showing it at U. Penn, and again, I'm not part of the program, this is what my guys tell me, and I have read the protocols, so I know that they bring them in and label their receptors, their mu receptors. I'm a humanist, not a scientist. I don't know what the hell it is they put on there. But they put them in the MRI and they let them look at suggested materials of people getting high, whatever, and from what I hear, because techs do talk, is a lot of firecrackers going on in there. Then they bring them out. They have them talk to a psychiatrist, talk them down, and then give them the shot, and you know what is next. They wait for five days or a week and repeat it, and my feedback from my guys is that not much is happening.

So the opportunity there is, you have a person who has got the shot. They have no cravings. If they're peculiar, maybe they have another disease, but we've certainly taken care of the addiction. Maybe they are bipolar. Maybe they are cyclothymic. Maybe they are plain depressed. But you kind of get a picture of somebody where we have totally treated their disease, their diabetes, their high blood pressure, and if there's still some other things going on, you better look for something else.

The main thing then is, they've got to have counseling, and the difference between the counseling that

people are doing when they're addicts, they're active addicts, they're not waking up every day thinking they've got to go find something else to do. I look at, instead of the steps, you've got to put a foundation under them. They feel like normal people. They're not even using. Suboxone, they've got to put something in their mouth every day. Their receptors are covered. They feel normal. Many of them, and this is anecdotal, they feel more alert than when they had the Suboxone, and usually Vivitrol people are people who have failed on Suboxone.

That's how you have to get it covered, which I should tell you there, I have many repeaters in my detox. They like my unit. They come back to me. I have many relapses, particularly since they have no money. They come back here, former prisoners. It is very easy to get that paid with public funding, 100 percent pay. So it is out there, and I've now probably got 40 active but probably in the last two years I have another 40 that have gone through and turned out very well.

But the thing is, they have a foundation. They feel absolutely normal. They don't have any cravings. They get a job. They lift their head up. They look better instead of struggling with the steps, craving all the time, so that is the value to it, and of course, with corrections, they're going to be monitored by parole

officers; if they screw up, in the can. Because the other problem with Vivitrol is this: they're not addicted to me. It is not an opiate. What happens is, they feel too good and they walk away -- doc, I'm so good, I'm not coming back, or my girlfriend wants me to be able to get drunk with her at a party, God, here we go, but then they go. So with corrections demanding six months, a year, that's something you can do with people when you keep them clean for one year.

So that is my story, and I love this program and I have learned much from you all today, and I have had the joy of my life taking care of all these patients and I'm really happy to be able to express it all to you.

MAJORITY CHAIRMAN MARSICO: Well, thank you, Doctor. We have learned a lot today as well, especially what you just had to say. Any questions here? Representative Hackett?

REPRESENTATIVE HACKETT: Just one.

MAJORITY CHAIRMAN MARSICO: Go ahead.

REPRESENTATIVE HACKETT: Thank you, Mr. Chairman.

Thanks, Doc, for all you're doing.

DR. RIGNEY: Thank you.

REPRESENTATIVE HACKETT: This Vivitrol is really, you mentioned the word "miracle." I just hope everything pans out well and we're able to grip on things this way.

What I don't care for is that it seems like if you're a bad guy and you end up in prison, you get a chance to try the Vivitrol, except if you're not incarcerated, you're still on the street and you're trying to get $1,200 a month to pay for that shot. So I'd like to look into that in the near future.

DR. RIGNEY: Well, generally, they don't have to pay because public funding will pay for it.

REPRESENTATIVE HACKETT: Who is "they"?

DR. RIGNEY: The public funding will usually pick up the payment for that, for the obvious reasons. It's cheaper than paying for them in recovery all the time.

REPRESENTATIVE HACKETT: Okay. So someone on the street that comes in to you, I mean, it'll pay for them? They're not paying this $1,200? And I'm using that number...

DR. RIGNEY: No.

REPRESENTATIVE HACKETT: They're not paying for it? Oh, that's great.

DR. RIGNEY: Most do not, and public funding.

REPRESENTATIVE HACKETT: Oh, thank you. Thank you very much.

DR. RIGNEY: And if they do have to pay, the Alkermes Company gives them a $500 discount, which makes it $650, which is what they're paying for their drugs anyway.

MAJORITY CHAIRMAN MARSICO: Once again, thank you for your information. Appreciate your time and testimony.

DR. RIGNEY: Thank you.

MAJORITY CHAIRMAN MARSICO: This concludes the hearing, and just once again, I want to thank all the testifiers, the Members, the Committee and staff who put this together, and also once again thanks to the Harrisburg High School for your hospitality. This concludes the hearing. Thank you.

(The hearing concluded at 1:46 p.m.)

REPORTER'S CERTIFICATE

I HEREBY CERTIFY that I was present upon the hearing of the above-entitled matter and there reported stenographically the proceedings had and the testimony produced; and I further certify that the foregoing is a true and correct transcript of my said stenographic notes.

Bradley E. Weirich, ECR

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