Written Testimony of Jeremiah A. Daley

Executive Director, Liberty Mid-Atlantic HIDTA

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Good Morning, Chairwoman Rapp, Democratic Chairman Frankel, and Members of the Committee. My name is Jeremiah Daley, and I am the Executive Director of the Liberty Mid-Atlantic High Intensity Drug Trafficking Area (or HIDTA), a program of the Office of National Drug Control Policy. We are one of thirty-three HIDTAs around the country, and one of two in Pennsylvania. We have five (5) HIDTA-designated counties in Southeastern Pennsylvania as our area of responsibility – Bucks, Chester, Delaware, Montgomery and Philadelphia, along with four (4) others in New Jersey and Delaware. The Ohio HIDTA (based in Cleveland) has five (5) counties in Western Pennsylvania within theirs – Allegheny, Beaver, Erie, Washington and Westmoreland. The Mission of the HIDTA Program is "to disrupt the market for illegal drugs by dismantling drug trafficking and/or money laundering organizations." To fulfill this mission, our HIDTA provides critical resources, intelligence support and specialized training to multi-agency task forces. All HIDTAs operate an Investigative Support Center, host information-sharing networks and data systems, and facilitate training opportunities for participants from law enforcement agencies, many of which address the significant and dangerous drug trafficking threats to Pennsylvania's citizens.

Furthermore, through the HIDTA Program's Overdose Response Strategy (ORS), now operating in all fifty states, LMA HIDTA provides a Drug Intelligence Officer and a Public Health Analyst from the Centers for Disease Control (CDC) Foundation who work across the Commonwealth to collect, analyze and disseminate information about illicit drug use trends, successful responses and promising strategies that may abate the terrible toll of drug use, particularly opioid drugs, that has taken on Pennsylvania's communities. Collaborations with the University of Pittsburgh School of Pharmacy's Program Evaluation and Research Unit, the Poison Control Centers of Philadelphia and Pittsburgh, several other university-based centers and a host of non-profit organizations and providers of substance use disorder treatment services and harm-reduction efforts have given us a fairly wide "field-of-vision" for assessing the threats posed by controlled and emerging drugs of abuse to our citizenry. In addition, our HIDTA is proud to partner with the Pennsylvania Department of Drug and Alcohol Programs, the Pennsylvania Department of Health, and numerous county public health and substance use prevention and treatment agencies and programs throughout Southeastern Pennsylvania.

I will focus my testimony on the matter of the supply of controlled and dangerous substances to Pennsylvania communities, particularly with respect to those that are causing the greatest mortality – opioids and their close "cousins" – novel synthetic substances. However, a little national context is warranted, as well. As reported by the Centers for Disease Control and Injury Prevention (CDC, Mar.

2022), this past year may end up being the most deadly ever for persons who have fatally overdosed. CDC estimates over 105,000 Americans have died from drug use in the 12-month period between October 1, 2020 and September 30, 2021, nearly a sixteen percent (16%) increase over the same period one year earlier. In Pennsylvania, CDC projects over 5,500 deaths due to drug poisoning for that time-frame, a 4.5% increase year-over-year. Opioids, primarily synthetic ones like fentanyl and fentanyl-related substances, account for nearly three-quarters (3/4ths) of these fatalities.

The voluminous flow of fentanyl and related substances into the U.S. is also increasing steadily. According to U.S. Customs and Border Protection data, seizures of fentanyl and heroin at our nation's border totaled over 16,600 pounds (CBP Newsroom, Dec. 15, 2021), a two hundred eighty-two percent (282%) increase from FY 2017; as alarming as this sounds, it is but a fraction of the deadly substances that made it past our borders and into the drug marketplaces of the United States, including those in Pennsylvania.

The incredible proliferation of prescription opioid pain medications, dispensed for therapeutic use but often diverted for non-medical consumption in the late 1990s, (the "1st Wave" of the opioid crisis), allowed what was a somewhat localized problem with heroin a quarter century ago exploded to a state-wide heroin crisis (the "2nd Wave"), taking thousands of Pennsylvanian's lives each year, and imprisoning tens of thousands more in a seemingly inescapable addiction to this class of drugs. As if pouring gasoline onto a fire, the widespread introduction of fentanyl and fentanyl-related substances to the illicit drug market beginning in 2016 has only exacerbated the misery and mortality many have experienced (the "3rd Wave"). These compounds, produced almost entirely in clandestine laboratories in Mexico, have potencies (known clinically as "morphine milligram equivalencies" or "MMEs") fifty (50) to one hundred (100) times that of morphine, gram for gram. In more tangible terms, a few micrograms – the size of a few grains of salt - of some of these powerful synthetic opioids are enough to incapacitate or kill a person who is opioid naïve.

Yet, as if the misery caused by these substances weren't enough, we are now entering what some have termed "The 4th Wave" (Hainer, R., 6/13/2019) of our overdose crisis – a poly-drug phase – where opioids are being combined with stimulants, like cocaine, methamphetamine and synthetic cathinones, as well as anti-anxiety medications like Valium and Xanax. In some cases, the consumers of these substances are aware of the mixtures, and in other cases not; "casual" or "recreational" consumers, as well as those who have developed substance use disorders from cocaine, "crack" and counterfeit pills resembling prescription opioids (like oxycodone and hydrocodone), are increasingly being exposed to fentanyl-laced substances. Further, other substances, such as xylazine (a veterinary tranquilizer and anesthetic known on the streets as "tranq" and not scheduled as a controlled substance) are being mixed with heroin, fentanyl, cocaine and others, are being used as adulterants but exacerbating the lethality of drugs being consumed and the risk of adverse health outcome are greatly increased. And, unlike with the case of only opioids, there is no "rescue drug" like naloxone (Narcan©) to reverse an overdose of xylazine. This poses a significant complication to a potential rescuer – a police officer, firefighter, EMS responder, or citizen "good Samaritan" – who may encounter an OD victim who remains unresponsive following naloxone administration.

While the Mexican Drug Cartels are responsible for the majority of the illegal substances coming into the U.S., transnational criminal groups in China, Europe and Canada share some of the market supply, as well. In addition, the "finished product" work – cutting, milling, and packaging - is often performed in

our backyard here in Pennsylvania. So, too, is a more recent phenomenon – the pressing of "look-alike" pills, resembling prescription opioid pain medications, anti-anxiety medications, and stimulants used to treat ADHD. Although high-quality reproductions are virtually impossible to detect by the naked eye, forensic analysis shows that they are comprised of synthetic substances like fentanyl, etizolam and methamphetamine, combined with adulterants, dilutants and binding material, the exact composition of which may vary from batch to batch greatly, exacerbating the risk to a consumer. Recently, our Delaware County Task Force Initiative, in conjunction with Pennsylvania State Police and the Drug Enforcement Administration investigated a trafficking organization operating there. Search warrants were served and some 68,000 counterfeit pills, replicates of legitimate pharmaceuticals, were seized along with a kilogram of raw fentanyl and 11 firearms. These pills were likely manufactured in Mexico; other investigations have located pill presses, binding material and bulk fentanyl used to manufacture counterfeit pills locally. By no means are these examples the first that have been discovered and dismantled by law enforcement in Southeastern Pennsylvania, nor will they likely be the last.

In the Internet-connected world in which we live, where almost everyone has access to a mobile phone, tablet or computer that enables encrypted communications and transfers of funds to persons around the corner and around the globe, also bears heavily on the drug supply. Dealers of retail to wholesale quantities of psychoactive substances, some traditionally abused and others novel compounds with unknown potentials to incapacitate or kill their consumers, now lurk behind keyboards in bedrooms instead of shadowy corners in distressed neighborhoods. Deliveries can be made by parcels, brought to the consumers' doors by UPS, FexEx, and the U.S. Postal Service. Such was the case this past week in Montgomery County, where other Initiatives of ours from Montgomery County Detectives, Homeland Security Investigations, Pennsylvania State Police and Drug Enforcement Administration dismantled a poly-drug trafficking organization which used USPS, FedEx and UPS parcel shipments to receive drugs from a source in Los Angeles and send proceeds back via CashApp, an encrypted mobile payment system. Local dealers can attract customers and arrange sales by a "meet-up" at a quiet spot using Instagram, WhatsApp and other secure messaging applications.

The impact of the COVID-19 pandemic caused many Americans to self-medicate to relieve their anxiety, isolation and depression resulting from governmentally-imposed or self-imposed quarantines, endless media coverage, separation from loved ones and loss of employment. Many have turned to alcohol; others, particularly those with a history of illicit drug use, have relapsed into drug use, while some have initiated drug consumption for the first time. In addition, the early releases of persons with substance use disorders from Pennsylvania prisons and county jails, a measure designed to thwart the spread of the coronavirus, have interrupted in-custody treatment programs for inmates. The pandemic containment measures also forced treatment programs to reduce services and shut down in-person support groups, leaving many to fend with their addictions themselves. Both of these populations, the recently-released and those in early stages of recovery, are the ones at greatest risk of overdosing and dying as they resume drug use, as their tolerance for opioids has waned and as other drugs have been adulterated with fentanyl. One need only look to mortality data, in Pennsylvania and the U.S. as a whole, for evidence of the devastating impact of the co-occurring "pandemics".

This rather gloomy assessment I've laid out calls for several measures for mitigating the drug supply, use and consequences problems we face as Pennsylvanians:

- Better coordination between law enforcement and public health and public safety officials and entities, such as we're facilitating through our ORS project.
- Consistent and continuous data collection and sharing by all of these disciplines to report fatal and non-fatal overdoses as close to the time of occurrence as possible using statewide tools like the State Police operated "Overdose Information Network" (or ODIN) and interstate tools like the HIDTA Program's "Overdose Mapping and Analysis Program" (or ODMAP) to detect clusters of overdose events in near-real-time.
- Accelerated and enhanced forensic analysis of seized drug samples in state, local and privately-operated forensic laboratories with interconnected databases that can provide both public safety and public health officials with more timely and concrete information about trending drugs of abuse.
- A substantial commitment to substance use prevention efforts that will curb demand for these deadly substances in our schools, our workplaces, our recreational activities and in our homes; in the Summer of 2021, the Drug Enforcement Administration launched its "One Pill Can Kill" campaign nation-wide to educate and alert young people to the dangers of counterfeit pills, while our neighbors in Camden Co., NJ launched the "Don't Die to Get High" campaign there to raise awareness particularly among "casual" users of drugs.
- Wide-spread distribution of and access to naloxone to reverse opioid overdose emergencies, among first-responders, in public places and citizens at-large; it is noteworthy and encouraging that a recent survey conducted by our ORS Public Health Analyst indicated that eighty-eight percent (88%) of 612 Pennsylvania municipal police agencies who responded stated their officers carried naloxone, while another five percent (5%) related their officers would be doing so in the next three months; however, twelve percent (12%) of responding agencies do not, nor have plans to, issue naloxone to their officers. Over 400 agencies did not respond to the survey, and we suspect that many (if not most) of them also do not carry naloxone.
- More accessible and affordable substance use disorder treatment opportunities for those already caught up in addiction and dependency; presumably, the recent financial settlement of civil litigation achieved from opioid manufacturers, distributors and retail pharmacy chains will make over $1 billion available for this need, but close attention must be paid to ensure Pennsylvanians with substance use treatment needs are referred to only well-qualified and responsible treatment providers and recovery supports.
- Expanding programs such as the Pennsylvania Attorney General's Law Enforcement Treatment Initiative (LETI) and similar county-based programs that enable police to "deflect" or "divert" those with substance use disorders who commit low-level offenses to treatment rather than to courtrooms and jails.
- Tangible support to those in recovery who are seeking to regain control of their lives following treatment, such as housing, employment and counseling, is essential to lasting positive outcomes.
- Lastly, greater awareness and acknowledgement that substance use disorders are a disease of the brain, often precipitated by traumatic events and destabilized living conditions, and are chronic but treatable condition requiring all of our attention and far less stigmatization of those afflicted.

I thank the General Assembly and the Health Committee for the opportunity to present this testimony, and I am pleased to respond to any questions you may have in these regards.