

Written Testimony of Jeremiah A. Daley  
Executive Director, Liberty Mid-Atlantic HIDTA  
for the  
Center for Rural Pennsylvania Public Hearing on the Topic:  
Pennsylvania's Heroin/Opioid Crisis and the COVID-19 Pandemic  
Thursday, February 11, 2021

Good Morning, Members of the General Assembly, the Center Board and fellow panelists. 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; the [Ohio HIDTA](#) (based in Cleveland) has four (4) in Western Pennsylvania within theirs – Allegheny, Beaver, 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, operate an Investigative Support Center, host an information-sharing network, and facilitate training opportunities for some 450 participants from over 60 law enforcement agencies, many of whom address the significant and dangerous drug trafficking threats to Pennsylvania’s citizens.

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. Furthermore, through the HIDTA Program’s [Overdose Response Strategy](#) (ORS), we provide a Drug Intelligence Officer and a Public Health Analyst 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 drug use, particularly opioid drugs, 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.

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. (See Attachment 1). However, a little national context is warranted, as well. As reported by the Centers for Disease Control and Injury Prevention ([CDC](#), Dec. 2020), this past year may be the most deadly ever for persons who have fatally overdosed. CDC estimates 81,230 Americans have died from drug use between June 2019 and May 2020. According to U.S. Customs and Border Protection data, seizures of some drugs at our southern

border with Mexico decreased in Fiscal Year 2020, but seizures of two deadly drugs – fentanyl and methamphetamine – increased dramatically, by 23% and 54% respectively ([CBP Newsroom](#), Nov. 2020).

With the incredible proliferation of prescription opioid pain medications for therapeutic use but often diverted for non-medical consumption in the late 1990s (the “1<sup>st</sup> Wave” of the opioid crisis), what began as a somewhat localized problem with heroin a quarter century ago has exploded to a state-wide opioid crisis (the “2<sup>nd</sup> 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 relatively new introduction of fentanyl and fentanyl-related substances to the illicit drug market about five or six years ago has only exacerbated the misery and mortality many have experienced (the “3<sup>rd</sup> Wave”). These compounds, produced almost entirely in clandestine laboratories in China and 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 drugs 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 4<sup>th</sup> 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 consumer of these substances is aware of the mixtures, and in other cases not. Consequently, the possibilities of an adverse outcome – such as an overdose – are greatly increased. And, unlike with the case of opioids, there is no “rescue drug” like naloxone (Narcan©) to reverse an overdose of stimulants. This poses a potential danger to not only the victim of the overdose, but also to a rescuer – police officer, firefighter, EMS responder, or “good Samaritan” – who may encounter a highly agitated, delusional and occasionally violent person under the effects of these drugs.

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. As recently as last week, Homeland Security Investigations, DEA, Pennsylvania State Police and other law enforcement agencies served search warrants at a rowhome in the Kensington section Philadelphia, seizing hundreds of these counterfeit pills, several pill press machines (illegally imported from China), multi-ounce quantities of controlled substances, bulk binding material and pill dyes to create tablets that replicate legitimate pharmaceuticals. It is not the first such operation that has been discovered and dismantled by law enforcement in Southeastern Pennsylvania, nor will it likely be the last. Indeed, DEA-Philadelphia Division reported in September 2020 that “Geographically, seizures [of counterfeit pills] were concentrated in urban areas of Pennsylvania, to include Philadelphia, and its western suburban counties; Pittsburgh and suburban Beaver County; the Harrisburg, Allentown, Lancaster, Reading, and Erie areas; and urban parts of northeastern Pennsylvania.” DEA-Philadelphia, “Counterfeit Controlled Prescription Drug Availability in Pennsylvania & Delaware”)

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 bear 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. Others can be made by arranging a "meet-up" at a quiet spot using WhatsApp and other secure messaging apps.

The impact of the COVID-19 pandemic has caused many Americans to self-medicate to relieve their anxiety, isolation and depression. Many have turned to alcohol; others, particularly those with a history of illicit drug use, have relapsed, while some have initiated drug consumption for the first time. In addition, 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 have forced treatment programs to reduce services and shut down in-person support groups, leaving many to fend with their addictions themselves. These populations, though relatively small, are the ones at greatest risk of overdosing and dying as they experiment and self-medicate. One can look to mortality data, gathered by the [Novel Psychoactive Substance \(NPS\) Discovery](#) project of the [Center for Forensic Science, Research and Education](#), a non-profit off-shoot of NMS Labs in Willow Grove, PA, for evidence of the COVID-19 pandemic's impact on drug overdose fatalities. (See Attachment 2.)

This rather gloomy assessment I've laid out calls for several measures for mitigating the drug overdose 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 and local crime laboratories with interconnected databases that can provide both public safety and public health officials with more 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;
- wide-spread distribution of and access to naloxone to reverse opioid overdose emergencies;
- more accessible and affordable substance use disorder treatment opportunities for those already caught up in addiction and dependency;
- tangible support to those in recovery who are seeking to regain control of their lives following treatment, such as housing, employment and counseling;
- and, 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 is a chronic but treatable condition requiring all of our attention and far less stigmatization of those afflicted.

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

# NATIONAL DRUG TRENDS

DRUG ABUSE AND THE COVID-19 PANDEMIC - FEBRUARY 2021

Overdose Deaths During 12-month Period Ending May 2020



# 81,000+

Highest # Ever for 12-month Period

% Changes from Prior 12-month Period

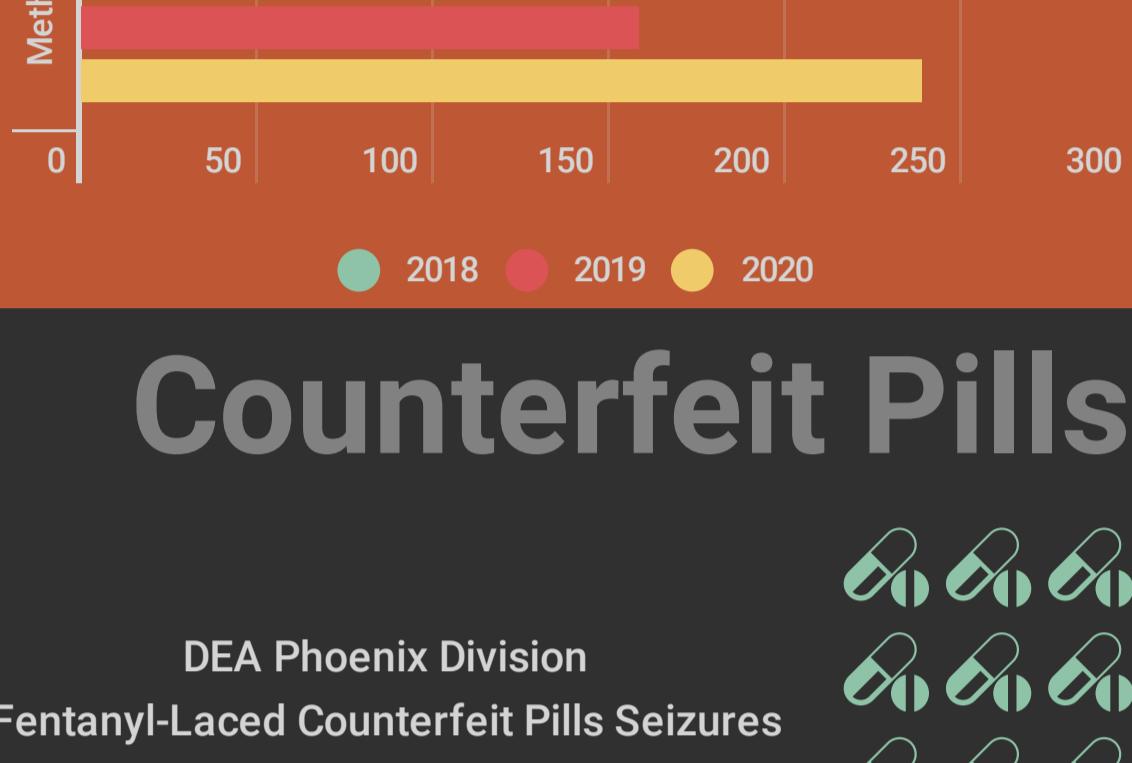
- Synthetic Opioids Increased 38%

- Psychostimulants increased 35%

- Cocaine increased 26%

Source: CDC

PSP Drug Seizures In Kilograms 2018 - 2020



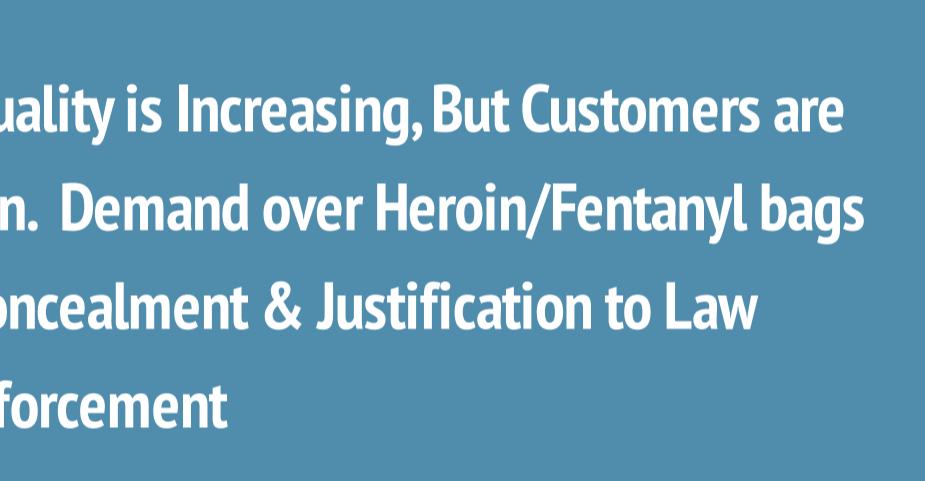
COCAINE AVAILABILITY MAY BE WANING; METH AVAILABILITY IS RISING

## Counterfeit Pills Surging

DEA Phoenix Division

Fentanyl-Laced Counterfeit Pills Seizures

- 2018: 380,000
- 2019: 1,100,000



Counterfeit Pills' Production Quality is Increasing, But Customers are Increasingly Aware of Circulation. Demand over Heroin/Fentanyl bags Increasing Due to Easier Concealment & Justification to Law Enforcement



**0%**

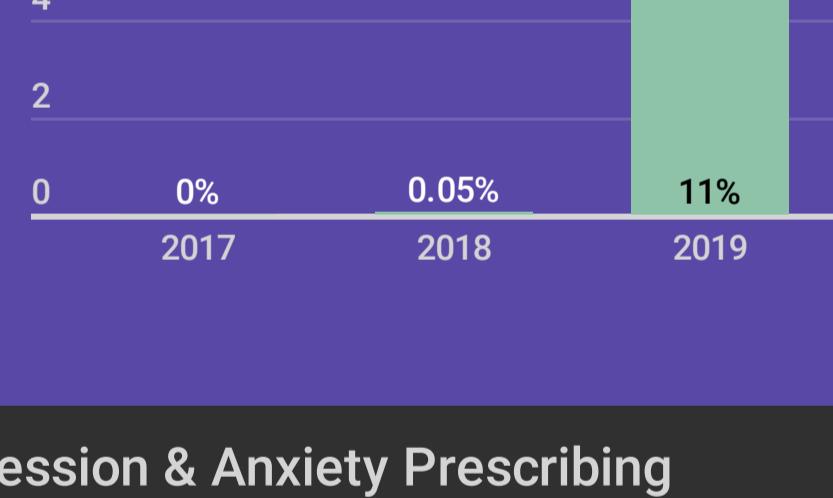
DEA Seizures of Fentanyl/FRS in Tablet Form in PA & DE in 2017



**>9%**

DEA Seizures of Fentanyl/FRS in Tablet Form in PA & DE in 2019

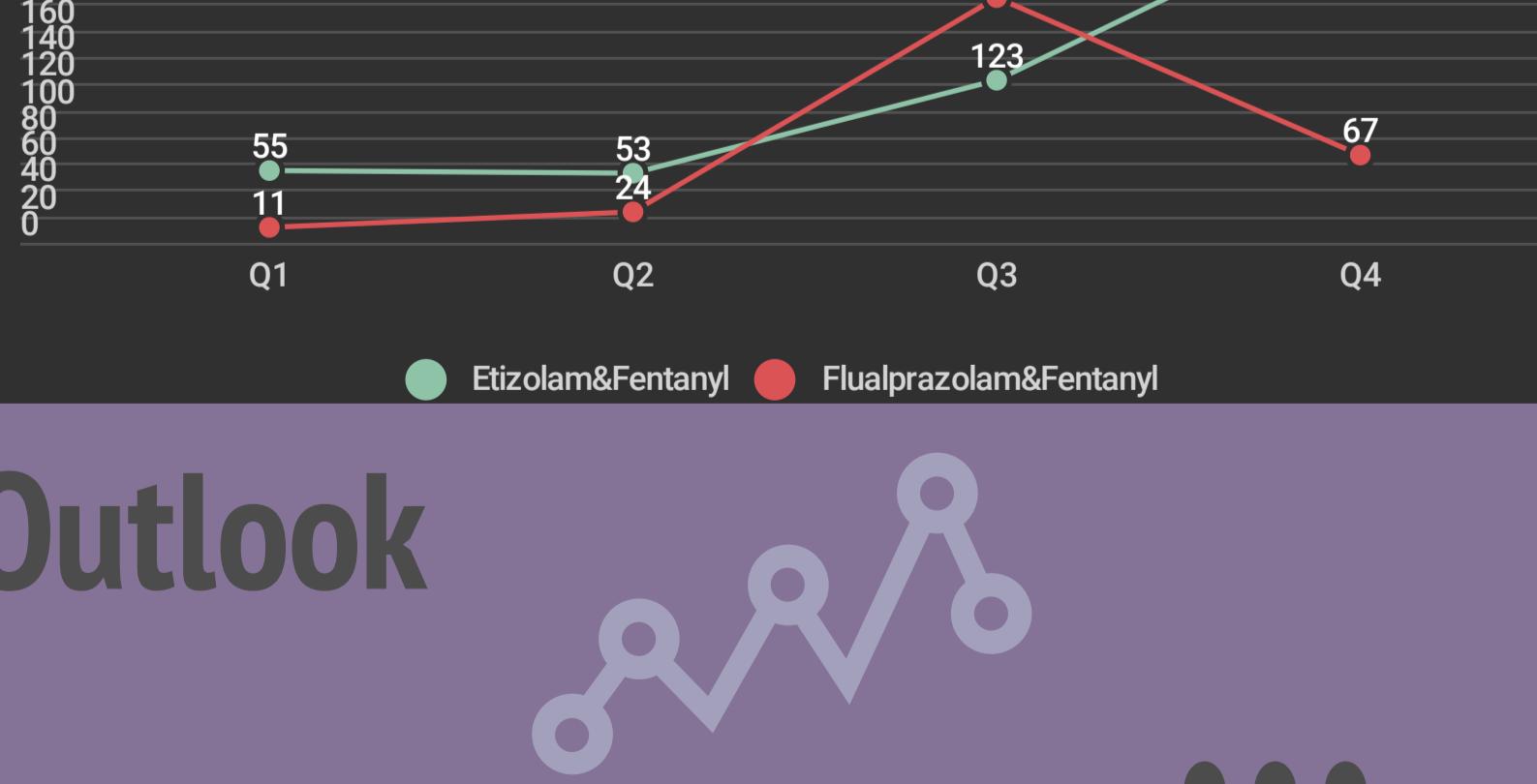
Total Weight of DEA Fentanyl/FRS Seizures in Tablet Form - PA & DE 2017 - 2019



Pandemic Drove Spikes in Depression & Anxiety Prescribing

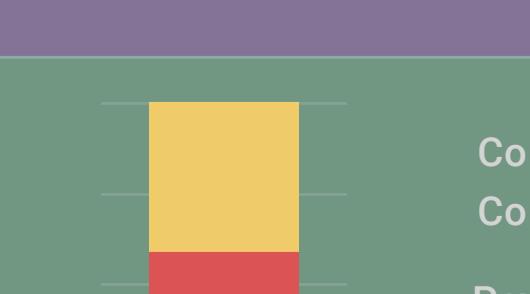
Benzodiazepine/Opioid Co-Abuse A Growing Concern

NMS Labs National Forensic Detections - 2020



# Outlook

Synthetic Opioids Will Continue to Dominate

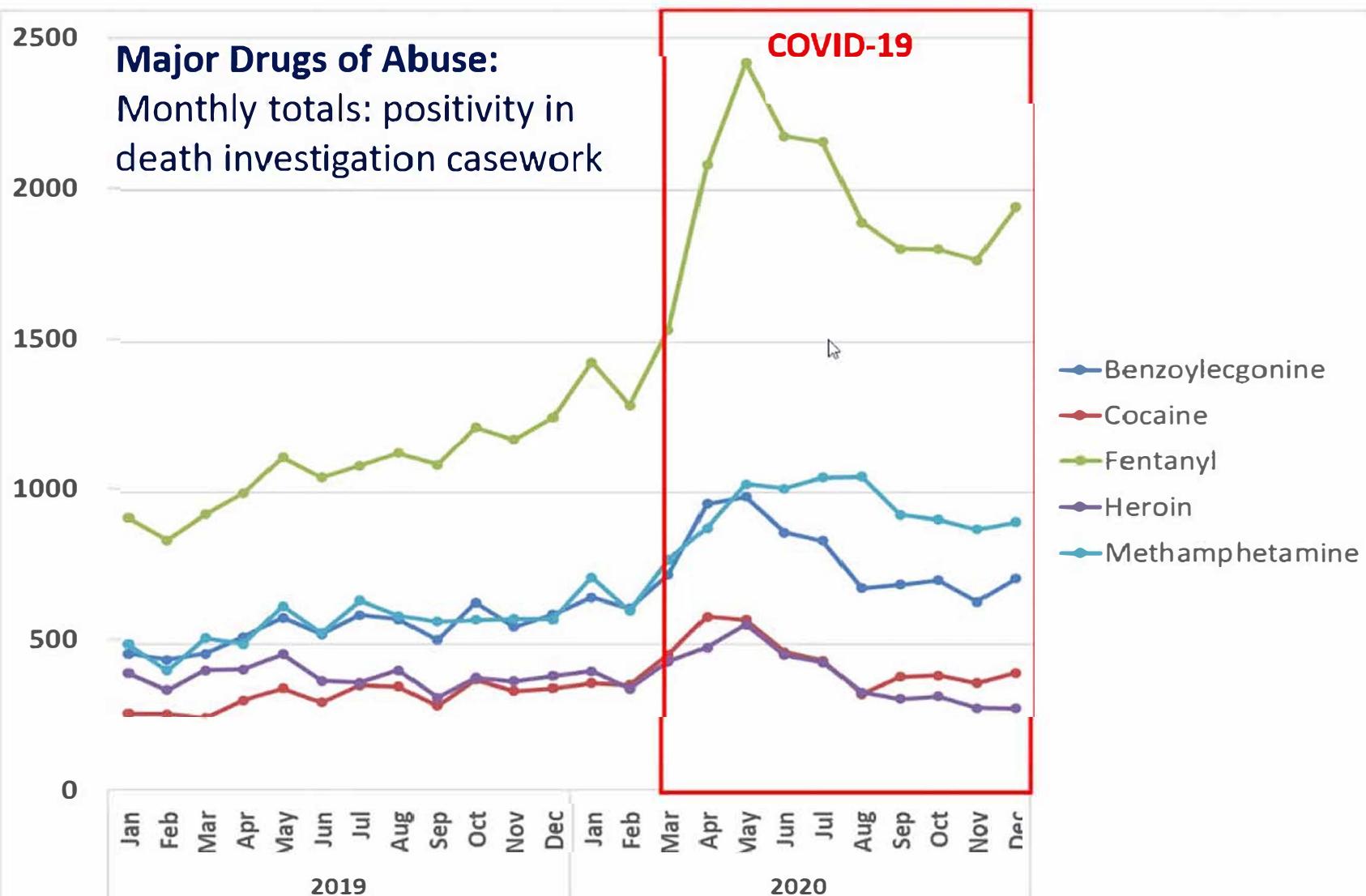


Counterfeit Pills Availability Will Continue to Rise

Psychostimulant Popularity and Availability Will Continue to Rise

Procurement Will Become Easier Due to Online/Dark Web Direct Sales

# Fatal Overdoses by Drug Type - 2019- 2020



Source: NPS Discovery Project, Center for Forensic Science Research & Education/NMS Labs, Feb. 2021