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Sean Fearns: Ladies and gentlemen, good afternoon and welcome. My name is Sean Fearns. On behalf of all of us at the DEA museum, welcome, as we kick off the DEA museum's spring 2014 lecture series. Just a quick side note for those of us joining in the auditorium as a courtesy to our speakers and your fellow audience members, if you could silence your electronic devices, we would appreciate it. A special welcome to those of us joining our webcast, but around the country and perhaps even around the world, a note to you all that if you're interested in submitting a question to our speakers. In the bottom left-hand corner of your interactive window, there is a button there for submitting questions to us, and we'll have a period of Q&A at the end.

This is the start of our eleventh year doing these programs, some based on historical moments in DEA and drug history, others ripped literally from the headlines. Today is a little bit of both. Students of history, or perhaps visitors to the DEA museum, will know that this country has struggled with opiate and heroin addiction for over a century. Our nation's first struggle with opium and products derived from opium came way back in the late 1800's with opium dens and patent medicines. Then in the 1930's it was heroin in the jazz era. Then it resurfaced again in the 1990's when it was deemed to be good for fashion models to look like heroin addicts. Is it any wonder that heroin use went up as a result?

Now, recently news headlines across the country have been reflecting opioid prescription drug abuse rates on the rise, and then recently a shift to heroin. So that brings us today to our panel of experts brought together for today's program "Prescription Drug Abuse and a New Subculture of Heroin Addiction." We are honored to have you all with us today on our guest panel. Also DEA Administrator Michelle Leonhart and Deputy Administrator Tom Harrigan. We have three great speakers.

To start us off, our first speaker, who is going to address the issue on a national level, is Special Agent Robert Hill from the DEA office of diversion control here at headquarters. Agent Hill started his career as a police officer with the city of Dearborn, Michigan. He has held positions in Detroit, Michigan; overseas in Belize; here at headquarters in the operations division, and is currently serving as the executive assistant to the head of DEA's office of diversion control. Please help me welcome Special Agent Robert Hill.

[Applause]

Robert Hill: Good afternoon everybody. Okay. Today I'm going to talk about prescription drug abuse, and I'm going to talk to you about it on a national level. So first, what is prescription drug abuse? Prescription drug abuse is the use of prescription medication, controlled or non-controlled, in a manner not intended by the prescribing doctor. So let's talk about some of these commonly abused medications. They fall into three categories. You have the opiates, which are derived from the opium poppy or a synthetic version of it, and they're used to treat pain. You have the benzodiazepines, which is a central nervous system depressant. They're used as a sedative, and an anti-anxiety drug. Then you have the amphetamine-like drugs. Those are a central nervous system stimulant, and they're used to treat attention deficit hyperactivity disorder, ADHD.

So if you look at the top 25 pharmaceuticals that were dispensed in the United States, this is the most current information that's out as of March of 2013. As you see, the total number of prescriptions that were written in the United States was over four billion. You see the drugs that are listed, and we're going to talk about some of them. You see the Hydrocodone that's listed as number one. You also see the Tramadol as number 21. You see the Oxycodone as number 22. These are opiates, and we're going to talk about these.

So IMS, who also did the previous chart that you saw, they just came out with some current information in February of this year where they basically show you in 2013 there was over 230 million prescriptions that were just written for the opiates. That's about a five percent drop from the previous year that was over 241 million, but if you look at the prescriptions for the opiates between 2008 and 2013 that's still over a 14 percent increase. So also the reason why we're seeing an increase in these opioids being written is because of the fifth new vital sign. When we all go to a doctor, they always take your temperature, your heart rate, your blood pressure, and your breathing. But now what do they also do? They also ask you, "What's your pain level?"

So I'll give you some really quick facts. Prescription drug abuse is the granddaddy of all drug abuse. It's always been around. It's nothing new. Also prescription drug abuse is the nation's fastest growing drug problem, and it's been classified as an epidemic. With the most current numbers that are out there from the unintentional drug overdose deaths, the most recent is from 2010. If you look at that, you'll see there was over 38,000 unintentional drug overdose deaths that occurred in the United States. That was the 11th consecutive year that this number has increased. When you look at that number, that's telling you that one person is dying every 14 minutes here in the United States from an unintentional drug overdose death. But then when you break that number down even further and you look at the prescription drugs, that number is just over 22,000. When you look at that number, that's one person dying every 24 minutes. Then inside of the prescriptions drugs you have the opiates. You have over 16,000 people that have died. When you look at that number, that's one person dying every 19 minutes.

So people are dying from these drugs. Also these drugs are so well prescribed that there was enough prescription pain relievers - and we're talking about all the opiates prescribed in 2010 - to medicate every American adult every four hours for an entire consecutive month. The opiate pain relievers, they were involved in more overdose deaths than cocaine and heroin combined. This is what's killing our kids. So

this is a chart just to show you where you look at in the red where you see the opiates, and you see the heroin numbers, the cocaine numbers, and the benzodiazepine numbers.

So some national facts about prescription drug abuse. This is the most current study. It came out in September of 2013. It's the SAMHSA study on the national survey on drug use. In 2012 you had just under 24 million Americans aged 12 or older that were current users of the illicit drugs. The reason you want to pay attention to this age 12, because when you look at the age 12 we're talking about seventh graders. They're starting to be involved and get initiated in this type of activity. Out of that number, you have over 6.8 million of them being involved with the psychotherapeutics, which is the opiates.

The number we saw decrease, and then we saw it back at an increase. In 2010 we had over seven million. Then the number dropped down in 2011 to 6.1. But as you see for 2012, we went back up. So this is still a problem that's affecting us as a society. Also in 2012, you had over 2.4 million persons age 12 or older who used psychotherapeutics non-medically for the first time in the past year. So when you look at that number, that's approximately 6700 kids getting involved as new initiates per day. The non-medial use of prescription type drugs is second only to marijuana.

Here's a graph to show you that, where as you see the number one drug besides marijuana is the pain-relievers, the psychotherapeutics. That's where we're having a problem at in society. So the study that I just showed you, I compared the two years to show you 2011 and 2012. If you look at the numbers all across, you see every year the number increase, no matter what the drug is. If you look at the number for the total illicit use, it increased from '11 to '12. The marijuana used increased, the psychotherapeutics increased, cocaine increased, methamphetamine increased even though it was only by a thousand, and the heroin you had a substantial increase.

So teens are our future. So let's look at their attitudes, how they feel about prescription drugs. One in four teens have reported using or abusing prescription drugs at least once in their lifetime. That's up 18 percent from 2008, to up the 24 percent in 2012. If you look at over the last five year period, that's a 33 percent increase. You also have one in five admit abusing before the age of 14. Remember, these studies are starting at 12. So we're talking about seventh graders again that are getting involved with this activity. You've got 27 percent mistakenly believe that using a prescription drug is safer than using illicit drugs. You've got 33 percent of them believing that it's okay to use a prescription drug that's not prescribed to them. That's abuse. The sad part is, you've got 23 percent that basically say they believe that their parents don't even care if they get caught using the drugs. That's - and these teens, that's our future. That's the next generation.

So let's talk about some of these drugs of concern. The drugs of concern up here, and you're going to see a lot of them are opiate drugs. You have the Hydrocodone. You have the Oxycodone. You have the Oxymorphone. You have the Xanax, the Methodone, the Fentanyl, the Adderal, the cough syrups, the Carisoprodol, the Hydromorphone, and the Suboxone. Well, these are the drugs that are of concern because these are the drugs that they really are abusing, and it's going to lead to the problem that we're seeing with heroin.

You have the Hydrocodone and the Oxycodone. Those are major problems. Hydrocodone is the most prescribed drug in the United States. Oxycodone is the most abused drug in the United States. But we also have to be concerned with other drugs like Suboxone. Suboxone - that drug is the new Methodone. The drug is for treating opiate addiction. But what we're seeing with abuse of this drug is people are using this drug as a carry-over drug. So what happens is, when they can't get their opiate or opioid of choice, they'll turn to Suboxone and use it as a carry-over drug so until they get their drug of choice.

So we're seeing a lot of Suboxone abuse, and this drug is strictly supposed to be for treatment, also with Methodone. Methodone is the original drug that was for treating opiate addiction. But what we've been seeing is doctors are now starting to prescribe Methodone to treat pain. You can't do it on a one-to-one ratio. So if you have someone that's on Hydrocodone or Oxycodone and you're transitioning them to Methodone, it's not a one-to-one ratio. Methodone has a stronger half-life. The toxicity level is higher, and people are dying from this from taking it the first time they take it. And the number that I was telling you about with the prescription drug deaths, when we talked about the opiates with the 16,000-plus, out of that number Methodone is accounting for more than a third of those deaths. Methodone is a very unforgiving drug.

So let's look at the United States consumption. The United States is a big consumption. We have a very large appetitive for drugs. Basically according to the 2012 International Narcotics Board, they did a report on statistics for narcotics drugs, and it was released last year in 2013 but the data is from 2011 information. And basically for the global consumption, the United States is consuming 99 percent of all the world's Hydrocodone, and also they're consuming 81 percent of all the world's Oxycodone. We have a major problem here with the consumption of these drugs.

So with the consumption of these drugs, how do the users like these drugs? Well, the users like to use these drugs as what is called the cocktail. And that's basically the pattern of abuse that they're using because it helps give a higher enhance for the drug. It's maximizing its use. And what we're seeing throughout the country is either one or two cocktails that they like. They like it either as the trinity or the holy trinity. When it's the trinity, what they're using is the - they're using a schedule three drug, which is usually a Hydrocodone. They'll have Soma and Xanax, but we've controlled Soma back in January 2012. So now, what they're using as a replacement for Soma is they're using Flexeril, which is a non-controlled muscle relaxer. And then if they want something stronger, they're going to use the holy trinity, and that's when you replace the cocktail with a schedule two drug. Usually it'll be an Oxycodone. It'll be an Oxycontin. After

Oxycontin was reformulated in August of 2010, the drug seekers started switching over to Opana and using it in the cocktail, and they would use that in the cocktail. And also, if for some reason they can't get their drug of choice - meaning the Hydrocodone, the Oxycodone, or the Opana - they will use Tramadol as a substitute opioid [unintelligible 00:17:38] for their cocktail.

So the problem that you have with this is you have a circle of addiction. What winds up happening is you have a person that's using these drugs, and what they'll do is they'll start off with the Hydrocodone. Hydrocodone, depending on where you're at in the United States, on the black market you're going to be able to purchase it anywhere from $2 -10. It's depending on the region you're in and the supply. So what winds up happening? They start off using Hydrocodone, but their body builds up a tolerance. So now, they need something stronger. So then they move on to an Oxycodone, and then when you move on to the Oxycodone, depending what region you're in, you're going to be paying anywhere from $15 - 30 a tablet. And so you start taking that, and then your tolerance becomes even more stronger. So you need something even stronger. So now, you're switching over. At the time, they were switching over to the Oxycontin and then subsequently over to the Opana. Well, depending on where you're at in the country - that drug - you're taking the 80mg if it was the Oxycontin, the 40mg if it was Opana - and you're paying anywhere from a dollar a milligram on average. But if you were in the Appalachians or the Southwest of the United States, you could be paying as much for an 80mg or a 40mg tablet - $120 - 130 - 150 for one tablet.

So if you, if you take it hypothetically, let's just use round numbers and say a person has a 400mg a day habit. Well, if they done switched over now that they're abusing the Oxycontin or the Opana, and they have a 400 a day milligram habit, depending on where they're living they're paying anywhere from $600 - 900 a day to feed their habit. And then what happens is their habit becomes so expensive they can no longer afford it, and what do they do? They transition to street heroin because you can buy heroin on the street anywhere USA big city $10 - 12 a bag. It's just as potent. It

keeps the euphoric just as high. It stops you from going through withdrawals, and it's less expensive to keep your habit being fed.

That's why we're seeing the transition going from prescription opioids to street heroin because it's a matter of economics. That's what it is. That's what's causing this whole transition. And to show you a chart, this transition is nothing new. The reason why we're hearing so much about it is because we're in the information age. The media is out there. They talk about it. You have famous people that die from abuse of heroin. And so what winds up happening? Everybody gets on the bandwagon and they want to start talking about it or bringing it up. But if you look at the chart here, you will see the past month's users and the past year's users. If you look from 2007 forward, heroin use has increased. This is nothing new. This is no new phenomenon that just came out in the last six months, and you'll see it has been steadily increasing.

We at DEA, we've been saying this since 2008 - 2009, that because of the problem with prescription drug abuse, we're going to see a major rise and an epidemic, a sub-epidemic, of heroin abuse. Thank you.

[Applause]

Sean Fearns: Thank you Special Agent Hill. Now, we're going to move for the national down to the local. And for many different reasons, Maryland can be looked at as a microcosm of how this issue is facing states across the country. Our next speaker is Special Agent Gary Tuggle. Special Agent Tuggle is in charge of the DEA Baltimore District office who oversees DEA's efforts across all of Maryland as part of the Washington D.C. field division. A Baltimore native, Assistant Special Agent In Charge Tuggle began his career as a police officer right on the streets of Baltimore City. He has held positions in Miami, Barbados, Chicago, Trinidad, and at headquarters in the Office of the Administrator, DEA's Special Operations Division, and now back in Baltimore. Ladies and gentlemen, please help me welcome Special agent Gary Tuggle.

[Applause]

Gary Tuggle: Good afternoon. How is everybody? All right. First of all, I want to thank Bobby. He did a very, very outstanding job of sort of making the statistical case for what I'm about to talk about. He talked about the national problem in that he outlined where the threats currently are. What I'm going to do is talk about what we're seeing literally on the streets of Baltimore. Like Sean mentioned, Baltimore is a microcosm of a much, much bigger problem. You know, we've often heard that Baltimore is the heroin capital of the country. All right? I beg to differ with that assessment in as much as Baltimore has traditionally had a history of generational heroin use. Not just generational heroin use, but generational heroin distribution. So in essence, thirty years ago when I started in law enforcement, I would see the father sand mother and grandmothers and grandfathers of people who were currently still using heroin. Right? So that's the generational piece.

What I'm going to talk about more in-depth is the whole new sub-culture that's being created as a result of this new epidemic. All right. Let's talk about the sort of current state of heroin in Baltimore, not just Baltimore, but the surrounding areas. We have seen heroin prices in Baltimore and the surrounding areas plummet over the past years. When I was an agent and police officer in Baltimore, a kilo of cocaine or a kilo of heroin, I'm sorry, would have cost you about $175,000 roughly on the street. Now, you can get it between $65,000 and $70,000. Right? Purity rates at the time were between three and five percent. We're now seeing purity rates above 40 percent. This is in street level heroin.

We show this to show that Baltimore truly has a rich history and a rich culture. However, we get back to the generational heroin piece where we see an icon in music, Billy Holiday, who died as a result of a heroin overdose. Many like her in Baltimore, who were involved in the entertainment industry also succumbed to heroin overdoses. Keep in mind that for every one fatal heroin overdoses out there, there are ten actual non-fatal

overdoses. Right? So you're seeing a problem sort of perpetuating itself and only getting worse. This, to me, is truly the new face of heroin addiction.

This is an actual suburban Baltimore high school. All right? Very, very, very wealthy area of suburban Baltimore. The majority of these kids here go to and graduate from college. GPAs are high. Their SAT scores are high. But they themselves have termed this school Heroin High as a result of the rash of heroin deaths that they've experienced. At one point they have five heroin overdoses at this school in one semester. Now, think about this high school. It could be anyplace in the country. It could be any high school in the country. It could be your kids' high school. So what you're seeing here is truly, truly, truly the face of heroin, the new face of heroin addiction. That new sub-culture.

Traditionally, when we looked at - when you look at heroin addiction, there is this perception that it's dirty. You only see it in sort of an urban center. It could be downtown Baltimore, downtown Washington, LA, New York, Chicago. All right? But you don't imagine it in a place like this high school. Again, this high school is not in some impoverished area. But when you look at how kids have gotten access to the heroin, it all started in the medicine cabinet. So this whole epidemic has a cause, and I often say to people that we need to mind our medicine cabinets because four out of five persons that use heroin for the first time say that they first experienced prescription opiates. So they abused prescription opiates.

The overdose rate, fatal overdose rate in Baltimore, or in Maryland, is up 54 percent. And again, I go back to that sort of one in ten. You have for every one fatal overdose, you have ten actual overdoses. Let's talk about the actual fatals. This is a depiction of the fatals that have occurred in Maryland from January 1st, 2013 to March 28th of 2014. The actual total fatals for that period was 575 related overdoses - All right? - directly related to heroin. In February of this year, we were - as a law enforcement community in Maryland we were caught by surprise when we were sort of

notified that there was a rash of Fentanyl laced overdoses in the state. It really caught us by surprise because literally we had no idea that this thing was coming down the track. It was like a train. A newspaper article came out, and it was - a subsequent radio program spoke about it, but it literally said that Maryland was facing an epidemic of Fentanyl related overdoses.

So we went back, and we got with the medical examiner's office, and we said, "How could this have escaped us and we not know that it was happening?" And it wasn't just DEA. I'm talking about the entire law enforcement community. We've got 50, 57 police departments in the State of Maryland, and we were all caught by surprise. So as you might imagine, it caused us to have to spin up really, really quickly to respond to this thing. So then we find that not just in Maryland, but our neighbors in the immediate Northeast were also faced with the exact same problem. So we got together, sort of put our heads together, and compared notes in terms of what the problem was, whether or not there was any commonality between the monikers and the names and the actual heron or Fentanyl products that were being put on the street, and whether or not the Fentanyl was pharmaceutical grade versus clan lab produced. So we had to do that in a very, very short amount of time.

Within the Baltimore surrounding areas we put together a really, really quick heroin task force, and there are three people here I wanted to acknowledge who have done just tremendous, tremendous work on this. G.S. Ken Abrams, [Balmer 00:30:02] City police detective, Jennifer Phoenix, and special agent Jeremy Gates. They're three of the members of this task force that was sort of thrown together to address the issue, and what they did was they literally within days set up a 24-hour hotline with any office. They fielded calls from every police agency in the state, sometimes four or five calls a day, just giving them advice on how they should handle this sort of outbreak.

One of the issues that we quickly identified was the fact that police agencies were handling the overdoses purely as medical emergencies. They weren't handling

them like crime scenes. Right? So we were missing a big piece of the puzzle. We weren't getting pocket trash. We weren't getting phone dumps. We weren't getting any of the things that would allow us as investigators, right, to go back and point the finger at folks that might be responsible. We were able to also get the U.S. Attorney's office from Maryland onboard who responded just tremendously and appointed Andrea Smith, who is the actual OCDETF coordinator for the Mid-Atlantic region, who helped us in our efforts in terms of targeting those organizations that we were going to go after. So a lot of what we did had to do with not just targeting organizations, but targeting the actual products themselves so that we could compare the notes with what we were getting to the notes of our counterparts throughout the Northeast region.

A big piece of what we - what we need and what we've done in cooperation. We talk about - you've just heard - about what we're doing with our law enforcement counterparts, but we have those non-traditional partners that we have really latched onto. Because they bring a tremendous amount to the table. We have one of those here with Amy, who is one of those non-traditional partners who is in prevention and treatment. When this sort of epidemic broke out, we were quick to latch onto prevention because they provided us a tremendous amount of information as it relates to what they were seeing on their side. And when I say that, they weren't exposing their clients to law enforcement. They weren't going behind their clients' backs. But what they were doing was they were taking just small, small leads as it related to packaging, as it relates to the street names of the drug, the monikers, and they would provide that information to us.

That information was invaluable when the agents and task force officers went out to do proffers, debriefings, when they went back to the police agencies to glean all of these exhibits, all of these heroin laced Fentanyl exhibits or Fentanyl laced heroin exhibits that nobody had ever been prosecuted for or charged with. Right? So they were able to take all of that information, go back out, and then target individuals. So with that,

I'm going to say that as you've seen, this is an incredible problem. It's going to affect us for a very long time.

What I'd like for you to do is take a look to your left, take a look to your right, and ask yourself. Could this potentially be the new face of heroin? With that, I'd like to ask Nick to stand. Nick, would you stand please? Would you come up and tell your story? Thank you.

[Applause]

Nick Raducha: Good afternoon everyone. As Special Agent Gary Tuggle mentioned, my name is Nick Raducha. I'm a current student, college student, right now. I reside in the Baltimore Country area, and I speak to you today with a little under two-and-a-half years of sobriety. Well, first off, I'd like to say never in a million years would I have thought I'd be professing my story to a room full of DEA agents. But um, you know, I feel privileged to be a part of an event like this. So I'll just - I'm limited by time, so I'll give you just a brief synopsis of my story, um, with emphasis on three main points. One of that - one of them is (1) the rate of progress that my addiction had (2) the availability of both prescription painkillers and heroin, both immediately in my suburb hometown and, of course, in Baltimore City, and (3) the transition that I had between prescription narcotics and heroin use.

So I'd like to start off. I wasn't - I'm not native to Maryland. I was born and raised in a small town on the island of Oahu, Kailua, so 5000 miles away from here. I moved here in the eighth grade, distraught, upset, had the - I completely relocated. It wasn't like it was an adjacent state. It was a culture shock, so I had to seek out and find new friends. And you know, I did that. I did that easily. I was an outgoing kid, so I had that to my advantage. But you know, when I, when I, when I moved here I was a great kid. You know? I excelled academically. I played sports, which I attribute that to keeping me out of trouble while I was in those middle school years. Because believe it or not, in middle

school, not the harder drugs, but weed, cigarettes, alcohol start becoming present, which is scary. You know? Looking back on it that middle schoolers are actually engaged in drinking, smoking, smoking marijuana.

So when I came here I was still straight edge. I didn't participate in any of those activities. I focused on my studies. Focusing on having fun, doing normal activities such as sports and extracurricular activities such as school. However, I found that when I entered high school in ninth grade that alcohol and marijuana became a more and more frequent sight, both after school, on the weekends. So it's kind of, you know, like a crack in a fish tank. It eventually wears you down. I was adamant about not partaking in those activities, but it's when all of your peers around you are doing it - and I don't speak for the entire high school population. There are plenty of good kids out there that never pick the stuff up. There are plenty of good kids out there that have dabbled with weed that turn out to be fine. But with me, when I - one weekend, I went out, had a few drinks. It didn't really do anything for me. But what it did do was I loved the social aspect of it. I loved meeting new people, hanging out with girls, all the after parties after the games. It's just all these things attracted me towards drinking.

So in ninth grade, that slowly turned into a monthly thing, which slowly precipitated into a weekly thing. And this became my goal every weekend. My weekend was no longer successful unless I had two parties back to back, which - what comes with parties? Obviously drug use. Marijuana, prescription painkillers. In ninth grade, I was introduced to prescription painkillers, but I didn't pick them up. I was adamant about not touching that. I heard horror stories about them. So is tuck to my ritual of just drinking and smoking weed occasionally. When I entered sophomore year, the story changed a little bit. Like I said, referring back to that fish tank, the glass - it's that crack. Eventually I just - I just, I just broke down. And I said, "You know what? What's the worst that could happen? It's prescribed by a physician. It can't be that detrimental to my health." So right there for the first time in sophomore year of high school, I swallowed an Oxycodone, I believe it was, and I loved it from there on out.

And just like how I referred to my drinking, a weekend was no longer successful. The same applied to that prescription painkiller usage. I now sought out prescription painkillers on a weekly basis. As both the presenters before me spoke about, prescription painkillers are very expensive. So I couldn't do that on a daily basis. While trying to manage a prescription painkiller addiction is very hard, so it eventually led to a daily thing. But junior year in high school I would say I was completely addicted. I was starting - my studies started getting affected severely. My performance in lacrosse started to be affected severely. And but I still wasn't aware of it. I harbored this idea that as long as I kept to prescription painkillers everything would be all right. Physicians prescribe these. These are found in medicine cabinets. And that's, that's what I'm going to keep telling myself.

Just to back up, that's how I first obtained my first prescription painkiller, was actually one of my friend's mom had prior surgery, and not thinking anything of it, she just left the remaining prescription painkillers in her medicine cabinet, and that's how we obtained them for the first time. Once I became addicted, I didn't have to look too far. People in school - now, I went to a decent public school. But prescription painkillers were throughout the whole. A lot of people had them on them in different dosages. After school, if no one had them in school, it was a short phone call away. It's just the presence that these things have in the suburbs is unbelievable. It's truly astonishing. So senior year I graduated barely. I don't know how. I went from a student with a 4.2, you know, weighted GPA to barely passing high school. Opportunities to go off to universities were now ruined.

And you know what? By this point in my life I actually wasn't too concerned. I thought that, you know, I'd just attend community college, just do my own thing, if everyone left me alone, I'd be fine. Well, that didn't happen. So my mom eventually caught wind of this. She backed up. She became aware of my sophomore year. But I was able to, you know, manipulate, keep it under radar enough so it didn't appear that I

had a problem anymore. When I entered - after my senior year, my mom found out. Like Special Agent Gary Tuggle taught, spoke about, I got on prescription - or Suboxone, and I sued that at first to wean myself off of the opiates, the prescription painkillers. But it turned into a maintenance drug. I used that to just get me over until I had enough money to acquire these prescription painkillers.

When I did that, I also - the remaining ones that I had, I would sell on the streets to, again, obtain more prescription painkillers. Very closed minded, no common sense at this time in my life, the journey continued. Entered rehab in October 2010. At that rehab, I still had not done heroin. I wasn't at that level. Heroin is dirty. Prescription painkillers are clean. What I found when I left that rehab, I left with (1) regretting that I never tried heroin from all the stories in there, and (2) I left with thinking about, "Well, maybe I should change the way that I do these prescription painkillers. Meaning the way that the rate of absorption, the method of usage. So I came out. It was 45 days, and I started injecting prescription painkillers. And once again, as the common theme is, I thought still in my sick mind that that was fine because I didn't try heroin. Well, that didn't last. I was doing between 400 - 500mg as day. Keep in mind I was like 115 pounds at the time. So it was an absurd amount, absurd dosage.

So that didn't last too long. Like the previous presenters mentioned, I was paying upwards of $1 - 1.25 per milligram for these prescription painkillers, and I just couldn't afford it anymore. So I shouldn't say a friend, but a using buddy suggested, "Well, why are you wasting your money on this? You can not only get a better high but a cheaper high if you just switch to heroin." So I did, and when I switched to heroin it opened up a new book in my life. Obviously not a good book. It was pretty bad. Things - as fast as things deteriorated for me with prescription painkillers, the same happened at a faster rate with heroin usage. And I was able to - I just - I honestly, I'm astonished at how people are able to go for 20 - 30 years with heroin addictions because it took a year-and-a-half for me to completely break down.

I'm fortunate enough to not have suffered any irreparable health issues or been legally prosecuted in any way. I can't say that; say the same for some of my friends, my old friends, because with drug addiction comes legal issues. And I myself, you know, I didn't want that any more. So I decided to, you know, make a change. I went to rehab again, and I took suggestions. I did the next right thing, and I moved to a recovery house out in Westminster, Maryland, which is in Carroll County, and from there on I stayed sober. So, you know, I'm grateful for the people that entered my life to help me with that journey, and what this speech is about is more so to focus on, you know, how I got there. It's just amazing how much prescription painkillers can affect the loved ones that you have in your life, how you don't - unassumingly you could think that a bunch of high schoolers don't have them in their possession when they're doing them under the radar. It's just truly astonishing.

People that I've spoken with that I attended high school with, you know, young girls that I never - had a super bright future, they're not heroin addicts. It's unbelievable. It's baffling. Never in a million years would I have thought - I wouldn't have thought the same thing with myself. I saw myself, you know, going up the ladder of education, which I am now. I'm currently doing so. I re-enrolled back in school. But it's just - it blind-sides you. So with that, I guess I'll conclude. Thank you guys for letting me speak, and thank you Special Agent Gary Tuggle for having me here.

[Applause]

Sean Fearns: Thank you for sharing your story, Nick. We've talked about the national level and the state local level, and Special Agent Tuggle mentioned prevention and community partners. Our third - well, technically fourth - speaker this afternoon is Miss Amy [Ligell 00:45:26] from the Carroll County Maryland Health Department. Amy serves as a substance abuse prevention coordinator there. Her background is in substance abuse prevention and adult education. She previously managed an underage drinking prevention program for mothers against drunk driving and also worked in the

Fredrick County Maryland Department of Social Services. Please welcome Miss Amy [Ligell 00:45:49].

[Applause]

Amy Ligell: Okay. Hi. Good afternoon. Thank you so much. It's such a pleasure to be here, and I just want to say thank you to Nick again for joining us. We're very, very fortunate to have Nick in Carroll County. As you'll see later as I go through some of my remarks, he has spoken with us before. He has a tremendous impact. So it's nerve wracking, I think, at any level to do public speaking. But to share person testimony, I think, takes a tremendous amount of courage and strength. So I just want to say thank you to Nick again.

[Applause]

And I would also like to thank the DEA both for the opportunity to be here with you today, and also to highlight, like Special Agent Tuggle said, the important partnership between prevention and law enforcement. We've heard about prescription drug abuse and heroin addiction from the national level and also the state perspective, and I'm here to share more of a local perspective from Carroll County.

So I'd like to start off just by talking a little bit about what prevention is. And actually, I once asked a health class this, and I got everything from, "Well, prevention is just say no," to a couple of things resembling what you see on the screen, which is that it's the promotion of constructive lifestyles. And that's something that we do by having to relate to each emerging generation. And something that I hope you'll notice is that these are very positive statements.

So what prevention is to us in Carroll County and what prevention really is, is outreach. It's us getting out there. Each week I go into the Carroll County detention

center, and I do a parenting class. It's a model evidence based parenting program. I also go into an inpatient treatment facility and do that same parenting program. We are in the school in our county. I go into middle schools and teach critical life skills. What that means is that the sixth grade receives refusal skills. So how to say no and feel good about it when you are in those situations and keep your friends and still have fun. Anger management is what the seventh grade gets, so that we hope that kid have positive healthy ways of coping with feelings of anger or disappointment or frustration, so that they don't turn to negative or unhealthy ways when they're experiencing those feelings. And the eighth grade does actually get a curriculum on addiction.

In the high schools, we do have an approved drug education curriculum that we give. And like I said, that's been approved by the schools. We also go into many community organizations. Really wherever we're needed, we go for whatever the specific need could be. We go into, like I said, community organizations, schools, to educate staff and faculty, the colleges that are in our area. We educate treatment professionals, counselors, and parents on current drug trends and critical life skills as needed.

Some recent examples of where we've done outreach - a few months ago in February we did an emerging opioid trends event. So that was a public event that focused just specifically on opioid and opioid trends, and Nick spoke at that event for us. I also do presenting in groups of people that are in recovery including just young adult groups. And so sometimes we'll present on current drug trends, and sometimes we'll do critical life skills. I've also done presentations for rape crisis in our area on drugs that facilitate sexual assault. We have done recently a prescription drug education and prevention activity at a college. So helping understand, helping those students understand the relationship.

We serve any and all ages up to and including seniors. In the Carroll County Health Department prevention is actually integrated with treatment into one bureau, The

Bureau of Prevention, Wellness, and Recovery. And what that means practically for us is that we collaborate, coordinate, and regularly attend each other's events. And we're involved in providing a critical perspective and expertise to one another.

I first heard this statistic about two months ago at SAMHSA's prevention day in February, and I probably have repeated it no less than a hundred times since then because I think it puts into perspective everything that we talk about in prevention and addiction, the developing brain, age of first use, all of that. And I recently did hear from a young man in our of our classes that he suffered a sports injury in high school, was prescribed prescription narcotic painkillers for the injury, and subsequently began abusing them. So I'm very fortunate. We're very fortunate in prevention that through the outreach we do, we talk to a tremendous amount of people to hear how this statistic actually plays out in real life, and that's one of the ways.

And another thing to keep in mind, it isn't just young people. I do want to go over some of the local trends that we have. I know that - I'm sorry - Special Agent Hill and Special Agent Tuggle talked about the national perspective and the state perspective, but in Carroll County in 2011 there were five prescription overdose deaths. That number did rise to 12 in 2012, which is a 240 percent increase. Months ago, I spoke with a young mother who had had surgery, and she was prescribed prescription narcotic painkillers. She did develop and addiction from that prescription, and one thing that she was very concerned about was that her young children would ultimately struggle with addiction the way she had. So like I said, just getting the opportunity to hear the perspective from folks that I do from doing outreach. I also recently learned of a father who had surgery twice for the same issue and was prescribed Percocet. He did begin abusing them and is not getting them off the street. So those are just some of the ways in our county that we're seeing this issue affect folks.

This is another trend that we see around prescription drug abuse. It's pharming or skittle parties, something that you may be aware of. It's where people are bringing an

assortment of prescription drugs either to a party or to some location and kind of mixing them all together and taking them either alone or with alcohol. In fact, we just partnered with a college on an event and highlighted prescription drug abuse to educate and used this as a tool to do it. This happens at every level. This happens in a middle school level, high school, college, and also with adults who facilitate, charge, and participate in these types of events. And I also recently heard from another young man in high school about another event like this.

And when we go into middle schools, we're not giving information like this. I write the word drug up on the board and say, "Okay. So when you see or hear the word drug, what's the first thing that comes to your mind?" Most of the time, pharming parties is something that kids at that age are aware of and that I end up writing on the board.

So Hydro is another drug that's on the horizon. It's basically a high dose Hydrocodone that can be crushed and snorted. It is not abuse deterrent. It doesn't have an abuse deterrent formulation rather. I know that there are states taking action around - to prevent sale and distribution. Vermont, I believe, has banned it, Massachusetts as well, and I think they're waiting to see if those bans will hold up. But what it really does is it speaks to the continued critical need for prevention efforts around prescription drug abuse as drugs like this continue to emerge.

Heroin I would also like to review on the local level our numbers for heroin. We have had, as Special Agent Tuggle said, this is the 54 percent increase that he referenced. And in Carroll County, we actually experienced a 550 percent increase in that same time period going from two deaths, two heroin related deaths, in 2011 to 13 in 2012. In almost every single outreach activity in which I'm involved, someone has been personally affected by heroin. In a recent education class, a young man shared with me that he had just lost a friend to a heroin overdose, and in another presentation I did, a woman pulled me aside and told me that her son's friend had fatally overdosed and that

that young man's girlfriend was still currently using. So again, it just speaks to the need for continued outreach and education and prevention.

In May, we're holding a parent speak out event at a local high school where families of overdose victims are able to share their journeys. My supervisor Linda Auerbach is going to be speaking about prevention efforts and opioid abuse, Tim Weber of Weber Sober Homes who runs a group of sober homes in our county is going to be speaking about treatment and recovery, and we're also going to have personal testimony. So but again, most importantly, parents and families of overdose victims are going to be there, and it's also been co-sponsored by the middle school in the area. So we're hoping to get lots of parents and families.

Something else that Special Agent Tuggle mentioned is the new - the emerging heroin Fentanyl mix that emerged several months ago, and this is something we also educate folks about when we're out doing outreach. One of the big things that we try and get people to take away is that you really don't know what you're getting with any drug. A drug like heroin, it could be heroin, it could be heroin and other drugs, it could be heroin and Fentanyl. There is just no way of knowing that, and that's one of our big takeaways in the presentations that we do that people can mistake this for regular heroin. And we've heard from nurses and people in treatment that people are seeking this out, asking for it specifically. So that's another area of concern.

Part of the outreach that we do is always to help people understand the relationship between opioids and the risks of prescription drug abuse, which can include heroin addiction. I know both gentlemen before me spoke to that. At a recent education event that we did, what I noticed is that many of the students were unaware of that relationship or at least did not fully understand it. But once the education was provided, not only were they very receptive to that education, you got the feeling that it could genuinely affect their decisions, that they could certainly be more mindful in the future given that information. And I also just, just recently talked to a woman whose son began

by abusing prescription drugs. Shortly after that he started - he crushed and snorted them and then moved to snorting heroin and was then introduced to the needle. So that's just another way that that progression can happen. Unfortunately I hear stories like that too, too frequently in the work that I do.

Purple drank. This is a really important trend to be aware of because of its normalization through music and popular culture. If you haven't heard of it as purple drank, you may have heard of it as lean, sizzurp, syrup, drank, and if you haven't heard of it you may ask your children because they may have heard of it in certain music or lyrics. Those are all terms we hear of in popular songs. What it is, is prescription strength Codeine and Promethazine mixed with soda and candy. It's a euphoric dissociative high, and we're seeing this both as a standalone trend, but also as part of the opioid progression. In our county we had a young person progress from purple drank to prescription drugs to heroin. He then purchased Dilaudid off the street and fatally overdosed. And we have also gotten calls from local high schools about this.

Just as Special Agent Tuggle said, we're very fortunate to have the partnerships that we do. We are the face of prevention. We're out there talking with parents, people in crisis, crisis counselors, people in treatment, law enforcement, and we are very fortunate to have those partnerships because they allow us to become aware of emerging tread that are out there and give that vital information to our communities. I was just at an outreach event this past weekend having my booth, sharing all my materials, and a school health nurse came up to me and shared new information about a drug that I was not aware of. So now I'm able to keep my eyes out and be aware of that and get that information out.

[Pause]

Oh, sorry.

[Pause]

Because we are here today to highlight the dangerous trend of prescription drug abuse and heroin addiction, it's my honor to be able to share with you the story of a young man from our community, Parker Whittle. I met Chris and Dave Whittle at the emerging opioids tread community event that I told you all about on February fifth of this year. They came up to me after the event and shared with me that they had lost their son Parker to a heroin overdose one year earlier. One week later they came into the office on the anniversary of their son's death and shared their story with us.

The first thing they said was that there had been 15 deaths in a five-mile radius in 18 months of people they knew. Parker Whittle was one of three boys in the family born to Chris and Dave. Parker, Max, and Harrison were all two-and-a-half years apart. Parker was a 2009 graduate of Liberty High School in Eldersburg, Maryland, and his girlfriend had no tolerance for drugs. Parker didn't go to parties. He was home every night. He had protective, even strict parents who coached his sports, were very involved, and they did everything as a family. Parker was an adult leader for scouts and attended Frostburg State University.

He was eventually placed on probation at Frostburg. Following that, he did fairly well for a couple of semesters. But by Christmas his junior year, Parker was much thinner. At the end of April that year, the Whittles received a letter that Parker had gotten a marijuana possession charge. They found a scale and suspected that he had been selling marijuana to pay for prescription drugs. That summer, Chris and Dave told Parker he was not going back to Frostburg. He was stealing from the family, including jewelry and video games, which Chris strongly suspects that he pawned. He was lying, and at that time Parker admitted to them that he was hooked on prescription pills.

In October of 2012, his girlfriend detoxed him. By November he was using prescription drugs again. Following an argument with his girlfriend, he went to Carroll

Hospital. The doctor told Chris and Dave a personal story about heroin addiction. At that point, Parker said that he had used heroin one time. The hospital assigned a social worker who mentioned inpatient treatment, but said that he could do outpatient. His outpatient treatment was one half day for four weeks starting in January with drug testing. At the conclusion, there was a family meeting at which therapy was recommended.

Chris and Dave reported that they suspected that Parker had used. However, he was discharged at the beginning of February, and he was living at home with his parents during this time. During the Super Bowl, the police arrived at the home of the Whittle's neighbors. Someone had broken in, although nothing was taken. That same weekend, Parker sold his Xbox. Chris, Dave, and Parker's girlfriend arranged their schedules to supervise him. Monday was the only day he was unsupervised. The evening before he died, he was nodding out. Chris and Dave told him to go to bed, not realizing this was a sign of opioid abuse. They thought that he was tired. The next day, February 12th 2013, they check on him in the morning, thought that he was snoring, and went to work. Chris and Dave got the call later that day that Parker had died at home in his bed. He had just turned 22 years old. Parker Whittle's autopsy report showed heroin intoxication, prescription opiate intoxication, and cocaine usage.

I would like to thank Chris and Dave Whittle for the honor of sharing their son Parker's story, and also thank the DEA again for the honor of being here. Thank you.

[Applause]

[Pause]

Sean Fearns: Amy, thank you very much for joining us and for sharing. Let me ask Special Agent Tuggle and Hill and Amy to come back up to the stage and as they come up I'll mention that we're going to ask you all for questions. So start thinking about

questions that you would like to ask. And then also to mark your calendars, next Saturday, April 26th, is the next nation prescription drug take back day that DEA sponsors. You can go to our website at DEA.gov and look up based on your zip code locations where you can turn in unwanted or expired medications at a location near you, no questions asked. It'll certainly go a long way towards helping to address this. Also a note to those watching live on the web, if you'd like to submit a question, Katy Drew is here monitoring our web traffic for questions. Again, bottom left corner.

And for those of you here in the auditorium, if you could simply raise your hand and wait for one of our microphone folks to come to you so that not only your fellow audience members but also those watching on the internet can hear your question. Let's go ahead and open it up, and just let us know if you want to ask one of our particular speakers or all three of them.

[Pause]

Female Voice: Hi. Good morning. This message is for Amy. You had mentioned that there was a new drug that you had - that the nurse had told you about, but you didn't say what it was.

Amy Ligell: It wasn't related to this at all. It just -

Sean Fearns: Would you step to the microphone please?

Amy Ligell: Yeah. I apologize. I didn't elaborate on that because I really - it was just kind of an example of how we hear things more so than it's something that necessarily we are seeing. In fact, this woman wasn't even sure that she was seeing it. It was just kind of a conversation, you know, that she wanted to make me aware of and kind of ask me if I had ever heard of it. But we can offline discuss that further.

[Pause]

Sean Fearns: Going once. Going twice. You guys did such a good job that obviously there is no need for questions. Again, please join me in thanking our speakers.

[Applause]

I'm going to ask Diane Martin to come up and present a small token of appreciation on behalf of all of us at the DEA Museum and the DEA Educational Foundation for your time today. And just one last housekeeping item, our next webcast from the DEA Museum will take place on Tuesday May 13th at 11:00 AM Eastern. It'll be the broadcast of the DEA annual memorial service where we pay tribute to those who were killed in the line of duty and are on the DEA wall of honor. We hope you will join us. Please pass the word that if you missed today's program that it will be available on the web in about a week in perpetuity for you to watch. Thanks for joining us. Good day.

End of Recording.