

**Testimony of Chief Kenneth C. Miller
before the
US Senate Committee on the Judiciary
Subcommittee on Crime and Terrorism
at the
Hearing on Defeating Fentanyl: Addressing the Deadliest Drugs Fueling the Opioid Crisis**

April 11, 2018

Mr. Chairman, I thank you for the opportunity to testify regarding the crisis that fentanyl and its related compounds have created in America. As a law enforcement official, I know that any solution requires prevention, intervention and enforcement approaches, strong multi-agency and multi-jurisdictional partnerships, and significant infusions of technical, support and personnel resources, currently beyond the capacity of many police agencies and local service providers in our communities.

The fentanyl epidemic has struck at the heart of families and communities across South Carolina and in every state throughout our nation. It is unique from other drug crises in that, while others posed a possibility of overdose death, fentanyl compounds pose distinct probability of death. With fentanyl and carfentanil potencies 50¹-5,000² times more potent than heroin, dealers are unaware of precise product potencies, and the intense cravings and addiction keeps users aloof to the risks. And those risks are great: Of the 62,497 lethal overdoses in 2016, over 20,100 were fentanyl induced.³ In South Carolina, 2016 opioid overdose deaths totaled 616 – 68% higher than the 366 murders on record that year,⁴ and its 190 fentanyl deaths marked a 46% increase over 2015 alone.⁵ No matter the town, city or state –at a breathtaking pace, fentanyl is taking the lives of our children, our parents, our spouses and our siblings.

Drug Enforcement Administration (DEA) reports inform us that fentanyl is primarily smuggled into the United States through Mexico and Canada.⁶ In particular, Mexican transnational criminal organizations smuggle the majority of fentanyl into the US through our border with Mexico.⁷ The DEA, HSI, other multi-jurisdictional task forces, and local narcotics units work diligently to prevent this fentanyl from reaching users. The DEA has extended additional support through its HIDTA collaborations, but more is needed. Much more.

¹ *Fentanyl: A Briefing Guide for First Responders*. US Department of Justice, Drug Enforcement Administration. June 2017.

² *Drug Deaths in America are Rising Faster Than Ever*, Josh Katz. New York Times, June 5, 2017.

³ *The First Count of Fentanyl Deaths in 2016 Up 540% in Three Years*, Josh Katz. New York Times, September 2, 2017.

⁴ *South Carolina Project: LEON*. Presentation. Dr. Arnold Alier, South Carolina Department of Health and Environmental Control, EMS Division Director. April 3, 2018.

⁵ *Opioid Epidemic in South Carolina: State Perspective and Response*. Presentation by Sarah Goldsby, South Carolina Department of Alcohol and Other Drug Abuse Services, September 2017.

⁶ *Fentanyl: A Briefing Guide for First Responders*. US Department of Justice, Drug Enforcement Administration. June 2017.

⁷ *National Seizure Reporting System*. El Paso Intelligence Center (EPIC). US Department of Justice, Drug Enforcement Administration, 2016.

Just last year, Portland Oregon's HSI Task Force Officers were investigating the overdose death of a teenager. This victim made a Dark Web purchase of fentanyl disguised as birth control pills through a Greenville, SC, dealer, who had posted more than 9,000 sales over two years under the online moniker *peterthegreat*. The joint investigation involved HSI task forces from Portland and Greenville, and the Postal Service, among others, and resulted in the arrests of two suspects and seizure of approximately 12 kilograms of fentanyl-based opioids. We do not know how many other *peterthegreat* customers suffered fatal consequences, but the breadth of that investigation reveals how distribution networks can quickly consume significant enforcement resources.

In Greenville and while at a party, two teenagers, with no history of drug use, each took what they believed was a Xanax pill. Their friends called 911 when the pair became unresponsive. Consistent with our protocol, Naloxone was administered. One of the teenagers needed four injections before she was resuscitated. The adulteration of pills is a new twist in the fentanyl crisis: it threatens those who recreationally use drugs in pill form with immediate risks of addiction or death.⁸

Police agencies across the country are adjusting their responses to their evolving realities. At a Police Executive Research Forum conference last year, agency leaders shared challenges and strategies in addressing their crises. Several use computer tracking processes and dispatch homicide teams to work fatal overdoses in order to quickly identify the source and reduce overall deaths; Nassau County, NY, for instance, makes a deliberate effort to mine cellphone data immediately to help identify and address suppliers.⁹

Local law enforcement, their communities and state governments are engaging in this effort well beyond enforcement alone. And, chiefs and sheriffs can provide insight and examples of multi-agency partnerships for prevention, intervention and enforcement services.¹⁰

- Like many counties across the nation, Greenville County initiated a drug court that has resulted in the successful diversion of drug offenders for more 20 years. Drug courts are exceptional multi-agency partnerships that help individuals and families fix problems, yet less than half of counties in the US have initiated drug courts.¹¹
- Since mid-2016, South Carolina Department of Health and Environmental Control has trained nearly 5,000 law enforcement officers statewide on the administration of Naloxone, and their use of it has saved 233 lives.¹² Greenville Police Department alone

⁸ Conversation with Rich Jones, Executive Director of FAVOR (Faces And Voices Of Recovery), Greenville, SC. April 2017.

⁹ *The Unprecedented Opioid Epidemic: As Overdoses Become A Leading Cause Of Death, Police, Sheriffs, and Health Agencies Must Step Up Their Response*. Police Executive Research Forum, September 2017.

¹⁰ Ibid.

¹¹ *Report of The President's Commission On Combatting Addiction And The Opioid Crisis*. Governor Chris Christie, Chairman. November 1, 2017.

¹² Summary statewide statistical data provided by Dr. Arnold Alier, South Carolina Department of Health and Environmental Control, EMS Division Director. April 3, 2018.

has approximately 150 officers trained and equipped, and in 2017, has successfully resuscitated twenty-six people, up from ten people in 2016.

- Blue Cross/Blue Shield of South Carolina has restricted short-acting opioid prescriptions to a seven-day supply; and South Carolina Medicaid is limiting opioid prescriptions to a five-day supply for post-surgical and acute pains, following an executive order by Governor McMaster establishing an emergency response team to address the opioid crisis.¹³
- Even health systems have stepped up. Greenville Health System, an eight-hospital, 100 practice Academic Medical Center serving the upstate of South Carolina, has planned, and initiated a variety of related prevention, intervention and process management initiatives (see Appendix A), many of them involving law enforcement, regulatory, addiction, medical student and behavioral health partners.¹⁴ And, GHS has begun using ketamine in lieu of opioids as appropriate –in surgery, recovery and aftercare, to reduce the opioid footprint and dependency.¹⁵

In looking forward, much research and strategy development has already occurred. The recent report from the bipartisan *President's Commission On Combatting Addiction And The Opioid Crisis* makes good use of available research and expertise to provide meaningful recommendations that can collectively turn the tide on this crisis. The challenges lie in legislative and executive commitment, in addition to the availability of resources needed to expand prevention, intervention and enforcement services at federal, state and local levels in areas that need them most.

Consistent with this report, The Ending the Fentanyl Crisis Act of 2018 is an important step in enhancing deterrence and accountability among those who would traffic a drug that requires so little to produce such fatal results. Infrared and other drug screening devices and improved screening protocols through US Postal Service *and private shipping companies* are important measures to improve fentanyl interdiction through the mail. And, such devices are becoming essential in the protection of officers and their canine partners.

Finally, multijurisdictional task forces led by federal agencies could be enhanced and expanded through an adjusted funding formula that cost-shares task force officer salaries, relieving local resource burdens and fielding 2-3 task force officers at the cost of one federal agent, yet leveraging the collective strength of all. Pooling resources, investigative coordination, and intelligence access among larger multiagency task forces can significantly enhance the effectiveness of interdiction and diversion investigations, as law enforcement works to battle this deadly epidemic at home... and across our great nation.

¹³ Opioid prescribing limits to be imposed in South Carolina, Alexis Simmons, WCSC Local News, March 8, 2018. <http://m.live5news.com/live5news/db/348384/content/JT10c748?contentguid=JT10c748>.

¹⁴ *Opioid Prevention, Awareness, Education and Treatment Efforts, Greenville Health System, Greenville, South Carolina*. Michael Hildebrand, Chief of Staff for SC Health Company, parent company of Greenville Health System, April 6, 2018. (also labeled as Appendix A)

¹⁵ Interview and email discussion with Michael Hildebrand, Chief of Staff for SC Health Company, parent company of Greenville Health System, April 6-7, 2018.