



Testimony of Joseph D. Coronato

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Deadly Synthetic Drugs: The Need to Stay Ahead of the Poison Peddlers

Committee on the Judiciary

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Chairman Grassley, Ranking Member Feinstein, and members of the committee, thank you for the opportunity to appear before you today.

My name is Joseph D. Coronato, and I am the prosecutor in Ocean County, New Jersey and am here on the behalf of the National District Attorneys Association (NDAA) Ocean County is the second largest county (land wise) in New Jersey. Our population is slightly over 600,000 people, 5th largest in New Jersey, but during the summer months our population exceeds 1,000,000 due to our beaches along the Atlantic Ocean.

I was nominated by Governor Christie and confirmed by the New Jersey Senate and sworn-in as prosecutor of Ocean County on March 22, 2013. As prosecutor, I am the chief law enforcement officer for the county and all the police chiefs and all 32 police departments report to my authority. My office consists of approximately 200 employees, 50 assistant prosecutors, 95 detectives and agents and my support staff.

I'm here to discuss the old, but still emerging problem of synthetic drugs. This is not an isolated issue or unique to my jurisdiction, but one that affects law enforcement and prosecutors across the country. Traditionally, this took the form of K2 spice and bath salts. While those are still a problem, today you hear synthetics in the context of synthetic marijuana, synthetic opioids, and other new and emerging variations. This is where I think the biggest emerging problem exists currently: synthetic opioids and marijuana.

I witnessed this first-hand as within two weeks of being sworn-in as prosecutor, there were eight overdose deaths, all individuals under the age of 28 years old.

One young girl, 18 years of age, died in a motel room. This young woman was doing 50 packs of heroin a day, 25 in the morning and 25 at night.

As a father of two children, I knew it was my responsibility to use every effort possible to address this epidemic.

In New Jersey, we have the highest potency/purity of heroin in the country and the least expensive. Our opioids essentially come from Camden/Philadelphia/Newark/Paterson and New York City. The synthetic opioid is so powerful that a micro-gram can kill. A small envelope of a synthetic opioid is easily transported and it is lethal and devastating.

In 2012, there were 53 overdose deaths in Ocean County. In 2013, there were 102 overdose deaths. As a result of these alarming numbers, I had to develop a plan to combat this epidemic.

My plan to address this epidemic in Ocean County is broken down into three (3) areas:

Prevention/education

Strict law enforcement

Treatment/breaking the cycle of addiction

Let me briefly explain our efforts in prevention/education:

1. Back to school night
2. Law enforcement – splitting the drug enforcement southern unit and northern unit. We have approximately 23 detectives assigned to the two units. We prosecute strict liability deaths – essentially

treating each overdose death as a homicide, tracing it back to the original drug dealer. We currently have twenty-three (23) strict liability death charges – leading the state – thirteen (13) convictions to date

3. An aggressive forfeiture policy. Countywide K-9 operations/(school searches)
4. Pawn shop ordinance – rapid system project/medicine drops (funeral cards distribution)
5. Narcan/treatment/breaking the cycle of addiction

Narcan: forming a partnership with law enforcement I researched what other states were doing and came across Narcan (naloxone). I established a protocol and Ocean County became the first county in the state of New Jersey to implement a law enforcement Narcan program, which included all the police departments in the county adopting the program. My office supplied the Narcan kits through asset forfeiture monies (seized dollars from drug dealers) to fund the program. In fact, all 21 county prosecutors in the state of New Jersey use asset forfeiture money to equip officers on the street with doses of Narcan.

The first police officer to use Narcan in a lifesaving effort was on April 6, 2014 in Seaside Heights, Ocean County.

The statistics both for the deployment of Narcan by law enforcement and the drug related deaths for Ocean County are as follows:

2014 - 129 Narcan deployments

104 drug related deaths

2015 - 272 Narcan deployments

118 drug related deaths

2016 (as of May 31) - 173 Narcan deployments

61 drug related deaths

You can see that in 2015, law enforcement utilized Narcan on more individuals and yet the overdose death total has still risen to 118.

The statistics for 2016 are not promising so far. We continue to utilize Narcan at a high rate but, we are anticipating the overdose deaths rate to be in the range of 150.

Treatment: We need to do more with the health care community to develop a strategy to combat the cycle of opioid addiction, which I have broken down into three parts:

Hospital - Detox facility - Treatment options

1. At the hospital: opioid overdose results in law enforcement – EMT/ paramedic deployment of Narcan. Patient transported to the hospital emergency room for additional treatment/monitoring. Possible medication by the emergency room physician. After treatment, but prior to release, a recovery coach meets with the patient (recovery coach – 24 hours a day – 7 days a week) pilot program instituted.
2. Thereafter, referral to a detox facility; patient is transported directly to the detox facility. At the detox facility the patient will stay 48/72 hours. An assessment of treatment options for the patient is discussed and agreed to. A navigator is assigned to follow up and manage the case.

3. The treatment options available are: methadone, suboxone and vivatrol or inpatient treatment – which may be located out of state.

Brief strategies for the recovery coach project: we need to break the cycle of addiction; we need to “capture” the overdose victim while the “tear drops are warm”. I believe the one on one mentor approach has clearly had the most positive results and the follow-up by the coach has been very effective.

The foregoing brings me to the topic of the day.

Working with the New Jersey State Police, R.O.I.C. and the state police lab analysis, it now appears that more often than not the glassine packets being consumed by an Ocean County resident does not only contain heroin, but many other drugs. Clearly these packets are a “cocktail” containing many other drugs such as cocaine, meth, fentanyl, acetyl fentanyl, caffeine and morphine. The most deadly component now appears to be synthetic opioids. Fentanyl now appears regularly in Ocean County as an additive to the heroin packet.

Fentanyl itself is 100 times more powerful than morphine. We had a fourteen year old die already using fentanyl patches.

There is now acetyl fentanyl, which is more powerful than regular fentanyl. There is also buccal fentanyl, which is fentanyl in tablet form. Another form of fentanyl is butyryl fentanyl.

Now there is W-18, which is another synthetic opioid allegedly 10,000 times stronger than morphine. This drug is on the horizon. So far it appears it has not made its way to the Jersey Shore but, has been seen in Philadelphia.

Here is the issue:

Testing - discovery of the substance.

Law enforcement has had a distinct problem with synthetic marijuana. When synthetic marijuana is formulated, the chemist constantly changes a small component of the product. Lab tests then cannot confirm the drug to match the prescribed scheduling.

The illicit drug makers have been astute enough to constantly change one small component to elude law enforcement. To that end, now you have synthetic opioids with the designers changing one small component to elude the testing procedures for confirmation of the scheduled narcotic. The form of the synthetic drug is also changed in that in some instances the synthetic opioid drug is produced in a pill-like form to specifically mask its identity.

Another concern is whether Narcan/naloxone as currently constituted will have a reversal effect on the synthetic opioid? I am now exploring to see if we need to adapt/modify the use of Narcan to reflect the changes in the synthetics as they develop.

It is my belief that the continued overdose death total is related to the new “cocktails” that are contained in each “opiate packet”. The individual/the body cannot handle the additives or the synthetic opiates contained therein.

I would look to Congress to take the lead in this “synthetic storm” and assist the law enforcement community and the health care community in addressing this issue. It is my belief this epidemic is an addiction issue that needs to be addressed with the health care community and law enforcement collaborating

I would like to thank you for the opportunity to address this committee and express my thoughts and concerns before you.