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AN EMERGING DRUG THREAT IN CENTRAL FLORIDA: CLUB DRUGS

HEARING

BEFORE THE

SUBCOMMITTEE ON CRIMINAL JUSTICE, DRUG POLICY, AND HUMAN RESOURCES

OF THE

COMMITTEE ON GOVERNMENT REFORM

HOUSE OF REPRESENTATIVES

ONE HUNDRED SIXTH CONGRESS

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AN EMERGING DRUG THREAT IN CENTRAL FLORIDA: CLUB DRUGS

THURSDAY, JUNE 1, 2000

HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE ON CRIMINAL JUSTICE, DRUG POLICY,
AND HUMAN RESOURCES,
COMMITTEE ON GOVERNMENT REFORM,
Orlando, FL.

The subcommittee met, pursuant to notice, at 10 a.m., at City Hall, Orlando, FL, Hon. John L. Mica (chairman of the committee) presiding.

Present: Representatives Mica and Towns.

Also present: Representative Brown.

Staff present: Charley Diaz, congressional fellow; and Ryan McKee, clerk.

Mr. MICA. I call the hearing of the U.S. House of Representatives Subcommittee on Criminal Justice, Drug Policy, and Human Resources to order. Pleased to be here in my local community, central Florida. Pleased to welcome my colleague, Mr. Towns, Ed Towns, a member of our subcommittee. We have invited some of the local representatives who are not on the committee to join us, and I believe Ms. Brown is on her way, but because we have three full panels today, I would like to proceed with the regular order of business before the subcommittee.

The topic of today's hearing is "An Emerging Drug Threat in Central Florida: Club Drugs." And we do have, as I said, three panels. The order of business will be as follows: I will open with my opening statement, I will yield to other Members as they arrive, or in order, proper order this morning. And then we will hear from our three witness panels.

I have a lengthy statement that I have prepared and I would like to have made as part of the record. Mr. Towns, I move my entire statement be made part of the record. Without objection, so ordered. And I do have some opening statements that I wanted to make at this hearing this morning.

As chairman of the Criminal Justice, Drug Policy, and Human Resources Subcommittee, I have the responsibility to help develop a coherent and effective national drug policy. As a Representative to Congress from this area, I also have an obligation to see that the threat of dangerous and illegal narcotics are kept from our communities, and especially from our children.

In recent years, this area has been ravaged by natural disasters, including tornadoes, droughts, storms and fires. Even with the loss of life and property, we have fought back and we have recovered.

We have joined together to fight those natural disasters. In the past few years, central Florida has also been ravaged by an epidemic of illegal narcotics. Heroin overdose deaths have, at times, exceeded homicides in our local community.

Now we face an explosion of designer drugs, including Ecstasy and other club drugs, that pose an even more insidious threat to our children, to our parents in the local community and also to our law enforcement officials. These designer drugs are now flooding into our country and produced also domestically in huge quantities.

The cover and lead story of this week's Time magazine showcases Ecstasy and also describes the national scope of the problem and threat that we face. It is ironic that the cover of this magazine today focuses on the subject of this hearing. This new scourge of drugs pose a new challenge to parents and law enforcement. This article and some of the information our subcommittee has received said that some 5 percent of those 12 or older say they have used marijuana once a month; 1.8 percent say they have used cocaine. However 8 percent of high school seniors say they have used Ecstasy at least once, which is up from 5.8 percent in 1997.

Nationwide, our customs officials, who we will hear from later, seized again in 1998 750,000 hits of Ecstasy. So far this fiscal year, more than 5.4 million hits have been seized. Again, a dramatic explosion in the quantity of designer and club drugs coming into this country.

Ecstasy and other so-called club drugs have flooded rave, dance and D.J. clubs and also functions where our youth congregate. Unaware parents send their children to these events and these events boast security, no alcohol, music and fun. Unfortunately we will hear today that too often lives are destroyed and our youth, in fact, become victims of addiction.

Two years ago, I was able to have central Florida designated under Federal statutes as a high-intensity drug traffic area. That is also referred to as a HIDTA. That designation has brought together initial Federal funding, Federal support and resources to help this area and its local and State officials deal with primarily the growing heroin trafficking problem we experience.

Today, we face another challenge relating to illegal narcotics, the problem of club drugs and Ecstasy. It is my hope that this hearing can assist us in several ways. First of all, we need to examine the extent of the club drug and the Ecstasy problem. I noted, and the staff provided me with a copy of this year's National Drug Control's strategy, and we do have an awareness even cited in this strategy prepared by General McCaffrey, director of our Office of National Drug Control Policy. On page 23, he talks about MDMA, also known as Ecstasy. He said Ecstasy is often used in conjunction with other drugs and is extremely popular among some teenagers and young professionals. Furthermore, growing numbers of users, primarily in the Miami and Orlando areas, combine MDMA with heroin, a practice known as rolling. That is where we have seen the large number of deaths. There may be debates about the exact number of deaths, but one death is too many, as we will hear from parents and individuals who have been the victim of this scourge.

But again, the purpose of this hearing is to examine the extent of the problem. Second purpose is to hear from local, State and

Federal officials as to how they are dealing with this problem. The third purpose of this hearing is to listen to those involved in treatment and prevention, and work with them to develop better programs, also in the areas of education, prevention and public awareness. And also it is important today that we review the HIDTA that we established here, less than 2 years ago now, see how that is working, see if we need to make changes in its operation, its function, its direction, now that we face this new threat.

I will tell you something here, and again it is not written in my official submitted statements. I have faced some challenges in my life, but I do not think I have ever seen anything like this. Heading this subcommittee for the last year and a half has been the ultimate challenge. And I feel sometimes we are making two steps forward and one step back. But I think that if we all redouble our efforts here in our community, and nationally, that we can turn this around. Again, I remain committed to it.

I am so pleased that I have been joined by a member of our subcommittee, someone who I have the highest regard and esteem for. When I went to Congress—and by way of introduction, he chaired a subcommittee of which I was a member. He came into our community, he helped us initially with some of the problems that we had here in our community, he provided a great example for me as to how to work in a bipartisan fashion in Congress, and I consider him not only a colleague but a friend, and someone I have learned a great deal from. So I have a tremendous amount of respect for the gentleman who has joined me, also joined our subcommittee. And I am pleased to yield at this time to Mr. Towns, Ed Towns, from New York.

You are recognized, sir, and welcome.

[The prepared statement of Hon. John L. Mica follows:]

ONE HUNDRED SIXTH CONGRESS

Congress of the United States

House of Representatives

COMMITTEE ON GOVERNMENT REFORM

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Opening Statement of Congressman John L. Mica

"Club Drugs In Orlando"

Field Hearing before the House Subcommittee on Criminal Justice, Drug Policy and Human Resources

Orlando, Florida June 1, 2000

Unfortunately today marks the third Congressional field hearing here in Central Florida on the topic and problem of illegal narcotics. As Chairman of the House Subcommittee on Criminal Justice, Drug Policy and Human Resources, I have had the responsibility to help develop a coherent national anti-narcotics strategy, but I also have the direct obligation to aid my local community and state as they grapple with the current drug epidemic. Today, we will take a closer look at a growing drug crisis here at home; namely the explosion of so called "club drugs" in the greater Orlando area.

Club drugs (which go by names like Ecstasy, Special-K, Meth, GHB and Roofies) are the drugs of choice at all-night dance parties called "raves" or "trances." Gaining in popularity during the 90's and continuing today, club drugs include a wide variety of illegal drugs, as well as prescription drugs taking illegally. Some are stimulants, some are depressants, and some are hallucinogens. They are all harmful and can produce immediate, as well as long-term, health problems.

These designer drugs are the latest wave of illegal narcotics that are poisoning our kids. If you thought crack cocaine was bad, in many respects club drugs are worse. According to a quote from the cover story on Ecstasy in this week's TIME magazine, **"It appears that the ecstasy problem will eclipse the crack-cocaine problem we experienced in the late 1980's."**

Club drugs are cheap, readily availability and popular with teens. And unlike most drugs, users can typically continue to function effectively in society, at least for a while. Finally, the perceived low-risk by teens and young adults make the use of club drugs the most insidious drug threat to ever hit Central Florida and also across our nation.

But, we shouldn't kid ourselves -- CLUB DRUGS CAN AND DO KILL. According to Doctor Alan Leshner, the Director of the National Institute on Drug Abuse (NIDA), **"Young adults believe club drugs can harmlessly enhance their experience at dance parties and 'raves,' but there is no safe way to use any of these drugs. There is no such thing as a harmless club drug and there is no such thing as recreational drug use."**

This concern is so great that NIDA has increased funding for club drug research by 40% to $54 million and created a new Web site - "www.clubdrugs.org" - to educate the public.

Ecstasy, also known as "X", Adam, "E", or MDMA, is a stimulant and a hallucinogen. It is sometimes referred to as the "hug drug" because users experience feelings of closeness and have the need to touch one another. It is very popular with upper - to middle - class teenagers. Kids often take Ecstasy for its quick euphoric high, which gives them the energy to literally dance all night long. Rave-goers also use the drug for mood enhancement. Ecstasy speeds up a person's heart rate, raises body temperature and even appears to mask the sense of thirst. These three characteristics, along with impaired judgment, make for a potentially dangerous situation at sweltering, all-night dance clubs. It has been reported that some Ecstasy users die, not from the drug itself, but from dehydration.

According to the NIDA, Ecstasy may have long-term adverse physical effects as well. Using brain imaging, studies at John Hopkins University have shown that Ecstasy damages brain cells that produce the valuable chemical serotonin. Serotonin affects memory, thought processes and pleasure. Since we don't know if these brain cells regenerate, Ecstasy may be causing long-term memory loss in thousands of American young people.

The use of Ecstasy is a nationwide phenomenon. A federally sponsored survey of high-school students indicated that Ecstasy increased 55% from 1998 to 1999. As reported in the ORLANDO SENTINEL, the Drug Abuse Warning Network (or DAWN) estimates that 8% of High School seniors have used Ecstasy at least once in their lifetime. That figure, derived from a national youth survey, is up 2% from just a year ago.

GHB (or "G") and Rohypnol (or "Roofies") are illegal drugs notorious for their use in date rape and other crimes. These drugs are odorless, colorless and tasteless and can be slipped unnoticed into a drink. These dangerous drugs sedate users, rendering them helpless. Additionally, these illegal drugs are homegrown and therefore vary in purity and potency. Users have no way of knowing how much they are taking or giving to others. As a result, overdoses are common. When taken with alcohol, also a depressant, GHB use can lead to a coma; respiratory arrest and death. According to NIDA, by mid-1998, GHB had been implicated in at least 26 deaths -- and a significant percentage of those who died from GHB also had alcohol in their system.

Methamphetamine (also known as Meth, Speed, Crystal, Ice, or Crank) is a highly addictive stimulant that is slowly making its way to Florida from the Western states. Meth can cause feelings of anxiety, paranoia and cardiovascular problems. It can be mixed at home and the recipe can be found on the Internet, though the ingredients are highly volatile. There are many reports of meth lab explosions in basements across the Mid-West and Western states.

Club drugs are relatively cheap. For example, one Ecstasy pill costs about $20, but as we will hear later today, many pushers simply give these pills away in an effort to lure their victims onto harder drugs. Kids often mix their club drugs with other drugs like LSD, PCP and heroin to intensify the high. This experimentation often ends in tragic results. By the end of the night many kids are so impaired they don't even know what they are taking.

An added threat from these drugs is that our kids don't know just how harmful they really are. Studies have repeatedly shown that the misperception of "risk" by young people is a strong predictor of drug use. Recently, when Governor Jeb Bush announced that overall drug use among Florida sixth through twelfth graders is down, he warned of the emerging popularity of club drugs among Florida teens.

Club Drugs can be deadly. According to Florida statistics, club drugs killed nearly 200 Floridians during the last several years. Sadly, many of those deaths occurred here in Central FLorida.

The amount of Ecstasy entering the United States is growing exponentially. In fiscal year 1998, the U.S. Customs Service seized an estimated 750,000 doses of Ecstasy nationwide. Last year it was 3,000,000 doses. And in the first five months of fiscal year 2,000, Customs officials have seized over 4,000,000 doses. The problem is huge and getting worse.

Club drugs continue to be readily available. Ecstasy pills are not just found in local dance clubs, your kids can now order them on-line. In less than ten minutes on the Internet, any kid in America can locate a Web site that will ship club drugs directly to your house or post office box -- just "Point and Click." We can only guess at the scope of this problem. At a hearing I chaired just last week in Washington, federal postal officials and law enforcement agents were hard pressed to estimate how many drugs are being ordered over the Internet and shipped through the mail.

When I took over as Chairman of the Subcommittee on Criminal Justice, Drug Policy and Human Resources from Speaker Dennis Hastert, I held my very first field hearing in Winter Park, Florida. The primary focus of that hearing was heroin. Now, 16 months later, we are examining club drugs.

Last year, as Subcommittee Chairman, I conducted sixteen hearings on the topic of illegal drugs. Many of those were field hearings like this one. During this Memorial Holiday District Work Period I am presiding over three more. I was just in New Orleans, Louisiana the day before yesterday exploring the prevalence of drugs in schools; today we are here in Orlando; and next Monday I will be in Dallas, Texas looking at effective drug prevention programs.

We continue to examine drug policies and programs at the federal, state and local level. We now have 31 federally designated High Intensity Drug Trafficking Areas (or HIDTA's) including one here in Central Florida. These entities represent a federal effort to enhance cooperation among federal, state, and local law enforcement officials. Furthermore, the National Youth Anti-Drug Media Campaign, now in its third year, is beginning to have an impact on our kids' attitudes about illegal drugs. The House of Representatives passed a Colombia aid package in March that hopes to get at the source of the cocaine and heroin supply line. The illegal drug trade is clearly global. So this year I co-hosted with the United Nations an International Drug Control Summit in Washington, DC which brought together representatives of the various donor countries in Europe, Japan and Canada with the recipient nations in South America.

Drug abuse kills over 16,000 American's every year. The estimated costs to society exceed $110 billion annually. I want Central Florida to know that I am as committed as ever to this effort. I have come here to Orlando to listen and learn from local officials and local citizens, like you. I want to thank in advance our witnesses who will address club drugs in the Orlando area. It is a problem that concerns us all and which will require a lot of work on the part of a lot of people to overcome -- many of whom are in this room today. For my part, I appreciate your shedding light on this growing drug problem, and for informing us, in the Congress, as to what resources you need to combat this latest drug threat.

Mr. TOWNS. Thank you very much, Mr. Chairman, and let me begin by saying that the feeling is mutual, no question about it. It is a pleasure working with you. I am delighted to be joined this morning by my colleague Corrine Brown, also from the State of Florida.

I will be brief, because I am eager to hear from these outstanding witnesses. I would like to commend you on your leadership on drug policy issues in the Congress, Mr. Chairman, and I look forward to working with you and this subcommittee as we inform and seek guidance from the American people on these important national issues that have such a profound effect on the lives of so many people.

I know this may date me, but I am old enough to remember when people said that marijuana was fun, cocaine was harmless and speed was not addictive. Now, I am old enough to know that all of that was a bunch of lies. And yet there are a lot of people who are not here today because they believed those lies. Today, we are hearing some of the same lies about club drugs. You almost want to say, here we go again.

I want to take a moment to tell the truth about club drugs. Recent studies by the National Institute of Drug Abuse have found that these drugs may permanently impair your ability to concentrate and remember. In the short-term, these drugs can cause confusion, depression, anxiety and paranoia for weeks after using them. Several deaths have been linked to them, as well.

Mr. Chairman, I do not want to scare anyone, I know that fear is seldom an effective educational tool. I am here to caution people, and especially young people, because I do not want the dawning potential and determination of Generation X to end up in the nightmare of despair of general Ecstasy.

The good news is that club drugs use is low. According to the Department of HHS, only 3 million people have ever reported using these drugs. Mr. Chairman, I applaud you for taking the appropriate steps to avoid further spreading of the club drug crisis.

In December 1999, the National Institute on Drug Abuse announced that it will raise its funding for research about club drugs and what to do about them by about 40 percent, bringing the total commitment to $54 million. That is not enough. Additionally, NIDA and four national organizations have largely multi-media public education strategy to alert teens, young adults, parents, educators and others about the dangers of club drugs. And that is not enough.

So with great anticipation, I look forward to hearing from these various presenters today, because I know that we still have some work to do on this issue. Again, I want to thank you for holding this hearing, Mr. Chairman, and I also want to thank you for your leadership. And I look forward to working with you as we seek solutions to this problem that appears to be spreading every day.

Thank you, and I yield back.

Mr. MICA. Thank you again, Mr. Towns.

I am pleased at this time to yield to my colleague from central Florida, and I must say that I commend her for being with us today. She represents a very vast area from Jacksonville to the city of Orlando. She has been a stalwart in assisting me on a number

of issues, including transportation, which sometimes also is a great challenge for us. But she came here today, got up early this morning from Jacksonville and came down because of her interest and concern. Again, I am very pleased that she has joined us, the gentlelady from Florida, Ms. Brown, you are recognized.

Ms. BROWN. Good morning. First of all, Mr. Chairman, let me say, driving from Jacksonville to Orlando, we have not solved the transportation problems.

Mr. MICA. That may be the subject of our next hearing.

Ms. BROWN. But I would like to give everyone here a very warm welcome, and thank the witnesses for being here today. I would also like to extend a special thanks to Congressman Mica and Congressman Towns for inviting me to this hearing today to address the recent increase in club drugs.

This has adversely affected our area youth and, quite frankly, I am really here to just listen and see what we can do as Members of Congress to affect this American drug threat in central Florida, but quite frankly all over the country. So thank you for inviting me, and as I said before, I am here to listen.

Mr. MICA. Thank you so much, Ms. Brown.

Pleased now to turn to our first panel of witnesses. For the information of our panelists and also for those attending today, this subcommittee is an investigations and oversight subcommittee of the House of Representatives. And in that regard, we do swear in all of our witnesses. You will be sworn in just a moment.

Furthermore, if you have lengthy statements or documentation, information you would like to be made part of this congressional record, upon request through the Chair and with unanimous consent, that will be made a part of the record. So we would ask you to limit your oral presentations this morning, but again, feel welcome to provide us with additional data.

Mr. Towns moves that the record be left open for a period of 2 weeks?

Mr. TOWNS. Two weeks, yes.

Mr. MICA. Without objection, so ordered.

And with that, we had a number of requests from individuals who wanted to testify. Unfortunately, given the time constraints and the business at hand, we were not able to accommodate all the witnesses today. But again, Mr. Towns has moved that we will, and we have passed authorization to include in this congressional record from this hearing, and part of this hearing's record, statements from those individuals and organizations who are concerned, and would like to have some contribution as far as testimony. So we will leave that open.

With that, our first panel of witnesses, first of all is Mr. Jim McDonough, he is the director of the Drug Control Policy Office, the Executive Office of the Governor of the State of Florida. Second witness is Patty Thompson, special agent, the Florida Department of Law Enforcement, coming from Tampa. And a third witness is Lieutenant Mike Miller, and he is with the Orange County Sheriff's Office.

If the witnesses would please stand to be sworn, and raise your right hands.

[Witnesses sworn.]

Mr. MICA. Witnesses answered in the affirmative. Let the record reflect that.

I would like to welcome each of you, thank you for being with us today. And we will at this time recognize Jim McDonough, who is the director of our Florida Drug Control Policy Office. Mr. McDonough, you are recognized.

STATEMENTS OF JAMES R. MCDONOUGH, DIRECTOR, FLORIDA DRUG CONTROL POLICY OFFICE, EXECUTIVE OFFICE OF THE GOVERNOR, STATE OF FLORIDA; PATTY THOMPSON, SPECIAL AGENT, FLORIDA DEPARTMENT OF LAW ENFORCEMENT, TAMPA; AND LIEUTENANT MICHAEL E. MILLER, ORANGE COUNTY SHERIFF'S OFFICE

Mr. MCDONOUGH. Thank you, Mr. Chairman. Thank you for holding this meeting and thank you for inviting me here to testify before you. My thanks also to Congresswoman Brown and Congressman Towns. I have had the honor of working with this subcommittee in Washington in my prior job with the Office of National Drug Control.

Per your request, I will restrict my remarks today to club drugs, which I do believe is a serious problem in Florida, and by extension, I think it is a serious problem in the United States. But I do want to highlight the fact, as you do, sir, that all the drugs that are now besetting our people are, and remain, a problem. So heroin remains a very serious problem, particularly in this part of the State, but throughout the entire State, and cocaine does as well. But let me focus for today on club drugs.

If I may, sir, I would like to submit my remarks for the record, and just sum them up.

Mr. MICA. Without objection, your entire statement will be made part of the record. Please proceed.

Mr. MCDONOUGH. With regard to club drugs, about a year ago this time, we began to suspect that we had a problem in the State. My office had recently been formed and I had spent much of the opening months going around the State looking at the traditional sorts of drugs. And then, in my travels, I began to hear increasing reports of the club drug scene.

About that time, having read various newspaper accounts and talking with various experts, I believed that we had in the State, over the last 18 months from that time, a total of six club drug deaths. And in a early discussion of that, I likened it to a serious problem with a recreational park ride, and offered the opinion that if this, in fact, was a ferris wheel, we would quickly close it down, take a look at it and see what the problem was and fix it before we proceeded. But the number that stuck in my mind about this time last year was six.

As I began to ask law enforcement officials what they were seeing, they quickly associated the club drug scene with the rave scene, and I discovered there that what we actually were seeing was widespread use of so-called club drugs. And I might put in at this point, it was very seldom a single drug, but usually it was multi-drug, poly drugging, or the most graphic description given to me was drug soups. And as we have gone through our study, we

find that is exactly what we are seeing. And that is not just the club drugs, but other drugs as well, such as heroin and cocaine.

We launched therefore an operation last year which we entitled Operation Heat Rave, which was essentially phased with training, with some information efforts, and then actually a move against 57 so-called rave clubs throughout the State. And we were amazed by the take. I was first amazed by the reports getting in the undercover phase of the operation, which lasted a couple of months, by the scene itself, well depicted in the article that you referred to, Mr. Chairman, and I will not go beyond that.

But at the end of the Heat Rave effort, we had come up with over 1,200 arrests and over $7.5 million worth of drugs seized. And about almost 140,000 of these were club drugs, doses of club drugs. So we then realized we had a major problem, but we did not know the extent to which physical harm was being done to the users.

That led us in December 1999 to go to the medical examiners in the State, there are 24 of them, and request submissions of club drug-related deaths, and to capture this as best as we could at the time. That is when NIDA came out with its original recognition of the club drug epidemic, as they call it. We went with a list of 20 drugs or their analogs that would indicate that club drugs may have been used. And the numbers started rolling in in January and continue to come in.

But as of May 15th, what we were able to determine, that if you aggregated the direct cause of death and related cause of death, we believed in Florida that we had a total of 188 dead in the last 3 years. We took the years 1997, 1998, 1999.

Now a quick note on that because I am getting short on time, we found that, of that, very seldom was it a single drug; almost always, it was poly drug. If you look at Ecstasy, for example, only seven of them were only Ecstasy. In fact, if you look at the only drugs, it turns out a total of 26 had one drug identifiable in the blood stream. And therefore, in something like 71 cases of the direct cause of death, we found out that it was poly drugs.

Let me point out that the greatest danger here, it is an unrecognized problem. We had no idea of the extent of it. We are still receiving data, we are still getting data, but it is very clear that our figure of six was way off. We now believe, with some degree of assurance, that we are pushing up toward some 200 deaths over the last 3 years, and early signs of this year, that number continues to remain high.

Thank you, Mr. Chairman.

Mr. MICA. Thank you. Pleased to recognize Patty Thompson now, and she is a special agent with the Florida Department of Law Enforcement. Welcome and you are recognized.

[The prepared statement of Mr. McDonough follows:]

TESTIMONY OF JAMES R. MCDONOUGH BEFORE THE GOVERNMENT REFORM COMMITTEE SUBCOMMITTEE ON CRIMINAL JUSTICE, DRUG POLICY AND HUMAN RESOURCES

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Executive Office of the Governor
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Good Morning. It is a great pleasure and an honor to testify today before Chairman John Mica of the Government Reform Committee, Subcommittee on Criminal Justice, Drug Policy and Human Resources. On behalf of Florida Governor Jeb Bush and the many state and community leaders, citizens, and parents involved in our combined efforts to bring down both the abuse and supply of illegal drugs in Florida, I am appreciative of the national leadership Congressman Mica and the members of the Subcommittee have given to the matter. I thank you for your time and attention to this most important issue and also for the opportunity to meet with you to discuss the urgency of what appears to be a growing problem with chemically-produced illegal drugs.

Specifically, I will address today, per Chairman Mica's request, the issue of so-called "designer," or "club," drugs and the associated "RAVE" scene that appears to foster an environment in which these dangerous drugs are used widely. It is a phenomenon about which, until recently, little was known by national, state, and community leaders; even less, apparently, was known by parents of children caught up in it.

Indeed, it is a lack of information about the club drug scene that has allowed it to become an almost hidden wave of the modern drug culture. Because of its association with a party atmosphere attracting a youthful crowd, loud and vibrant techno-music, various lighting enhancements, and other effects impacting on the senses, this lack of awareness by responsible leadership has enabled the spread of an increasingly dangerous environment involving many of our young citizens. The very terms of reference of these "designer drugs" - "Lover's Speed" and "Ecstasy" for MDMA; "Grievous Bodily Harm," or "Liquid Ecstasy" for GHB; "Special K," and "Cat valiums" for Ketamine; "Yellow Sunshine," and "Boomers" for LSD, and; "Roofies," or "Forget-Me" for the date rape drug Royhpnol –have an allure that makes the scene particularly enticing to young people.

The fact of the matter is that despite a stereotypical view that club drugs are associated with a socially-attractive set, their use is both dangerous and deadly, and the organizations that traffic in them are criminal with no more concern for the welfare and safety of the user than those who traffic in the more traditional illegal drugs of marijuana, cocaine, and heroin. Indeed, it is not uncommon to find the combination of both types of drugs in the wares of the sellers and the bodies of the users. Nor is the use of and trafficking in club drugs confined to RAVE clubs, a vaguely defined term in and of itself. The club drug milieu is more generally a rapidly growing sub-culture that runs the gamut from entertainment establishments, private homes, motel rooms, warehouses, basements, floating parties, to all-night dance events. It is a sub-culture marked not by singular drug use as much as it is by the taking of concoctions of various types of drugs –indeed, "drug soups" – often mixed with alcohol, that have various intended consequences on the brain, central nervous system, and body. They also lead to unintended

consequences as well, to include addiction, increased risk behavior, vulnerabilities to "date-rape", overdose, and death.

The National Scene

The genre of designer drugs, as defined by the National Institute on Drug Abuse, includes both drugs that have been around for many years (such as LSD and Rohypnol) and more recent categories of drugs (such as Ecstasy, GHB, GBL, Ketamine, methamphetamines, amphetamines, and others). Many of these drugs initially were introduced into the United States from abroad, although currently domestic illegal manufacture has greatly added to their increasing volume.

Ecstasy, originally a European fad drug, entered the United States as early as the eighties – much of it through Florida's airports –made its way up and down the east coast and out to California. It is now available throughout the United States, and is smuggled in from several international locations, to include Canada. Much of it, though, is produced domestically. Chemical formulae, manufacturing instructions, and precursor availability information are all readily accessible on the Internet.

Over the past few years, Customs has seen an alarming increase in the volume of Ecstasy smuggled into the United States. Customs seizures of Ecstasy totaled roughly 750,000 doses in fiscal year 1998. Last fiscal year, Customs seized approximately 3 million doses of Ecstasy. In the first five months of this fiscal year, Customs has seized nearly 4 million doses of Ecstasy.

At the same time, demand for Ecstasy has surged among young people in this country. A recent, federally sponsored survey of high-school students indicated that Ecstasy use among high-school seniors increased 55 percent from 1998 to 1999. Customs has established an Ecstasy Task Force at its headquarters in Washington, D.C. to lead its investigative and interdiction efforts. The Ecstasy Task Force meets daily.

GHB is a prime example of a RAVE associated drug that until recently was believed to be benign and was sold across the counter legally. Its prime market was found in health and body-builder stores based on its claim to be a muscle building compound, a misplaced reputation that stemmed from its ability to put the user into a deep sleep. Taken after a vigorous weight-lifting workout, such a sleep supposedly allowed the user to awaken refreshed, able to continue with yet more weight lifting.

In fact, GHB depresses the central nervous system to such a degree as to induce a comatose state in which the user has little recall upon awakening as to what transpired while he or she was in such a state. Indeed, some have reported vague recollection of having been raped while under the influence of the drug. More ominous, some users never awakened at all.

GHB has recently been added to the list of Scheduled drugs by the state of Florida and the federal government. Unfortunately, it remains readily obtainable, highly popular, and easily manufactured from any number of recipes available for study on the Internet.

Other club-drugs such as Methamphetamine (known as "speed" or "crystal" when it is swallowed or sniffed, as "crank" when it is injected, and as "ice" or "glass" when it is smoked) has found its way into Florida. It originally appeared in the southwestern United States, smuggled in from nearby Mexico, and then advanced in stages up the west coast and across the western half of the country before taking hold in the midwest. The last few years have seen its spread to the northeast and into the south. Methamphetamine use in Florida is increasing at an alarming rate and clandestine labs are being discovered in higher numbers across the entire state. Methamphetamine can be snorted, smoked, taken orally, or injected, and users can become extremely paranoid and violent with little or no provocation. An extremely dangerous drug that can induce long-lasting, debilitating effects, methamphetamine has a high potential for abuse and dependence.

Fort Myers has seen a steady increase in methamphetamine usage, especially in the southwest areas surrounding the city. In Orlando, methamphetamines are available in the more remote areas surrounding the city. In the Tampa area, methamphetamines are more abundant than in all other regions combined, and Polk County is considered the "Meth Capital" of Florida. The Florida Department of Law Enforcement's Tampa Regional Operations Center has a drug squad targeting methamphetamine as a part of its inclusion in the Central Florida High Intensity Drug Trafficking Area (HIDTA) based in Orlando. Pensacola has seen an alarming trend with the increase of methamphetamines. In the last two years, there has been a significant increase in the importation of the drug, as well as in the number of local clandestine laboratories manufacturing the drug in this area.

Ketamine is another of the sought after club-drugs and is currently one of the most popular drugs among club-drug users. The substance is often sold under the name of "Special K." The desire for ketamine, often utilized as an animal tranquilizer, has resulted in an increase in animal hospital burglaries. In one instance, a would-be ketamine trafficker made off with what he apparently believed to be ketamine but was actually a large supply of an animal euthanasia substance aptly named "Succumb" (the two liquids look identical). The theft resulted in a Florida-wide law enforcement alert that a potentially deadly euthanasia was likely to be passed to the RAVE scene as ketamine.

Ketamine users usually take the liquid mixture and bake it until it turns into a flaky white powder like cocaine. Depending on the purity, a vial holds enough of the drug for three to five doses. Because it lowers the heart rate, larger doses can lead to oxygen starvation to the brain and muscles. Depending on the individual taking the drug, relatively small amounts can cause the heart to stop. To address the problems associated with this relatively new substance of abuse, a bill adding ketamine to the list of controlled substances was passed in the 1999 Legislative Session and signed into law by the Governor.

The Florida Scene

RAVE activity in Florida appeals to a wide array of participants, with no exclusion by geographical or ethnic group. Participants quickly gain information on locations, dates and times of rave-like parties by accessing Internet sites and announcements and word of mouth. Affecting age groups 12-35 (the highest concentration being those in their 20's), RAVE appeal has created an open-air market for designer drugs with tragic impact on Florida. If overdose death reports

are indication, the highest concentration of users appears to be young white males. Cities that contain major tourist attractions or nearby universities and colleges in the area, such as Fort Myers, Tampa Bay, Jacksonville, Miami, Orlando, Gainesville, Tallahassee, Panama City and Pensacola, are affected heavily by this problem.

The majority of parents and community leaders are unaware of the dangers of RAVE activity. Many erroneously believe that these experiences are safe alternatives to children being out unescorted late at night. Undercover agents inside many clubs throughout Florida, however, report that, in their experience, these parties and RAVE clubs are often dangerous environments due to the drugs and criminal activity associated with them.

Rave-like events in Florida promote a significant increase in both criminal and illicit drug activity across the state. The effects of multiple drug use or "poly-drugging" are potentially so dangerous, that these "dance" clubs are often equipped with "chill rooms" designed to keep body temperature down in order to prevent hyperthermia, heat exhaustion, heat stroke, and death on the premises. Physical and psychological damage associated with poly-drugging include dangerously increased heart and blood pressure rates, hallucinations, respiratory depression, and hyper-activity.

One tragic example is that of a Fort Pierce honor student, Michael Tiedeman who died in his sleep, suffocated by his own vomit. The cause of death was GHB. Michael, who was only 15 when he died, would have celebrated his 17th birthday this month. Another is 20-year-old Sandra Montesi who died after unknowingly ingesting Ecstasy at a late-night "alcohol-free" dance party. Her parents

successfully sought the prosecution of the drug dealer who delivered the deadly dosage and then went on to file a successful civil action against the club.

As the Florida Office of Drug Control was established in the early 1999, we made an early effort to gain an understanding of the degree of drug abuse and illegal drug trafficking in Florida. While records existed, they were spotty, and in some cases contained significant gaps. This caused us to spend a great deal of our time on the road visiting various locations around the state and talking with medical, prevention, treatment, and law enforcement efforts. While it was immediately clear that Florida had a larger than normal drug abuse and drug trafficking problem related to the traditional illegal drugs of marijuana, cocaine, heroin, and (the more recently introduced) methamphetamines, reports of club/designer drugs were sparse.

By the spring of 1999, however, we suspected that the problem was widespread. By that time we had enough isolated reports from law enforcement specialists and medical emergency personnel to indicate that a whole new genre of illegal drugs had appeared on the scene and were capable of doing damage. We still did not know, however, the deadly price these new drugs were claiming.

Newspaper reports indicated that over the preceding 18 months, Florida had lost 6 of its citizens to designer drug use. Additionally, interviews around the state had told us that large numbers of young people had been rushed to emergency rooms suffering affects from these drugs, and that many of the young women involved reported having been raped while under their influence. Medical examiners in Florida were not, at that time, required to report club-drug suspected deaths.

Our response was to undertake a state-wide, joint law enforcement operation that would have determine the extent to which RAVE clubs were associated with the illegal drug trade and the extent to which drug abuse activities were going on in and around the premises of these establishments. Our stated objectives were to educate Floridians as to the prevalence of designer drugs and their widespread use at many of these clubs; make it clear that the sale of illegal drugs to Florida's youth would not be tolerated; target the networks that supply and distribute illegal drugs in our state; and curtail the operations of establishments that operated as *de facto* drug markets.

Operation Heat Rave, as it came to be called, proceeded in a number of stages that included undercover work in and around the RAVE scene, information gathering, training, and, finally, a five day operation that ran from September 29 to October 4, 1999, targeting 57 RAVE clubs around the state. Led by the Florida Sheriff's Association Statewide Task Force, it involved all relevant federal and state agencies and local police departments to counter this aspect of the illegal drug trade. The net result of the operation was seizure of almost 140,000 doses of club drugs as well as quantities of marijuana, crack cocaine, and heroin, over 1200 arrests and several hundred warrants, and a cache of firearms.

Operation Heat Rave

	Total Drugs Seized	**Total Street Value**
DRUG SEIZURES		
Cocaine (grams)	15,091.44	$377,286.00
Crack (grams)	878.90	$35,156.00
Cannabis (ounces)	8,865.90	$797,931.00

Cannabis Plants	796.00	$796,000.00
Heroin (grams)	59.90	$8,386.00
Methamphetamine (grams)	**991.10**	**$99,110.00**
MDMA (dosages)	**48,635.00**	**1,215,875.00**
Amphetamine (dosages)	**50.00**	**$500.00**
LSD (dosages)	**3,244.00**	**$16,220.00**
LSD (liquid weight)	**800.00**	**$4,000.00**
Rohypnol (dosages)	**1,001.00**	**$10,010.00**
Pharmaceutical (dosages)	19,223.00	$192,230.00
Ketamine (dosages)	**55,011.00**	**$4,000,000.00**
Ketamine (grams)	**13.00**	
GHB (dosages)	**21,441.00**	**$214,424.00**
GBL (dosages)	**1,800.00**	**$18,000.00**
Other Drugs (dosages)	13.00	$65.00
Metabolic Steroids (dosages)	6.00	$60.00
Xanax (dosages)	399.00	$1,995.00
Viagra (dosages)	1.00	$10.00
Ketaset (10 ml vial)	59.00	$3,540.00
Telazol (5 ml vial)	1.00	$50.00
TOTAL VALUE DRUGS SEIZED		**$7,790,848.00**
OTHER SEIZURES		
Currency		$737,854.00
Vehicles Seized	103	
Total Value		$807,075.00
Firearms Seized	73	
Total Value		$31,550.00
TOTAL VALUE OF SEIZURES		**$9,367,327.00**

PHYSICAL ARRESTS	
Total of bodies physically arrested	1219
- Of which were juveniles	49

CHARGES (SALE/POSSESSION)	
Cocaine	284
Crack	189
Cannabis	471
Heroin	11
Methampetamine	**69**
MDMA	**667**
LSD	**163**
Rohypnol	**14**
Pharmaceutical	94
Gamma-hydroxybutyrate (GHB)	**39**
Other Drugs	35
Ketamine	**14**
Counterfeit Substances	17
CHARGES (REVERSE STING OPERATIONS)	
Crack	8
Marijuana	4
TRAFFICKING	
Cocaine	34
Cannabis	1
Heroin	0
Pharmaceutical	8
Methamphetamine	**12**
OTHER CHARGES	
Carrying Concealed Firearms	14
Possession of Alcohol by Minors	4
All Other Charges	66
TOTAL CHARGES	**2218**

WARRANTS/CAPIAS ISSUED	
Felony Charges	627
Misdemeanor Charges	146

Total Issued	773
SEARCH WARRANTS	
Search Warrants Executed	151
VEHICULAR VIOLATIONS	
Citations	224
Driving Under the Influence	10
D.P.B.R. ACTIONS	
Closed Administrative Action	3
Pending Administrative Action	13
RAVE EVENTS	
Rave Events Targeted	57

Determining a Data Base

When the results of Operation Heat Rave came in we realized that we had a far more serious problem than we had suspected. With over 1200 arrestees and more than $7.5 M worth of drugs seized in only a five day operation, it appeared that the illegal drug trade associated with RAVE clubs was extensive, organized, and dangerous.

The fact that heroin and cocaine was mixed in with the almost 140,000 doses of designer drugs taken was a further indication of the tie of the more traditional illegal drug trade to the designer drug trade. If we needed any more proof of that, the 73 firearms seized was singularly ominous. It was no wonder that one of the law enforcement undercover agents had reported to me that "... you would rather

have your kids on the worst corner in Florida on any given night than inside a RAVE club."

But despite the seizure and arrest statistics, we still did not have the hard data to tell us the extent of the personal health damage being done by designer drugs to Florida's citizens. We did have anecdotal reports from hospital emergency rooms and quick response medical professionals who told us of many overdose emergencies, near death, and suspected date-rapes. In regard to the latter report, our five-day seizure totals of Rohypnol and GHB –both notorious for their association with date-rape – had been 1001 and 21,441 dosages respectively. But club drug medical-emergency data had not been routinely compiled and for the most part privacy laws negated any possibility of official reporting.

Nor were there any state or local records on designer drug deaths. The problem had simply never received official attention. Therefore, no requirement existed to report such data. For years we had collected statistics on heroin and cocaine related deaths. And ample data had been assembled over the years for arrests, addiction, treatment, and usage rates related to inhalants, marijuana, cocaine, crack cocaine, heroin and other opiates, and –more recently – methamphetamines. But virtually all club drugs (methamphetamines and amphetamines being exceptions) had been ignored.

This presented us with a dilemma. There were various factions –RAVE club owners and their business associates, hedonists, libertarians, RAVERS, and others – who preferred to deny either that illegal drugs were associated with the RAVE scene, or, if present, of any dangerous consequence. We had, however, seen enough to know that designer drugs were dangerous. That knowledge was

reinforced in December of 1999 when the National Institute on Drug Abuse announced that club drugs now constituted a new epidemic of dangerous drugs. Indeed, I was with Dr. Alan Leshner, the Institute's Director and the nation's foremost medical expert on the health consequences of illegal drug use, when he announced this finding at a press conference in Washington. His briefings of the physiological and psychological effects of these drugs are compelling.

Therefore, in December 1999 the Florida Office of Drug Control determined to learn the extent of designer club related deaths in Florida. We requested of the Medical Examiner's Commission submission of suspicious death autopsies from the twenty-four Florida medical examiners compiled from 1996 to 1999, wherein the toxicology reports indicated designer drug presence in the blood. We did this in full coordination with the Medical Examiner's Commission, realizing from the outset that it would be difficult in some of the cases to determine if the toxicology reports indicated use of one or more illegal drugs and to what extent such use either directly or indirectly caused the subsequent death. We understood from the examiners that in some cases it would be entirely clear that the designer drug was either the immediate cause of death or strongly related to it. In others, we were told, making such a tie would be problematic. We, therefore, determined to scrutinize all submitted case reports, dismissing the obvious unrelated cases and vetting the others with the medical examiners.

The reports began coming in by January, compiled on a list with the names omitted in order to protect the privacy of the deceased and their families, and reviewed case by case. On any given day, the list changed as more cases were received and others eliminated if the cause of death appeared to be most likely not related to illegal use of designer drugs. At the peak, approximately 350 cases were

received, of which 100 were dismissed almost immediately as obviously unrelated. The remaining cases were reviewed over time, and the numbers adjusted based on the inflow of new cases and the on-going vetting process.

The first indication of the surprising number of apparently designer drug related deaths was given at the Florida Drug Control Summit in Tallahassee on February 11, 2000. At that time, I reported that as many as 72 deaths had as their "proximate" cause the illegal use of designer drugs. The rolling list (the numbers compiled but not yet vetted) was given at 214. By the end of March, the rolling list stood at 230, but by meticulously eliminating cases that were most likely not related to club drug use, the totals on May 15th were 188, with 91 of those indicating club drugs as the "direct" cause of death and 97 others with designer drugs as related to the cause of death.

We will continue this process of review. What we do know for sure, however, is that the death rate related to designer drugs is orders of magnitude higher than we ever contemplated. Remember, we began this process a year ago thinking we had lost six young people to the designer drug scene. Apparently, we were off by a factor of thirty.

Steps Taken by Florida

Florida has taken a unique stand against illegal drug use. Governor Jeb Bush has made bringing down crime and drug abuse one of the top priorities of his administration. He campaigned for office with the promise that if elected he would work at bringing down both the level of illegal drug use and the level of illegal drug trafficking in Florida. Upon election to office, he put that promise into effect.

Shortly after Governor Bush's election, under the leadership of the President of the Florida Senate, Toni Jennings, the state held its first annual drug summit in February of 1999. At this event, Governor Bush announced the creation of the Florida Office of Drug Control and appointed me as its Director.

During the 1999 Florida Legislative Session, the Office of Drug Control was enacted in law and charged to coordinate the state's prevention/education, treatment, and law enforcement counter-drug efforts. Additionally, the Florida Legislature directed the creation of a 25-member Drug Advisory Policy Council with the Director of the Florida Office of Drug Control and the Director of the Governor's Office of Policy and Budget as its co-chairs. The members of the Council – drawn from the three branches of government, private business, and community leadership -- were appointed and held their initial meeting in the summer of 1999. They are directed to meet quarterly and guide state leadership on policy to lower both the demand for and supply of illegal substances.

Since the creation of the Florida Office of Drug Control, a number of counter-drug initiatives have been taken. They include, but are not limited to:

- A long-term, balanced drug control strategy (published in September, 1999).
- Passage of the "10-20-Life" bill that, among other things, provides minimum mandatory sentences for armed drug dealers.
- Increased funding for drug treatment.
- Expansion of the Florida Drug Court system.
- Coordination of drug prevention programs.

- Study of Florida 14 deep-water seaports and the development of recommendations for security improvement.
- Improvements in intelligence estimates of illegal drug supplies in Florida.
- Ketamine added to Schedule III of controlled substances.
- Provision of trafficking penalties for club drugs.
- Prohibition of the sale, manufacture, and delivery of GHB.
- Addition of 1,4 – Butanedoil to Schedule II controlled substances.
- Enhanced penalties for the sale, manufacture, and possession of methamphetamines.
- Enhanced penalties for trafficking in illegal drugs based on relative amounts of weight and/or dosages.
- Prohibitions on the sale and use of nitrous oxide.
- Creation of Florida Department of Transportation drug interdiction teams.
- Coordination of statewide prevention and treatment services.
- Expanded resources for drug free workplaces.
- Introduction of increased numbers of non-intrusive inspection devices at Florida's seaports.
- Addition of prosecutors and public defenders to Florida's to deal with illegal drug cases.
- Fielding of additional state law enforcement agents to cut the supply of drugs.
- Passage of major laws to curtail the level of money laundering associated with the illegal drug trade in Florida.
- Habitualization of repeat drug dealers.
- Increased information and education for children, parents, and civic and community leaders as to the risks of illegal drug use.

- Increased efforts to lower youth alcohol and tobacco use.
- Growth in the number and effectiveness of anti-drug coalition in communities across Florida.
- Widesprcad of the issucs related to substance abuse.

Conclusion

Florida has taken a serious and balanced approach to its illegal drug challenge. Our broad vision is to lower the amount of drug abuse over the next five years by half, and the level of drug trafficking by a third. We believe that prevention is the key to success, and that treatment cannot only break the cycle between drugs and crime, but also bring thousands upon thousands of our citizens to greater potential as healthy, productive, and contributing Floridians.

We have focused on the more traditional and well-known illegal substances; while at the same time increased our knowledge about and level of response to newer and equally dangerous drugs. In all cases, we have determined that science and the data it produces must be our guide. We have tried to focus on that which works and avoid that which does not in bringing down both the abuse and supply of drugs. And we have instituted at every level measures of effectiveness that will tell us when we are achieving success and when we are not.

All these principles we have applied in discovering and addressing our statewide problem with designer drugs. While we do not believe that we have a final answer yet as to the extent of the supply and abuse of this category of illegal drugs, we have come to realize that both are significantly greater than we

originally suspected. At a time we are seeing indications of a decrease in youth use of marijuana and cocaine – a reversal of a decade-long trend and enormous good news for our prevention strategies – we are learning that increasing numbers of very young teen-agers are experimenting with designer drugs. This is a trend we much catch and reverse if we are to have long-term prospects of success.

We are grateful to the Subcommittee for the leadership it has given to the problem of drug abuse in general and to its early recognition of the increasing danger posed by club drugs. Thank you for the opportunity to testify.

Ms. THOMPSON. Thank you for the opportunity that I have to testify before you all today.

I have had the unique opportunity of working many different kinds of people and subcultures. For example, we worked alternative lifestyle establishments, we have worked places that cater to bikers, black people, white people, Colombians, Puerto Ricans, gothic, just to illustrate a few.

I have been working multi-jurisdictional undercover drug operations now for approximately 7 years. About 4 years ago, we started working, investigating undercover places that catered to raves and traditional raves, what we would refer to as a traditional rave several nights a week, 1 to 3 nights a week, several hours at a time. Quite frankly, the first time that we walked in, in comparison to these other types of investigations, we were shocked by the open, flagrant use of drugs on the inside of the club. One of the very first times I ever went inside one of these clubs, in less than 15 minutes—and keep in mind, I did not know much about them—I was offered drugs, approached and offered drugs, using terms like rolling, blowing up and beans. I had pills in my pockets in less than 15 minutes.

This had never happened in other types of investigations. Typically we would be there for 2 or 3 weeks and get known, even though the place was a problem. I know we all have in our minds that drugs are in every bar, and yes, when the numbers grow up, we are able to make some buys. But not all bars or clubs are a problem, and certainly not to the extent.

The best way I can illustrate this is to describe for you my observations on a typical night of work. I would begin work about 10 p.m. I would meet my partners and we would be inside the clubs by 11:30. People would just start coming in at this time. There would be a long line outside of about 100 to 200 people, and by the time 12:30 rolled around, there would be an average of 400 people on the inside of one of these clubs.

I would start approaching people after I observed them making hand-to-hand transactions of small objects in exchange for U.S. currency, and I would ask them, not if they had any beans, which refers to Ecstasy, because I quickly learned that they had a lot more, I would ask them what they had tonight. And they would tell me, well, what would you want? And I would say, well, what do you have? And they would tell me, Ecstasy, I have got LSD, I can get GHB for you, you want some sex pills, I have got oxycodone, hydrocodone, whatever you would like to buy. Keeping in mind, I have purchased and seized all of these substances.

We would make a couple of drug buys and then we would move on, observe, make a couple of more observations, move around the club. I would see people that I knew were under obvious effects of substances, based on my training and experience. I would walk to another area of the club and I would see a female crouched in the corner, somebody would kick her and ask her if she was all right and walk on. Of course, I would have to stop and check on her. She was passed out completely cold. I would leave the bar because it was too loud for me to use my cellular telephone on the inside, and I would call EMS, and I would check with my partner and wait for EMS to respond.

If the person had not been taken out by their friends and tossed in the back seat of a car and driven around for 4 hours, not knowing if they had already passed out and died, then EMS would be able to take care of the problem.

Then I would walk back inside the bar, finding out that my other partners had made two or three more drug purchases, and I would attempt to purchase more drugs. I would make one or two buys, and then by this time I would have to use the restroom.

I would go into the restroom and immediately I would smell the stench of vomit. I would try to use one of the stalls, and there would be a female crouched down on the floor, her knees in vomit, and she would be vomiting in the stall. I would go to another stall and it would not work. It would be inoperable and there would be vomit on the floor. I would leave that restroom, I would probably leave the club, go use the restroom and come back.

I would walk around, make a few more observations, I would approach another suspect, male or female, and ask them if I could purchase drugs. He would then exhibit a Mini-M&Ms container, for example, full of LSD geltabs, and jingle his pocket around indicating to me that he had about 80 or 100 Ecstasy tablets. I would make another purchase.

My partners and I would leave the bar at approximately 3 a.m. when it closed, after hearing about the after-party that was to occur. We would go back to the office, we would take notes for about 1 hour, exhausted before we would go home and rest.

Then the next day we would come into the office and we would type a report, begin typing a report that would take approximately 1 week, because we would be not only investigating the people, but we would be investigating the owners of the club for fostering or condoning an environment where drug activity flourished. That was our objective, and we were very successful in accomplishing that many times.

After we did that, we would go back and do it all over again, at least 1 or 2 more nights a week, in that same bar or another bar. And my desk was full of complaints. Much of the same.

You can go to any high school, any local high school and ask them what the No. 1 drug of choice is. They will tell you it is Ecstasy, most of them can go to the Internet and pull up the recipe for GHB, they can tell you all these things. This club drug trend is a trend that is not going to go away.

Thank you.

Mr. MICA. Thank you for your testimony. And now we will turn to Lieutenant Mike Miller, who is with the Orange County Sheriff's Office. Mr. Miller, welcome and you are recognized.

Lieutenant MILLER. Thank you, Congressman. On behalf of Sheriff Beary, thank you for inviting us here to speak. I think this is a very important issue. We spend a lot of our resources in my unit and at the Sheriff's office addressing club drugs and rave clubs.

I will make some brief comments and then I have a video to show you that I think paints a very good picture of a lot of what Ms. Thompson just described.

I have been in law enforcement since 1980, I feel like I am in the third wave of drug epidemics. I went through crack cocaine in the early 1980's, I have been through heroin in the 1990's, and now

it appears the new millennium brings us designer drugs. You cannot really talk about designer drugs without talking about rave clubs. To me, they are integral parts of one another. They seem to be the focal point for where you can find them and the distribution of these types of drugs.

The video I will show you will kind of depict the scene, but often, hundreds to thousands of kids will flock to a rave club. We have some in central Florida, it is not uncommon to have 500 to 1,000 kids there on any given night.

The clubs themselves are not always necessarily bad or involved in illegal activity, but they do seem to be the focal point for designer drug use. Let me take you to a rave club for just a moment, and I will try to narrate some of what goes on there because it is hard to tell. But it should be up on your monitor. Not all of the footage you will see is Orange County, but it is all Florida.

[Video begins.]

Lieutenant MILLER. This footage is inside, and some is outside. You see a lot of Vicks inhalers being blown into people's eyes. Obviously people under the influence. A lot of paraphernalia on display and for sale at a lot of these clubs. That is GHB.

Again, the main draw is the dancing and music, but there is a lot else going on there. This is, I believe, a GHB overdose. A lot of rubbing and massaging to enhance the effects of Ecstasy. Again, the Vicks inhaler being blown in the eyes. That is all designed to enhance the high. This is the young man who passed out outside the Firestone store in Orlando. And I think that speaks for itself.

[End of video.]

Lieutenant MILLER. Clearly there is a lot going on there, and you could not appreciate it truly without being there in person. But let me share with you some street names that we hear commonly when we deal with designer drugs. When you talk about a drug, "easy lay," "grievous bodily harm" or being "K-holed out," that is the users talking about these drugs. They know the effects, they know the dangers. They are just willing to take that risk. They are at a time in their lives when that risk is worth it, to be in the party, in the groove, in the scene. Most of these drugs are dangerous chemical compounds brewed up in home labs. There is no regulation, there is no control. The average age of users runs anywhere from 18 to 25 years of age, and they are often used in combination with alcohol and other drugs.

We did an analysis of our overdoses, both fatal and non-fatal. Just in unincorporated Orange County, one out of four were designer drug overdoses. I have provided you some charts to review that show you kind of the progression of the problem, if you look at it from the overdose perspective.

Unfortunately, with designer drugs also come a wide range of other crimes. Of course, vehicle accidents are very common with designer drugs, because these kids have to leave the club and get home. But also, sexual batteries. A lot of these drugs are used to take advantage of young men and women and victimize them.

Why central Florida? That is probably a good question. I would say our central location in the State, we have two community colleges and a State university here. But I think our problem probably

mirrors Tallahassee, Gainesville, anywhere where there is young people in abundance.

Like so many other issues, we rely on your strong leadership, your Federal funding, your HIDTA dollars to help us to fight this battle, because it is not an easy battle, and it eats up our resources. One of the things that we have been able to do is to funnel some of our resources into education. I have provided Mr. Diaz from your staff with a copy of a "Kids and Drugs" tape that lays out very, very clearly and with good video what each drug looks like, what are the dangers, what are the street names. I think that is the best way to go about resolving this problem, in combination with tough law enforcement.

Again, in conclusion, it is a team approach, it has to be. All of our operations have to be multi-jurisdictional, we have to work together and we have to rely on your leadership and the leadership of our local leaders to get a handle on this problem.

Thank you.

[The prepared statement of Lieutenant Miller follows:]

Designer Drugs

In Central Florida

Presented by Lieutenant Michael E. Miller

Sheriff Kevin Beary

ORANGE COUNTY SHERIFF'S OFFICE

Telephone (407) 836-3700 Post Office Box 1440, Orlando, Florida 32802-1440

Congressman John L. Mica, Chairman
Subcommittee on Criminal Justice, Drug Policy,
and Human Resources

Dear Congressman Mica:

Once again a new drug epidemic has been identified. Like crack cocaine in the early 1980's, and heroin in the late 1990's, the new millennium has brought a new class of "designer drugs" to the drug scene. With names like GHB, Rohypnol, MDMA (Ecstasy) and Ketamine (Special K), these new drugs are cheap, highly potent, and easily obtained in local nightclubs or on the street. They are also potentially deadly. They can be brewed up in any home lab with a recipe that can be easily found on the Internet. The street names for these drugs, "easy lay", "grievous bodily harm" (GHB), and " going into a K-hole" (Ketamine), paint a very clear picture of how even regular users view them. These drugs are dangerous chemical compounds mixed up by novice chemists in home labs. The consistencies, potencies, and even the recipes are all suspect and unregulated, yet these drugs end up in the hands and bodies of our young people. The core group of designer drug abusers tends to fall in the 18 – 25 year old ranges. Often these drugs are abused in combination with alcohol and other illegal drugs with often deadly consequences. An analysis of reported overdoses in unincorporated Orange County, since January 2000 reveals that 1 in 4 overdoses is from designer drugs. These drugs are also linked to a wide range of other crimes. They have been linked to fatal vehicle accidents, sexual batteries, burglaries to veterinary clinics, and many other related crimes.

Unfortunately, once again, Central Florida is on the front lines of this epidemic. With our central location within the state, easy access from Tampa, Daytona Beach, Miami and Jacksonville, and the fact that we are home to two community colleges and a state university, Orlando has become the unwilling epicenter of this new trend in Florida. Like so many other key issues we in Central Florida have relied on your strong leadership to bring federal attention and funding to assist local efforts. This situation is no different. But we realize that the federal government cannot solve the problem alone.

At the local level, law enforcement has been working cooperatively to address this situation. I would like to cite one such example of this cooperation and sharing of resources. With help from our state and federal law enforcement

partners and the resources of the Florida Sheriff's Association, Operation "Heat Rave" was conducted. The operation was a statewide initiative aimed at striking a blow against the designer drug and rave problem. In Orange County this operation was the culmination of a fourteen-month undercover investigation at local nightclubs involving the use and sale of designer drugs. Beginning in late 1998 agents of the Narcotics unit began to receive drug tips and intelligence information about the high volume of designer drugs being consumed and sold at the Cyber Zone night club in North West Orange County. Simultaneously the Orlando Police Department began to make undercover buys at the Firestone Club in downtown Orlando. A joint intelligence sharing and resource sharing alliance was created. Several suspects were identified and agents began to conduct weekly operations at both clubs to make undercover purchases of narcotics and gather evidence. For 14 months these activities continued as the number of suspects increased and a loose network of dealers and suppliers was uncovered. The Orlando Police Department conducted a raid at the Firestone Club in March 1999. OCSO agents continued to make buys and gather evidence at Cyber Zone until October 1999. On October 3,1999, units from the Sheriff's Office, State Beverage agents, Florida Highway Patrol Troopers and undercover agents from neighboring Sheriff's Offices converged on the club to arrest 70 suspects. This raid also led to the instigation of nuisance abatement action by the County's newly formed Nuisance Abatement Board.

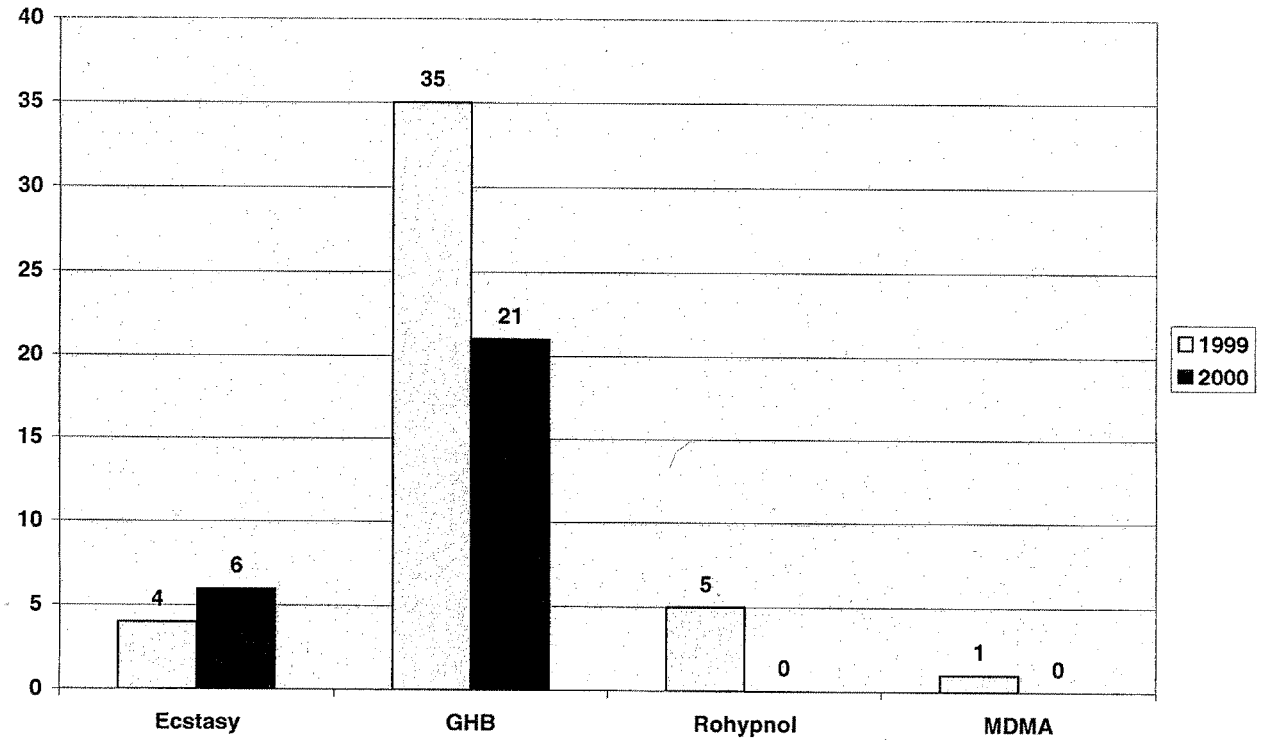
We continue to be proactive and innovative in our enforcement methods and partnerships in this arena. The Sheriff's Office continues to use all available resources to educate the public and impact the problem. As always we look forward to your support for any future legislation or funding that can be used to gain a foothold on this problem. Historically this has been the most effective way to address these types of problems in a long term and positive way.

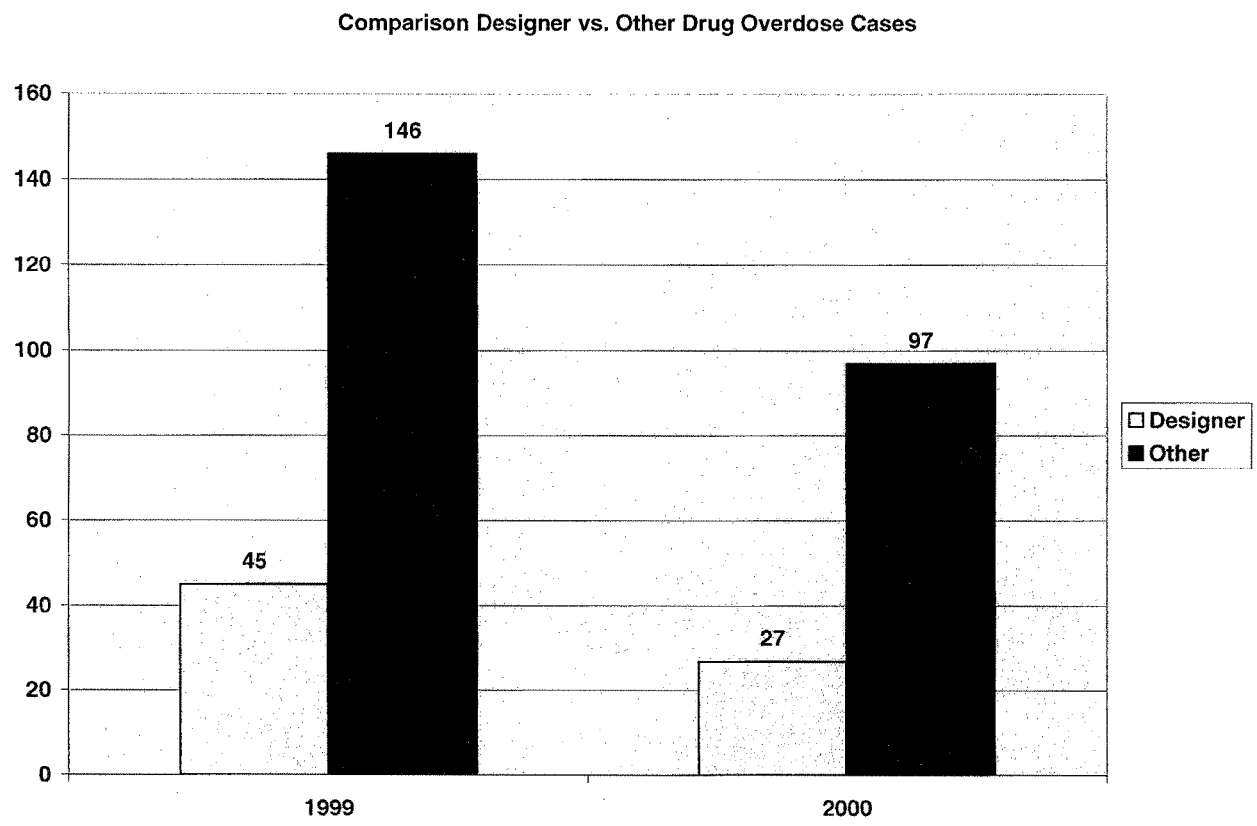
Sincerely,

KEVIN BEARY
Sheriff of Orange County

Lieutenant Michael E. Miller
Special Investigations Division
Narcotics Unit

Designer Drug Overdose Comparisons for 1999/2000




Comparison Designer vs. Other Drug Overdose Cases
160
140
120
100
80
60
40
20
0
146
45
97
27
1999
2000
Designer
Other

Mr. MICA. I would like to thank each of the three witnesses in our first panel for their testimony. And at this time we will turn to some questions.

First of all, from Mr. McDonough, some people feel that this, the problem of club drugs or designer drugs, is not a problem, that this is an overblown hype, and that these are harmless drugs, and could be taken without any problem. How do you respond?

Mr. MCDONOUGH. I think one of the greatest problems that we face here is the myth that they are not a problem. Because they are defined as not a problem, we ignore it, parents ignore it, young people ignore it, and that leads directly to the problem.

I would like to point out, Mr. Chairman, we have some guests with us today. Mr. and Mrs. Alumbaugh—I wonder if they could just stand for a moment—and Ms. Marsha Montesi. I wonder if Marsha could stand.

Mr. and Mrs. Alumbaugh lost their son, Michael, to GHB. I believe Michael was 15 when he died, and he would have been 17 today—is that so?

Mr. ALUMBAUGH. That is correct.

Mr. MCDONOUGH. Ms. Montesi lost her daughter to Ecstasy, which apparently someone placed in her drink unsuspectingly. I have here—thank you very much—I have here, I brought with me the file on 90 of the direct causes of death. These are just about half, less than half of the current volume I have on deaths in the State. These happen to be 90 that we were able, a few days ago, to compile as direct cause of death. These are just horrific stories. If I could take a moment just to refer to one of them.

Let me add at this point, one of the interesting things about this particular genre of drug, the nodal use seems to be young white male. The mean age of death is 28, and it is about 80 percent white male. The death scene I am about to recite just happens to be a young woman, the youngest we are now maintaining our files, was 15. But let me just read for a few moments on what these scenes look like. This is repeated again and again and again in the accounts we have. I will be brief, I will condense this.

It talks about the author of this report responding to a call, to the death of a young white female. She and four other juveniles were together in the motel consuming Ecstasy pills and inhaling nitrous oxide. The deceased was found lying prone, face-down on a bed closet at the door. And then it goes on to describe the deceased, which I will skip over.

The four juveniles—these are the survivors—admitted taking one pill of Ecstasy, and stated the deceased had taken two pills. What they had done, and this is described in the report, they had gone to party in a motel room. They had prepared a shopping list, in fact the deceased had prepared this, which had them going after $320 worth of Ecstasy, which law enforcement advised would mean about 15 pills was bought at that quantity. The juveniles immediately started partying.

At approximately 3 a.m. to 3:30 a.m., the juveniles advised the writer that the deceased was acting bizarre, sweating profusely, throwing water over herself and banging her head several times against the wall. Some time after 4 a.m., a 14-year-old juvenile with this group called 9–1–1, as the deceased, "looked dead to her."

Mr. Chairman, I find all deaths sad and all drug deaths a tragedy. But when you deny the problem and/or are unaware of the problem and you have repeated scenes like this, I am very concerned that we have to highlight the danger of this.

I might add, I remain in very close contact with Dr. Allen Leshner of the National Institute on Drug Abuse. He continues to research, he runs on his Website on club drugs a picture of your brain on Ecstasy, which I think is shocking. And I have tried to keep up to date with the scientific studies. Ecstasy and all of the others are very, very dangerous drugs. If anything, because of lack of knowledge and the difficulty in the lasting effect of these drugs in the blood stream, I actually believe that the overdose rates, the death rates, not to mention the non-fatal overdose rates, are under-reported, not over-reported.

Thank you.

Mr. MICA. Given your last statement, there has been some controversy about the number of deaths related, directly or indirectly, to some of these club drugs. How do you respond? Is there a problem with obtaining this information? I read also that there is a large number of other incidents, traffic deaths, where there are not autopsies performed, where it may appear that there was alcohol involved, but possibly mixed with other drugs. Are we having trouble really determining the number of deaths?

Mr. MCDONOUGH. Sir, I think you know, because of your approach to this job, your very scientific and serious approach, how hard it is to go out after a new set of data, and then share that data, and then wait for the onslaught of criticisms on how valid or invalid your data is.

What we faced in this scene, there was no data. Remember, sir, I was the strategist for the Office of National Drug Control Policy. As the strategist, I was not aware of the extent of the problem. When I came to Florida, I began by thinking we had six deaths.

Even after Operation Heat Rave, I realized I knew seizure rates, but did not know medical health rates, except by anecdote which talked about near-fatal overdoses, fatal overdoses, date rapes and other debilitating health effects.

When we, therefore, went after the data, we were in a whole new field. Medical examiners in the State, which there are 24, have different ways of keeping records. This was a new item for them as well. I mean, I have learned since I began this things like, how quickly GHB dissipates in the blood stream. It is gone within 20 minutes. And if you go to the urine, it is gone within 13 hours. So you have to be very quick.

To be as precise as I could be with my own data, increasingly, I have erred on the side of caution. So, for example, I only count among 188 dead, that is as of May 15th, and that number surely will continue to change. Those where these drugs were present in the blood stream. If you were driving a bus and you died, and 17 people died with you, but only the bus driver had this in his blood, I do not count the others. Yes, it is a problem, but I think what you learn from this is order of magnitude. I had no idea the order of magnitude. I am now stunned by the order of magnitude. Thirty times higher than I suspected, and again, I think I am receiving less accurate reports than we could have. I actually believe we are

going to have to mount a whole effort to determine the extent of this problem, at the same time we mount a scientific effort to understand the effects of these drugs on the central nervous system, and still yet another effort to interdict their supply.

Mr. MICA. Again, you leave me with the next question, the supply. Where are these drugs coming from? Are they domestically produced, international sources? Do you have a handle on where they are coming from?

Mr. MCDONOUGH. I would say I have a weak handle. I have asked the question of many sources, Federal, State, local, and I think the quick answer to the question is, all of the above.

I actually think if you take a look at the Ecstasy trends, they began in Europe and then entered the United States. I believe Florida was one of the points of entry. They quickly made their way up and down the East Coast, jumped out to the West Coast, and have subsequently gone all across the United States. There is hardly a city, a major city, where reports of Ecstasy use do not occur.

Methamphetamines, which I and NIDA include as a club drug, originated in Mexico, crossed over the border to southwest United States, worked its way up the coast, then out to the midwest and for a while stayed there. And then since has jumped into the southeast and northeast. It is increasingly present in Florida.

If you go to the Internet on many of these man-made drugs, you get not only the recipe for how to make these drugs, you can also get locations where you can purchase the precursors to make the drugs. So at this point in time, we have an onslaught of imported drugs, home-made drugs, manufactured drugs for wholesale, and they are following the young crowd.

One of the insights I have gotten from good law enforcement work, to include the two people sitting next to me, is how quickly on the Internet you can identify where there is going to be a rave party and attract the thousands of kids that law enforcement agent Miller was talking about. They are very quick at it. And generally what we see is the drugs show up, and the wholesale transactions that Ms. Thompson was talking about occur.

Mr. MICA. Ms. Thompson, a quick question, and Mr. Miller, one quick question, and I will yield to my colleagues. You are from Tampa. The scenes that you described in your testimony, were they also in this area or in Tampa? Where are we seeing this activity?

Ms. THOMPSON. Most of the work that I have conducted has been in Tampa Bay and Pinellas Counties, mostly because I have been requested elsewhere but there has been such a huge problem there and we have been involved in so many investigations, we have not been allowed to leave.

Mr. MICA. It is not just Orlando, this is spreading across the State?

Ms. THOMPSON. Most of the attraction comes where you are going to have a major city, where you have hotels to support the draw, you have clubs, you can get a large group. Promoters are attracting numbers. They do not make their money off the sale of alcoholic beverages, they make their money from the cover charges at the door and from the water and paraphernalia sales. So they are going to go where they can get the numbers.

Mr. MICA. Mr. Miller, why can we not close down these rave operations?

Lieutenant MILLER. Well, the ones that are static, they are generally housed in clubs that conduct business 7 nights a week, and only 1 night a week is designated for rave clubs. So you always run into the obstacle, what they say, you know, 6 nights of the week, I do not have these problems. It is just this 1 night. And often it is the promoter that gets the blame, or it is the security service that gets the blame. There is a lot of blame shifting, if you will.

And what Ms. Thompson said is accurate. The way to attack this is to go after club owners, property owners. In Orange County we have been fairly successful with nuisance abatement action, to go in and get the consent decrees and set things in place that kind of prohibit the way they do business, and lessen the crowds and how they control the club.

Mr. MICA. Is the local, State or Federal law adequate to close these places down if we have an undercover agent like Ms. Thompson go in, or one of your folks go in, purchase on that scene some illegal narcotics, do we have adequate laws to allow you to go in after these folks and close down these operations?

Lieutenant MILLER. We have adequate laws. I would not say we have adequate resources at the Federal level. For one thing, you know, it takes us a while to get from the street level or the club level to a level where we are dealing with a trafficker or supplier. That is where the Federal Government really has the best bang for the buck.

Mr. MICA. I am learning a lot about this whole problem. I held a hearing in New Orleans on Tuesday at the request of Mr. Vitter, who is also a member of our subcommittee. The subject was drug testing, but the District Attorney and some of the others started talking about raves, which they are having the same problem. We had the local sheriff also testify.

So I asked one of our young aides, a clerk, to see last night—Mr. Towns and I had dinner together, and asked if he could find the dates and places for raves on the Internet. And he said in less than 5 minutes he found listed—I also found that you could buy, through some of the booking agencies, tickets to some of these functions also.

But we have got to find some way to close these operations down, and if you do not have the resources, we are going to have to see that we get the resources. And then also educate the population at large, to get a handle on this. Parents, I think, have no idea, sending their kids to some of these clubs that sound legitimate or dance parties, and then have them exposed to this quantity of deadly and addictive drugs.

With those comments, I am pleased to yield to Mr. Towns.

Mr. TOWNS. Thank you very much, Mr. Chairman.

Let me begin with you, Mr. McDonough. When you talk about poly drug use, are you talking about substances like methadone? Would that be included in that as well?

Mr. MCDONOUGH. When we talk about poly drugs, what you will see is drugs to get you high, drugs to bring you down, depending on your stage of activity through the time of the night. So you will find that alcohol is mixed in, that is important to keep in mind,

very dangerous. GHB, Ketamine, sometimes LSD and Ecstasy. And by the way, some of the more traditional drugs are also present, so heroin remains on the scene, methamphetamines, which I would classify now as a club drug, and cocaine are all included.

The poly drugging is really an interesting effect. I think the young people that use this—remember the mean age is in their 20's, so when I say young people, that captures most of the group—they are doing the drugs for various effects. They want the energy to dance, and they want to come off of that. They want to get high, they also want to get warm and cuddly. So they have therefore come to believe—what they have really learned, which I think is the most dangerous part of this, from this sort of environment, is that if you take drugs in combination, your body will do all sorts of things for you, one of which they have also learned, is die.

Mr. TOWNS. Let me just sort of throw this out for all three of you. We are always anxious and eager to blame law enforcement as to what they should be doing and how fast they should be doing it and all that. What do you suggest that we should be doing, as Members of the U.S. Congress? Let us switch roles for a moment.

Mr. MCDONOUGH. I will be very brief, and then I will yield.

I think the most important step to take on this is the education. What you are doing this morning, what you have been doing I think is vitally important. Just getting the information out, clearly will send a warning to parents and to young people that this is dangerous.

I think other things need to be done, better law enforcement, better research, scientific research, but right up front, it is education.

Mr. TOWNS. Ms. Thompson, this is your opportunity to take a shot at Congress.

Ms. THOMPSON. I really do not have to do that.

Just to tell you what our problems are, basically we have to buy 3,000 or 5,000 pills to get the Federal Government really interested and involved in pressing charges against someone for selling that many tablets of Ecstasy to us. It takes a lot to get to that level, sometimes, and then when a 19-year-old goes before a judge, they have a tendency not to sentence them on a Federal level for more than year, regardless of what the guidelines are.

I can work and try hard to buy 10 grams of liquid acid, which allows me to spread it myself on a sugar cube or a blotter——

Mr. TOWNS. How long would it take you to buy 5,000 pills?

Ms. THOMPSON. Well, it depends. It depends on where we are in that stage of the investigation. I am in a unit now, I work on a different level now, mostly trafficking. But sometimes it can take a long time, and a lot of effort goes into it. And a lot of money. At that level, you are talking an average of $8 a pill, $8 a tablet, times 3,000. When you have got kilos of cocaine and heroin and all these other cases on your desk to worry about, where are you going to allocate your resources?

And until now, very recently, we had no trafficking in Ecstasy, so no departments were willing to allocate their funds on purchasing many pills. I mean, why purchase 100 pills when one pill basically gets you the same thing. And most of the judges did not know about the enhanced penalty in the statutes so that did not do us a lot of good anyway.

I agree with Director McDonough, the public clearly is being manipulated by several organizations, and I can exemplify this. And the kids themselves, you know, are contributing to it. They do not have the maturity to make the decisions when they read this clear misinformation over the Internet and through the marketing. That is the thing that is astonishing, is the marketing. These drugs are being marketed like no other drugs before. When you take the Tele Tubbies and you put them on an Ecstasy pill, there goes the stigma that is attached with cocaine and heroin and all those other drugs. And then you print all this information on the Internet, and it is so easy to access. It is so easy to manipulate a 15-year-old person's mind, and then have that 15-year-old who is living a totally different life than their parent pull one over on their parent. It is just astonishing.

So the education would help us a great deal, especially with everyone, the parents, the church leaders, the kids, the judges, the attorneys and the cops.

Mr. TOWNS. Yes, Mr. Miller.

Lieutenant MILLER. I agree, education is the key component. And the tape I gave you is a kind of quick and easy way to get a lot of information out in a format that people will look at. In 30 minutes on that tape, you will basically get the breakdown of five of the club drugs we have been talking about here, a picture of it, you can see what it looks like, it will tell you what it does, what the street names are. So a parent can look at that and quickly, if they have heard these terms used or they have seen that substance in their house, they know what it is that they need to be concerned about.

On the law enforcement side, though, I agree with Agent Thompson. The Federal Government cannot stop what it is doing at its level and get interested in a one or two or three-tablet Ecstasy deal. But we have had a lot of success with crack cocaine in Weed and Seed areas, where we designate a certain area of a community and say, zero tolerance in this community, in this area, and the Federal Government will focus resources in that area. That has been very successful.

If we could tailor something to that that addresses designer drugs, possibly that is an avenue to explore that would give us an opening to Federal prosecution, OCEDEFT dollars and the tools we need to conduct our investigations, and get to that level and rid the community of that problem.

Mr. TOWNS. Would you have any statistics on whether or not visits to emergency rooms have increased over the past year, 2 years?

Mr. MCDONOUGH. I will tell you that the quick answer is, no. But I have a lot of anecdotal discussions. I began to understand the extent of the problem by going around the State, as I said at the beginning.

Emergency medical people tell me that there are increasing numbers of overdose cases. They also tell me there are increasing numbers of reported date rape cases, and many of these drugs do put you in a stupor on to coma, where you are barely aware of what is happening to you.

I do not have a capture of the entire State, very difficult to get. Privacy laws interfere in some ways with getting that data, and the

other thing that gets in the way, actually, is the diffusion of authorities for such reporting and the magnitude of the problem. So the answer is no, but my indications are, it is an increasing problem.

Mr. TOWNS. All right. Any other comments on that? Anyone else have anything?

[No response.]

Mr. TOWNS. All right. Thank you very much. I yield back, Mr. Chairman.

Mr. MICA. Thank you, Mr. Towns. Pleased to recognize at this time, Ms. Brown.

Ms. BROWN. Thank you, Mr. Chairman.

I read with interest the Michael's Message Foundation story, and I hope everyone gets a chance to read this. My heart goes out to the family. It seems like that the line that goes through all of this is the Internet. And when we think about Congress, I think if there is something that we can do, it lies in the Internet for people to be able to just go online and how do you make these kind of drugs, and where can you get the ingredients for these drugs, and where are we going to have the next meeting, all on the Internet, I think that is a problem. And I think it is a problem that we in Congress have been reluctant to address. But I think as we move forward, it is clearly where we have got to put some penalties or some guidelines. And what is your response to that?

Mr. MCDONOUGH. Ms. Brown, I think you have very good insight there. If I wanted to run another Operation Heat Rave, the very first—in the near term, the very first place I would look would be on the Internet, figure out where the kids are going to gather, and what likely the trends are.

I mean, I do not want to sound like we are putting the blame on the kids. I actually think they are the market here. They are the ones that are, as Ms. Thompson said very well, the manipulated. I believe it is the traffickers who understand the patterns that very quickly get the drugs in location, to either sell at or near the premises, or distribute to party-goers that will then be the agents in the field.

So the Internet presents a daunting challenge on how to use it to bring this problem under control, but it certainly works both ways. It is an information source for the traffickers and for the users. It has also got to be an information source for responsible leaders that want to safeguard the citizens of our State and our country.

Ms. BROWN. One other question. Most of these drugs, it seems, have been produced in Europe. What are we doing to crack down on these houses, and have we had any raids on these houses, and what kind of correlation is going on between us and other countries?

Mr. MCDONOUGH. I want to point out, Ms. Brown, that at this point it is virtually impossible to pinpoint any foreign locale and blame them. They are still coming in from abroad, of that I am sure, because I do try to stay informed from Federal law enforcement as well as State and local. But I think we are also producing great quantities here at home.

But to answer the latter part of your question, what the State of Florida has done, it has scheduled all of these drugs, and in the most recent legislative session has passed a club drug trafficking bill that sets appropriate penalties for degrees of volume of these club drugs. We have also done such things—and here is a drug all by itself that is hard-pressed to be defined as a club drug, but is clearly associated with the scene—that is nitrous oxide, which has legitimate uses, but without a doubt has killed eight of our citizens by asphyxiation, and three others by related accidents immediately upon using it. It is present at the rave club, club drug scene. And what we have tried to do is criminalize the sale and use of that in conjunction with a drugged effect. You can still use it for its legitimate practices, but if you are using it to get high, if you are selling it to allow someone to get high, then we are trying to bring it under control.

Ms. BROWN. Thank you. I yield back my time.

Mr. MICA. Thank you.

Finally, I wanted to ask Mr. McDonough and maybe the other law enforcement officials that are here, we established a HIDTA that is concentrated primarily on heroin trafficking. Do we need to readjust our strategy, and what type of resources would our HIDTA need to deal with this, or the State need to deal with this new club drug problem?

Mr. McDonough.

Mr. MCDONOUGH. I actually laud you for your leadership on the HIDTAs and I am very pleased to see one here in the central part of the State, just as I am to see one in the southern part of the State.

I would tell you that club drugs have to be integrated and seen as a similar threat to all other illegal drugs. I do not necessarily think you have to compartmentalize HIDTAs, so you have the club drug crew or team, but what you have to do, what we have to do is first of all educate, not only parents and community leaders, but law enforcement experts on how this works. We need more research on treatment, on the physiological, the neural effects of these drugs.

I would argue, have argued, and continue to argue for an expansion of the HIDTA system in Florida in this way. I would like to see a third HIDTA in Jacksonville.

Ms. BROWN. Thank you, I just mentioned that.

Mr. MCDONOUGH. We have not only club drug problems up there, but other problems.

I would like to see an intelligence information linking between the three HIDTAs in Florida and the HIDTA in Puerto Rico, for a starter, so that we can react in advance. Instead of coming into emergency medical scenes after the fact, instead of having to purchase 5,000 or 3,000 Ecstasy pills to make a case, we prefer to anticipate the trans-shipment through such a connectivity, and then catch the tragedies before they happen.

I appreciate all you have done for that. I know it is a question of resources. But I do believe that Florida can lead the effort in cutting the importation of all drugs, we could have such an interconnectivity between four HIDTAs, a third one in Jacksonville, and contact with the Puerto Rican HIDTA.

Mr. MICA. Thank you. Did either of the other two witnesses want to comment on the question, is how we could be more effective with the HIDTA or from Federal level, in cooperation with your efforts?

Lieutenant MILLER. Yes, I would. HIDTA works very well for us. Now the sheriff's office has actually three people assigned to the HIDTA, two in DEA and one in Customs.

I agree with Mr. McDonough. I do not know that we want to diffuse the effort that the HIDTAs are making right now, but clearly they need to expand their awareness, and they can do that through resources, information sharing, an additional HIDTA would help that effort. So I agree, I think HIDTA is a very effective tool. And if we expand it a little bit to include this group of drugs, it would be very, very effective.

Mr. MICA. Ms. Thompson.

Ms. THOMPSON. I would agree. The HIDTA in our area also concentrates very heavily on methamphetamine. A lot of our problem, too, is we have to educate our own officers on what to look for, the terms, where to go, and of course, there is an age and educational barrier there between the actual tactical issues in working these types of people. And unfortunately, they do cross all socio-economic barriers, so we have them in all different areas. We cannot define it to one area as being worse than another.

Mr. MICA. I would like to thank the three witnesses on this panel. Did you have any further questions at this time?

[No response.]

Mr. MICA. There being no further questions, I will dismiss these witnesses. And again, we appreciate your cooperation on addressing this difficult problem.

And at this time, I will call our second panel of witnesses. The second panel of witnesses consists of Mario Webster, and he is with Families Against Drugs; Debbie Alumbaugh, and she is a private citizen; Ernest D. Cantley, and he is president and chief executive officer of the Stewart-Marchman Center, Volusia County. Pleased to welcome the three of you.

And as I explained earlier to our previous witnesses, this is an investigation and oversight panel of Congress. In just a moment I will swear you in. Also, if you have lengthy statements or documents, data that you would like to be made part of the record, we can do so upon request.

If you would please stand at this time and be sworn.

[Witnesses sworn.]

Mr. MICA. Let the record reflect, the witnesses answered in the affirmative.

And again, I welcome each of you this morning, and thank you for your participation.

I will first recognize Mario Webster, who is with Families Against Drugs, for your testimony this morning, thank you. And you are welcome, sir, you are recognized.

STATEMENTS OF MARIO WEBSTER, FAMILIES AGAINST DRUGS; DEBBIE ALUMBAUGH, PRIVATE CITIZEN; AND ERNEST D. CANTLEY, PRESIDENT AND CEO, STEWART-MARCHMAN CENTER

Mr. WEBSTER. Thank you for having me here, Chairman Mica. My name is Mario Webster, and I first started using club drugs in the late 1980's.

After high school, I made an easy transition from alcohol and marijuana to acid and Ecstasy. At that time there was no information on Ecstasy. All I did know is that it made me feel good by giving me a false sense of unity and pleasure. I did not think it was a harmful drug like cocaine or heroin. I actually thought it was no more harmful than using marijuana and that it was not addictive.

At that time, I did not think I had a drug problem because I felt I did drugs by choice, unlike hard drug addicts who are hooked physically and mentally. My lifestyle was nowhere near that of a crackhead. The people I hung out with were kids from good homes, we had nice cars and bright futures. We thought we were in control and invincible. But in all actuality, we were totally ignorant to the damage we were doing to ourselves.

Later on, in the mid-1990's, I started using other club drugs, such as GHB, Special-K, Roofies and pharmaceuticals. Eventually heroin made its appearance onto the rave scene. By this time, many of my friends and I graduated to harder and heavier addictions. Over the years, I have seen many of my friends go to jail for very long sentences, both State and Federal, and on the other hands, I guess that is not as bad as the ones that I have seen overdose and die because of drugs.

I only wish that I had the information that I have now on club drugs before I started using them to understand how addictive and dangerous they are. Not only immediately, for in the future. Heavy users of Ecstasy may be headed for long-term memory problems, research has shown that Ecstasy users suffer damage to their visual and verbal memory. Ecstasy depletes the seratonin in your brain and is never replenished. Seratonin is the chemical that makes you naturally feel good. The stimulating effects of the drug that lets the user dance all night, combined with the hot, crowded condition usually found at raves can lead to dehydration, hypothermia and heart or kidney failure.

Ketamine, which is called Special-K is anesthetic for human and veterinary use. It can produce a feeling of weightlessness and even out-of-body or near-death experience. People who use Special-K can have long-term problems with motor skills, depression and respiratory illness.

GHB is usually found in clubs in major cities. Most of GHB is home-grown or shipped in from the Netherlands. There are no guarantees as to the potency, and there is a chance that foreign substance may make up a large part of the drug. As with any drug purchased on the street, much of the real danger lies in not knowing what you are getting. GHB is another date-rape drug and can be slipped into a victim's drink leaving them unable to defend themselves with no recollection of the event.

Rophynol, known as Roofies, is another date-rape drug. It is like a super drunk and produces sedative, hypnotic effects, including

amnesia. Guys will give it to a girl so that he can rape her and she has no memory of it. Chronic use of Roofies can result in physical dependence.

Nitrous oxide, which is also known as whippitts is one of the many inhalants. With moderate amounts, users feel less inhibited, less in control, light-headed and giddy. Large doses can cause unconsciousness, and it can cause death because it gets into the lungs and does not allow oxygen to get out of the lungs and go to the body organs.

In many instances the club drugs are used in combination to intensify their effects. They are mixed with alcohol and harder drugs such as cocaine, crystal meth and heroin. The cocktail of uppers and downers is danger because everyone has different chemical make-up and there is no way of knowing the potential harm.

I feel the best way to combat the popularity of club drugs is through prevention and education. You should start by educating both parents and children in elementary schools, and more government funding is needed. Younger age groups are abusing club drugs everywhere, so I think more straight-forward information needs to be presented earlier. Parents need to know the signs of drug use, and be able to recognize drug paraphernalia and be familiar with the drug language.

Rehabilitation in central Florida, as well as nationwide, is expensive and hard to come by for those who are already addicted and want a way out. For those seeking help, there needs to be more programs that are affordable and that offer continuous support. Rehabilitation should also be provided for addicts that are incarcerated, as well as additional help after release.

I started using pot and alcohol as a teenager, but I slowly started breaking all the barriers I set for myself. I used every drug except for nitrous oxide and ended up with a heroin addiction. I guess I was expressing my freedom to do with my body whatever I wanted to, but in the long run, I lost my freedom to drugs. Drugs controlled my life and I wanted to die. The only thing that saved me was that I got arrested and had to kick heroin in jail, cold turkey. I knew that if I survived that, I would never go back to drugs. I was sent to rehab after I got out of jail, and I have been clean ever since.

I joined FAD a year ago, and educating kids and parents keeps me clean and honest.

Mr. MICA. Thank you for your testimony. And I would like to recognize now Debbie Alumbaugh, and she is a private citizen and also experienced a tragedy in her family she will describe.

Just pull that right up to you.

[The prepared statement of Mr. Webster follows:]

My name is Mario Webster and I first started using club drugs in the late 80's. After high school I made an easy transition from alcohol and marijuana to acid and ecstasy. At that time, there was no information on ecstasy. All I did know was that it made me feel good by giving a false sense of unity and pleasure. I didn't think it was a harmful drug like cocaine or heroin. I actually thought it was no more harmful than using marijuana and that it was not addictive. At that time I didn't think I had a drug problem because I felt I did drugs by choice, unlike hard drug addicts who were hooked physically and mentally. My lifestyle was no where near that of a crack head. The people I hung out with were kids from good homes, who had nice cars and bright futures. We thought we were in control and invincible, but in all actuality, we were totally ignorant of the damage we were doing to ourselves. Later on, in the mid 90's, I started using other club drugs such as GHB, Special K, Roofies and pharmaceuticals. Eventually, heroin made its appearance onto the RAVE scene. By this time, many of my friends and I graduated to harder and heavier addictions. Over the years, I've seen many friends go to jail for very long sentences, both state and federal. On the other hand I guess that's not as bad as the ones who overdosed and died because of drugs.

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In many instances the club drugs are used in combinations to intensify their effects. They are mixed with alcohol and harder drugs such as cocaine, crystal meth and heroin. This cocktail of uppers and downers is dangerous because everyone has a different chemical make-up. There is no way of knowing the potential harm.

I feel the best way to combat the popularity of club drugs is through prevention and education. It should start by educating both parents and children in elementary schools and more government funding is needed. Younger age groups are abusing club drugs everywhere, so I think more straight-forward information needs to be presented earlier. Parents need to know the signs of drug use, be able to recognize drug paraphernalia and be familiar with the drug language

Rehabilitation in Central Florida, as well as nation-wide, is expensive and hard to come by for those who are already addicted and want a way out. For those seeking help, there needs to be more programs that are affordable and that offer continuous support. Rehabilitation should also be provided for addicts that are incarcerated as well as additional help after release.

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I joined FAD a year ago and educating kids and parents keeps me clean and honest.

Ms. ALUMBAUGH. OK, thank you.

First of all, I would like to thank you. It is an honor and privilege to be here. This is our son, Michael, and he was 15 years old when he died. I am the surviving mother of Michael. That was 20 months ago.

We lost Michael to the date rape drug, GHB, or Gamma Hydroxybutyrate. The cause of Michael's death was aspiration vomitus and GHB toxicity.

Michael was a sophomore at Westwood High School in Fort Pierce, FL. He was a black belt in karate and was also an instructor. He had won several academic awards for reading, music, mathematics and spelling and he was on the honor roll.

On October 1st, 1998, Michael went to school, as any normal day. During the break between second and third periods, he complained to a friend of a headache. Another child overheard the conversation and offered "Michael, I have these pills, they will make your headache go away and make you feel better." Michael made a wrong choice. He accepted these pills. We found out from the autopsy that this was methadone.

Michael asked if he could go to the show that evening with some friends. This was unusual for a school night, but he was doing well in school. Before he left, a friend came to the house. They went directly to Michael's room. This is where the transaction of GHB occurred. As we understand it, Michael never saw the first 5 minutes of the movie. When he got home, Michael's father looked at him and asked, are you on something, son? Did you take something? No, dad, he replied. After continuous questioning, he finally admitted that they had smoked some pot. Brad decided not to lecture Michael this late, he would talk to him tomorrow. Brad never got that chance, Michael died that night, in his safest place of all places, alone in his bed.

The next morning the phone rang. Brad, Michael's not at the bus stop, the voice said. Brad got up to wake Michael, he could hear his alarm blaring. Michael did have intentions of getting up to go to school. When he opened the door, he knew our son was dead. He was on his back, his eyes wide open and glassy. He had vomited from the chemicals in these designer drugs. Dried vomit ran down his chin into a puddle in his collarbone. His hands were in a clawed position, where he had tried to roll himself over, but he could not because these drugs paralyze your motor skills.

Because we did not know why our son had died, there had to be an autopsy. It took 12 weeks for us to know what happened. None of his friends would come forward, and there was nothing in the blood or urine, GHB leaves the body that quickly. They took our son's brain, and that is where this drug was found.

There is no antidote for GHB toxicity. If you do go into a coma, you will die unless your constitution is strong enough to pull you out. Most are not. In the last 3 years, we have lost 189 young people to designer club drugs in Florida alone. That is 188 tragedies just like ours.

After several months, Michael came to his father in a dream and said, dad, it is wrong for us to destroy the body the way I did. You and mom must tell my story. You do not have a clue about the drugs that my friends and generation are faced with every day.

Brad and I got enough courage and strength and we made the first call.

Brad called St. Andrews where Michael had attended school. Ms. Schroeder welcomed us with open arms. When we went to the school, and as I stood in front of all these beautiful young faces, I started, we are not here to lecture or accuse any of you of being bad kids. We are here to share our experience of losing our child to drugs. That is when Michael's Message Foundation was born.

I tell the students what took our son's life and then tell them a little bit about Michael, that he was not only a great son but a loving son; and yes, today is my son's birthday. He would have been 17.

We are in the process of filing the paperwork for Michael's Message Foundation to be a non-profit organization. We travel to schools in Florida from 6th grade to 12th, sharing our son's story. Our goal is to take Michael's message nationwide in the hopes of saving another family the heartache and devastation these drugs have caused our family. Our children are our tomorrows. If we keep losing them, tomorrow will never come. We feel that Michael's message should be heard by parents and grandparents also.

We have teamed up with the Substance Abuse Council of Indian River County, and they have graciously offered to adopt us until we can get the foundation up and running. They plan to assist us in getting literature printed and schools scheduled.

I am here today with the hope that laws will be made to punish the individuals who distribute these deadly drugs. No one was arrested for our son's death. The report reads, "due to the fact that there was no intent to harm him, no crime was committed." After sharing Michael's story, students come up and do ask, what happened to the supplier? The guilty need to be made examples of.

We know you are all concerned about our youth, and that is why we are all here today. Thank you for asking us. Our kids are begging for help. Let us unite and make our schools and streets safer for everyone.

Mr. MICA. Thank you for your very compelling testimony.

At this time, I am going to recognize Ernest D. Cantley who is the president and CEO of the Stewart-Marchman Center.

[The prepared statement of Ms. Alumbaugh follows:]

MICHAEL'S MESSAGE FOUNDATION

My name is Debbie Alumbaugh, I am the surviving mother of Michael Tiedemann, he was 15 years old when he died, that was twenty months ago. We lost Michael to the date-rape/designer drug **GHB** (Gamma Hydroxybutyrate) The cause of Michael's death was aspiration vomitus and GHB Toxicity.

Michael was a sophomore at Westwood High School in Ft. Pierce, Fl. He was a black belt in karate, and was also an instructor. He had won several academic awards for reading, ,music, mathematics and spelling. He was on the honor roll.

On October 1, 1998 Michael went to school as any normal day, during the break between 2nd & 3rd periods, he complained to a friend of a headache. Another student over heard this conversation, and offered, " Michael, I have these pills, they will make your headache go away and make you feel better." Michael made a wrong choice, he accepted theses pills. We found out from the autopsy that it was Methadone.

Michael asked if he could go to the show with some friends, this was unusual for a school night, but he was doing well in school making A's & B's. Before he left, a friend came to the house, they went directly to Michael's room. This is when the transaction of GHB occurred. He went to the movie, as we understand it, he never even saw the first five minutes.

Michael's father Brad, looked at his son and asked "Are you on something son?, Did you take something?" He replied no dad. After continuous questioning, he finally admitted that they had smoked some pot. Brad decided not to lecture Michael this late, he would talk to him tomorrow. Brad never got that chance. Michael died that night. In his safest place of all places, all alone in his bed.

The next morning, the phone rang. "Brad, Michael is not at the bus stop the voice said.' Brad got up to wake Michael. He could hear Michael's alarm blaring, Michael did have intentions of getting up. When he opened the door, he knew our son was dead. He was on his back, eyes wide open, glassy. His mouth hung open, his tongue so swollen, his father couldn't close his mouth. He had vomited from the chemicals in these designer drugs, dried vomit ran down his chin into a puddle in his collar bone. His hand were in a clawed position, where he had tried to roll himself over but couldn't, because these drugs paralyze your motor skills. Because we didn't know why our son had died, there had to be an autopsy. It took twelve weeks for us to know why our son had died, none of his friends would come forward, there was nothing in his blood or urine. GHB leaves the body very quickly. They took my sons brain, that is where they found this drug. There is no antidote for GHB Overdose, if you go into a

coma, you will die, unless your constitution is strong enough to pull you out. Most are not.

In the last three years, we have lost 189 young people to these designer/club drugs in Florida alone. That is 188 tragedies just like ours.

After several months, Michael came to his father in a dream. He said "Dad it is wrong for us to destroy the body the way I did. You and Mom must tell my story. You don't have a clue about the drugs that my friends and my generation are faced with daily. This put a burden on Michael's father and I until one day we gathered up enough courage and strength to make the first call.

Brad called St., Andrews, where Michael had attended school. Mrs. Schroeder, welcomed us with opened arms. We went to the school, and as I stood in front of all of these young beautiful faces, I started "We are not here to lecture or accuse any of you of being bad kids." We are here to share our experience of loosing a child to drugs." That is when Michael's Message Foundation was born. I tell the students what took our sons life, and them tell them a little about Michael. I tell them he was not only a great son, but a loving son.

We are in the process of filing the paperwork. Michael's Message Foundation will be a non-profit organization. We travel to schools in Florida from 6th grad to 12th, sharing our son's story. Our goal is to take Michael's Message Nationwide, in the hopes of saving another family the heartache and devastation these drugs have caused our family. Our children are our tomorrow's, if we keep loosing them, tomorrow will never come. We feel that Michael's Message should be heard by parents and grandparents also.

We have teamed up with the Substance Abuse Council of Indian River County, they have graciously offered to adopt us, until we can get the foundation up and running full speed. They plan to assist us in getting literature printed, schools scheduled and helping with expenses and grants.

Today is my sons birthday, he would have been seventeen.

I am here today, with the hope that laws will be made to punish the individuals who distribute these deadly drugs. No one was arrested for our sons death. The report reads. Due to the fact that there was no intent to harm my son, no crime was committed. After sharing Michael's story, students come up to us and ask, "What happened to the person that supplied the drug?" The guilty need to be made examples of.

We know you are all concerned about our youth, that is why we are all here today. Thank you for asking us. Our kids are begging for help, lets unite and make our schools safer and better for everyone.

Mr. CANTLEY. Chairman Mica, I thank you for having this hearing and inviting me to participate. I have enjoyed working with you and watching you become a State, national and international leader in the field of addictions over the last few years, and I am honored to be here. Congressman Towns, thank you for being here; Congresswoman Brown, another one of my Congress Representatives, we sure appreciate you and your efforts.

My official role as president of Stewart-Marchman Center is that of a drug abuse treatment, education, prevention center. We heard earlier some discussions from the southwest end of I–4, you know, from Ms. Thompson. I am actually on the northeast part in Volusia County.

A recent article here in the Orlando Sentinel identified the number of deaths here in central Florida. And if you look at that over the year 1998 and 1999, there were 14 deaths in Brevard, Lake, Orange, Osceola and Seminole. There were 11 deaths attributable to Volusia County. Volusia County, I will tell you, is less that 450,000 in total population.

Because some of the information is questionable, you know, we went to Mr. McDonough's office and got some further clarifications on those Volusia County deaths. And in my report here, this is presented on the second page. Basically, there are five deaths related to MDMA or Ecstasy. This means that they died from some other cause, but the Ecstasy was in the body, not necessarily the cause. Deaths due to methamphetamine, there was two. Ecstasy, directly, one. To multiple club drugs, one, and methamphetamines, there was one.

In effect, while there is a little bit of differences in the numbers, the message is very clear. There is something special going on, you know, in this area, in this State, and particularly in Volusia County. I have not seen anything like this, and what I have been hearing, since late 1984 with the beginning of crack cocaine in this area. It is scary, what I am seeing.

In order to get a better handle, you know, on what is going on, to prepare my remarks here, we decided to go to the real experts, and that is going to some of the kids that we have got in our adolescent residential treatment program at Stewart-Marchman Center in Daytona Beach. Basically we have 26 kids in this program, 16 of them had reported experience with some form of club drugs.

We followed that with a little focus group, with five of the kids, just to really get some of the specifics, and on the fourth page of my remarks that I submitted to you previously, I would just like to review some of these statements because—and some of them may not be 100 percent accurate, but they are accurate as to the way that they was presented by the kids. So it is very important, I think.

First they are talking about Ecstasy. It is sold as beans, using it is called rolling. It is a cocktail, a variety of different drugs. Strongly euphoric; $11 to $25 per bean. Beans had cocaine, heroin, all sorts of things in them; 90 percent of the time, it includes heroin, coke, speed. You can tell some of the pills, like the ones with heroin will have brown spots. The dirtier, the better. Dirty beans smell. Dirty beans are more common than clean beans. Normally

when I think of a bean, I think of almost every drug I can think of.

GHB. Do not know what it is, but it gives a drunken feeling, a kind of hormone. Preferable to alcohol because two to three caps will trash you, and you do not feel hung over the next day.

Rophynol. The past couple of months, Roofies have become more available again.

Ketamine, a cat tranquilizer, sold in three forms. Ketamine, Ketacet for oral and Ketaject for IM usage. Very profitable because people obtain the drug by stealing it from humane societies or vets' offices.

LSD, it enhances the effects of the clubs. Used with Ecstasy, it is trolling, or tripping and rolling at the same time.

And finally, alcohol is always there in combination.

The next question is, who uses it? And basically it is a cross-section, lots of people who do not use other drugs use Ecstasy. It is sophisticated users. This is, by the way, coming from 15, 16 and 17-year old kids.

Ask, have you or anyone you ever known have trouble with what they would refer to as an overdose? Yes, throwing up. A lot of people take beans and try to throw up because that increases the effect. You might pass out for a minute or two. I saw a girl on her birthday who ate a lot of beans. She fell out on the dance floor in convulsions. She was taken away by ambulance, and I heard later that she had died.

This is kind of consistent throughout. They just really have no idea or perception about the finality of what really happens. And even when it does to someone else, they kind of downplay it and it does not seem to be as significant as to you and I.

There is all kind of other issues and questions, statements here attributable to these kids. The bottom line of the whole situation is that the kids in our treatment programs know a whole lot more about the club drugs than do the staff that is trying to deal with them. And this really points out a major, major effort that we need to concentrate on.

I know everyone is talking about the need for prevention, education services, and I totally agree. But we have absolutely got to concentrate on the professionals in this field to try to bring them up to speed. Crack cocaine earlier, it took the system about 2 years to really adjust to that onslaught, 1984, 1985. We cannot wait this long here.

We have no idea in the State of Florida how many club drug users are in our treatment system, and it is another issue that I make in my remarks, and I am going to provide to Mr. McDonough. One of the real problems we have got is a State reporting system that we have does not ask by name for the drugs, the club drugs in our reporting system. So therefore, the kids that is in our treatment program, we just really have no idea what they are there for. We know a primary drug may be heroin, but the club drugs, if they are used in conjunction with that, is not there.

With that, Mr. Chairman, I thank you for the time and the remarks and we look forward to your questions.

[The prepared statement of Mr. Cantley follows:]

Ernest D. Cantley, DPA
President and CEO
Stewart-Marchman Center, Inc.
Daytona Beach, FL

Testimony to Government Reform Committee

Subcommittee on Criminal Justice, Drug Policy, and Human Resources

"An Emerging Drug Threat in Central Florida: Club Drugs"

Introduction

My testimony provides information about commonly used club drugs in Volusia County and first person accounts regarding club drug use. My testimony will also point out a gap which exists in the reporting of club drug use, making it impossible to currently measure the number of club drug abusers enrolling in substance abuse treatment.

The recent Orlando Sentinel article regarding "club drug" deaths was, in my view as an addictions treatment professional, an unfortunate and ill-conceived report. However, for Volusia County residents there was one chilling fact that emerged from the report regarding the disproportionate number of club drug deaths recorded in medical examiner records in Volusia County during 1999. The report provided the following data regarding club drug deaths in 6 central Florida counties during 1997, 98 and 99:

Designer Drug Deaths – MDMA (Ecstasy) or GHB			
	1997	**1998**	**1999**
Brevard	0	2	1
Lake	0	0	1
Orange/Osceola	0	4	3
Seminole	0	0	3
Volusia	0	1	**10**

Source: Orlando Sentinel May 21, 2000

Because of concerns regarding the accuracy of the data provided by the Sentinel in its article, I also consulted with Steve Lauer in Florida's Office of Drug Control.

Lauer's report, based on medical examiner data, on Volusia deaths for the three year period are summarized below:

Volusia Club Drug Deaths and Club Drug Related* Deaths 1997-1999	
Total Deaths 1997	2
Total Deaths 1998	2
Total Deaths 1999	6
Deaths due to Methamphetamine 97-99	2
Deaths due to MDMA (Ecstasy) 97-99	1
Deaths due to multiple club drugs 97-99	1
Deaths related to Methamphetamine 97-99	1
Deaths related to MDMA (Ecstasy) 97-99	5

* related – toxicology reports found presence of the drug, but cause of death was not attributed to the drug.

Source: Steve Lauer, State of Florida, Office of Drug Control – telephone report May 30, 2000

Regardless of the source, the number of deaths reported in Volusia indicates that club drugs may be as much of a potential threat to the lives of our citizens than either heroin or cocaine. This data require further study regarding the specific club drugs involved in these deaths and the circumstances involved in each fatality.

The Club drugs that impact Volusia County include the following:

Ecstasy

Methylenedioxymethamphetamine (MDMA), commonly known as Ecstasy, developed as a chemical precursor in the synthesis of pharmaceuticals. Chemically, MDMA is similar to the stimulant amphetamine and the hallucinogen mescaline. MDMA can produce both stimulant and psychedelic effects. MDA and MDEA are drugs chemically similar to MDMA and may also be marketed as Ecstasy.

- MDMA is taken orally, usually in a tablet or capsule. The drug's effect last approximately 3 to 6 hours. MDMA can produce significant increase in heart rate and blood pressure and a sense of alertness like that associated with amphetamine use.

- The stimulant effects of MDMA may lead to dehydration, hypertension, and heart or kidney failure.

- Chronic use of MDMA has the potential to produce long-lasting damage to neurons that release serotonin, with the potential to impair memory.

GHB

Gamma-hydroxybutyrate (GHB) is typically sold as a clear liquid, along with powder, tablet and capsule forms. When used in combination with alcohol there is a potentially life threatening synergistic depressant effect.

- GHB is abused either for its intoxicating sedative/euphoric properties or for its growth hormone releasing effects.

- GHB is a central nervous system depressant. At higher doses, and when in combination with alcohol, it can slow breathing and heart rate to dangerous levels.

Ketamine

Ketamine is an anesthetic approved for both human and animal use in medical settings. Most ketamine legally sold is intended for veterinary use.

- In large doses Ketamine causes reactions similar to those associated with phencyclidine (PCP), including dream-like states and hallucinations.
- Ketamine is produced in liquid form for intramuscular injection or as a white powder that is snorted or smoked with marijuana or tobacco products.
- Low dose intoxication results in impaired attention, learning ability and memory. At higher doses ketamine can cause delirium, amnesia, impaired motor function, high blood pressure, depression and potentially fatal respiratory problems.

Rohypnol

Flunitrazepam, marketed by Roche under the trade name Rohypnol is a benzodiazepine. The drug is approved for use in more than 60 countries around the world, but is not approved for prescription use in the United States. Where approved, Rohypnol is used as a treatment for insomnia, as a sedative, and as a pre-surgery anesthetic.

- Rohypnol is tasteless and odorless, dissolves in beverages. Because it is a central nervous system depressant, rohypnol has a synergistic effect when used in combination with alcohol.
- Rohypnol can cause profound "anterograde amnesia" wherein individuals cannot remember events they experience while under the effects of the drug.

First person reports of Club Drug use in Volusia County

In an attempt to gain additional information regarding the extent and type of club drug use in the community we went to client in treatment at Stewart-Marchman Center. We found that 16 of the 26 current residents of our Residential Adolescent Program had used club drugs. Five of those youth responded to questions about club drug use. Their exerpted comments follow: Please note the inaccuracies found in these youths' perceptions and knowledge regarding the composition and effects of the drugs.

Question: What "club drugs" are used in Volusia County?

Ecstasy – Sold as "beans." Using is called "rolling." It's a cocktail, a variety of different drugs. Strongly euphoric. $15-25 per bean. Beans have cocaine, heroin all sorts of different things in them. 90 percent of the time it includes heroin, coke, speed. You can tell on some of the pills. Like the ones with heroin will have brown spots. The dirtier the better. Dirty beans smell. Dirty beans are more common than a clean bean. Normally, when I think of a bean, I think of almost every drug I can think of.

GHB – don't know what it is, but gives a drunken feeling, a kind of hormone. Preferable to alcohol because 2 or 3 caps will trash you and you don't feel hung over the next day. Kept in 2 liter bottles. Dispensed by the 2-liter capful. $5 per cap, $20 per ounce. You can get GHB basically free.

Rohypnol – 2 for $5. In the past couple months roofies have been available again.

Nitrous Oxide – Clubs let you bring in whippets.

Ketamine – A cat tranquilizer. Sold in three forms – Ketamine, Ketacet (oral) and Ketaject (IM use). It's very profitable, because people obtain the drug by stealing it from humane society's or vet's offices.

LSD – It enhances the effect in the clubs. Used with ecstasy – "trolling" is tripping and rolling at the same time."

Alcohol – always there in combination.

Question: Who is most likely to use club drugs

A big cross section. Lots of people who don't use other drugs use ecstasy. Sophisticated users.

Question: In what settings or situations are club drugs most likely to be used?

Anywhere there is a party and techno music and glow sticks. Rolling is particularly social because of the increased sensitivity to touch. You are not likely to use ecstasy by yourself because you want to be around people when you use it.

Question: Have you, or anyone you know, ever had an event with a club drug that you would classify as an overdose?

- Yes – throwing up. A lot of people take beans and try to throw up, because that increases the effect. You might pass out for a minute or two. I saw a girl on her birthday who ate a lot of beans. She fell out on the dance floor in convulsions. She was taken away by an ambulance and I heard later she had died. One of my friends took ecstasy and used alcohol and went into a coma. When on ecstasy, alcohol can take you by surprise real easy. Ecstasy can cause you to be "ate up." Being ate up is like being a complete total extreme opposite from when you're on the drug. It's like being retarded. You can't do anything. I got "ate up" pretty bad the first time I did it. It makes you real tired afterward.

- "The first time I used GHB I drank 8 caps. I was fine for about 2 hours, then I got really tired, sat down and my friends said I became unresponsive to anything. My friends took me home. My pupils were really dilated and I was just out of it. I was that way for 24 hours. When somebody is out on GHB you can do anything to them. Go through their pockets, take their clothes, whatever. Afterwards they won't remember anything.

- "I had a bad experience with Ketacet. An expired vial. I did a big line and started puking, having closed eye visuals. It was very bad. I recovered about two hours later."

- "I've done rohypnol and my friends told me I did all sorts of things that I had no memory of."

Question: Have you or anyone you know ever developed a dependence or addiction to a club drug?

I know kids who stay up all night rolling and when the morning comes they are looking for more. Ecstasy was the first drug I thought I had a problem with. After I got introduced to Ecstasy it was just like the greatest feeling. If you know how to get the greatest feeling of your life, your going to do anything to have the greatest feeling of your life as much as you can."

Question: How are club drugs sold?

- Who do you know and how much do you have to spend?

- You approach them. You can tell. In a club go to people with glow sticks or who are massaging each other and ask. They'll direct you.
- Most drugs aren't sold in the club, but outside the club.
- People come prepared with their drugs. Ecstasy takes a while to kick in, so you take it a half hour or so before you go to the club. You go to people's houses and you get prepared.
- Beans are more expensive in the clubs.
- Club drugs are cliquish. You sell to your friends. If you get caught with beans you're in trouble.

Question: How are events where club drugs are sold and used marketed in the community?

- Every weekend, whoever does the beans will go to a huge party or go to the club on Friday and Saturday.
- Raves are advertised through flyers or through your friends. At techno concerts people are "blowing up."

Question: What else should the community know about club drugs?

- They are not just club drugs.
- I know a number of people who use Ecstasy who don't use any other drug.
- Rollers use Vics Vapo-Rub. The menthol effects your senses and makes you blow up.
- Driving is dangerous when you are rolling. Music or anything can blow you up so much that you can go off into "fake land." You are so stimulated that you're not there no more. You can be driving and not be there – that's dangerous. The driver is the one with the best track record. There's no norm to not drive. People are more willing to drive, anything that's fun you want to do when you're rolling.
- Parents should be aware of what they are called. My mom heard us talking about beans. She's like "get some beans?" I was like uhhh – and I just tried to play it off. She had no clue what a bean was. I used to throw parties at my house with Ecstasy. We'd have glow sticks and stuff like that. The lights would be turned off. My mom would come in and say "are you guys done playing with the lights off." My mom was naïve.
- When you are doing ecstasy it's not real obvious except your pupils are huge, and you may have trouble talking. The amount of niceness is overwhelming.
- I've been stopped with a gallon of GHB in a milk jug. It's not suspicious, like a big bag of white powder.
- I would think that the number of people who died because of club drugs was more than 10 – probably three times that many.

State reporting of club drug use

Club drug use may be thriving and under-reported in Florida due to the substance abuse treatment system's failure to change its reporting requirements to address the changing illicit drug use patterns within the state.

The department of children and families Mental Health and Substance Abuse Data Measurement Handbook, most recently revised in 1999 lists four purposes for the data collection and analysis functions required of all licensed providers in the state:

1. The department's data are intended to provide the legislature with valid and reliable information on number of clients served, the cost of care to serve those individuals, and the resultant benefits, both personally and socially, received;

2. This data is used to justify the department's federal Substance Abuse Prevention and Treatment Block Grant and Mental Health Block Grant. For fiscal year (FY) 1999, the Substance Abuse grant equaled approximately $80 million and represented nearly 44% of the department's budget for substance abuse services. For FY 1999, the Mental Health grant equaled approximately $10 million of approximately $250 million.

3. The data collected is expected to provide data that will result in improved effectiveness and efficiency.

4. **The data from public and private substance abuse providers provides a more comprehensive picture of who receives services and the types of services provided. The information is vital for an accurate and comprehensive assessment of statewide needs for substance abuse services.**

In order to achieve purpose number 4 as listed above, there is the need to immediately revise data collection efforts regarding drugs of abuse.

The data system requires each provide to submit information to the state regarding the primary, secondary and tertiary drugs of abuse identified during intake with clients enrolling in substance abuse treatment. In order to facilitate data entry all drugs are codes numerically. Currently the drug categories which are authorized for coding are listed as follows in the instructions provided in the handbook:

Item 29. Substance Problems (Mandatory)

NOTE: Primary Problem is a mandatory entry, along with its associated questions.

Identify and enter the substance(s) which is/are primarily responsible for contributing to the client's need for admission.

If the client is admitted to a methadone maintenance modality, the primary problem must be a narcotic (heroin, non-prescription methadone, or any other narcotic). If a client is receiving legally prescribed methadone from another clinic and is admitted to the reporting clinic for dosage adjustment or termination, the primary problem must be the narcotic for which the client originally received methadone. The prescribed methadone should not be identified as the client's problem drug under "non-medical methadone", "other" drug, etc.

Indicate the primary, secondary, and tertiary degree of the substance creating the abuse problem. Clinical judgment will ultimately determine the degree of impairment that a substance causes for an individual client. In determining the degree of impairment, the following considerations should be made:

a. Patterns of drug involvement;

b. Degree of present and past physical, mental, and social dysfunction related to the substance and;

c. Degree of present or past physical or psychological dependence, regardless of the frequency of use of a specific substance.

If there is no secondary or tertiary drug use, leave these and related items blank.

DEFINITIONS:

[01] NONE

[02] ALCOHOL

[03] COCAINE/CRACK (For Crack, use smoking for route of administration)

[04] MARIJUANA/HASHISH

This includes THC and any other cannabis preparations or derivatives

[05] HEROIN

[06] NON-PRESCRIPTION METHADONE

[07] OTHER OPIATES AND SYNTHETICS

This includes codeine, Dilaudid, morphine, Demerol, opium, Darvon, and any other non-prescription drug with morphine-like effects.

[08] PCP - PHENCYLIDINE

[09] OTHER HALLUCINOGENS

This includes LSD, DMT, STP, mescaline, psilocybin, peyote, etc.

[10] METHAMPHETAMINE

This includes the amine derivative of amphetamine that is used in the form of crystalline hydrochloride as a stimulant. This includes crank. (Does not include "ICE", see below.)

[11] OTHER AMPHETAMINES

This includes Benzedrine, Dexedrine, Preludin, Ritalin, and any other amines and related drugs. (Does not include "ICE".)

[12] OTHER STIMULANTS

[13] BENZODIAZEPINE

This includes Valium, Librium, Diazepam, Flurazepam, Chlordiazepoxide, Clorazepate, Lorazepam, Alprazolam, Oxazepam, Temazepam, Prazepam, Triazolam, Clonazepam, and Halazepam.

[14] OTHER TRANQUILIZERS

[15] BARBITURATES

This includes Phenobarbital, Seconal, Nembutal, etc.

[16] OTHER SEDATIVES OR HYPNOTICs

This includes chloral hydrate, Placidyl, Doriden, etc.

[17] INHALANTS

This includes ether, glue, chloroform, nitrous oxide, gasoline, paint thinner, etc.

[18] OVER-THE-COUNTER

This includes aspirin, cough syrup, Sominex, and any other legally obtained, non-prescription medication used for purposes other than specified on the label.

[19] ICE

This includes the crystalline form of methamphetamine usually heated and inhaled. (This drug type should not be confused with Ecstasy.)

[20] OTHER

[21] UNKNOWN/DENIES DRUG USE

It is important to note that none of the four primary "club drugs" – Ecstasy, GHB, Ketamine or Rohypnol are identified by name within the handbook. While a knowledgeable assessor could classify these drugs through use of the existing categories, the ability to extract information from the data to describe the extent to which these drugs are the primary, secondary or tertiary drugs of abuse is impossible.

It is our strong recommendation that the Department of Children and Families revise its data handbook to identify Ecstasy, GHB, Ketamine and Rohypnol individually by name. By modifying the handbook to reflect emerging drug use trends we will be better able to monitor the extent of the problem and develop strategies to address the need.

Summary

The abuse of club drugs, notably Ecstasy, GHB, Ketamine and Rohypnol is of significant concern to drug treatment providers in Volusia County. Our community would benefit from more intensive review of medical examiner records regarding the extent to which these drugs are involved in deadly overdoses or otherwise contribute to deaths in our community.

The information provided by youth in treatment suggests that club drug users are not highly knowledgeable regarding the drugs they are ingesting. In addition, the youth we interviewed shared a false perception that club drugs are not as harmful, nor as addictive as drugs such as heroin or cocaine. The youth noted that club drug use is "cliquish" and that users are benefited in keeping their use "secret" because of the lack of knowledge which generally exists in the community regarding these drugs.

Finally, the community would benefit from accurate data regarding admissions to drug abuse treatment involving the abuse and dependence upon these drugs. State reporting procedures should be modified to ensure that detailed epidemiological data can be provided regarding each of these substances.

Mr. MICA. I thank you. Let me if I may first turn to Mr. Webster.

Mr. Webster, you have sort of been through it and survived. What are we going to do to get this situation under control and get the attention of young people and parents?

Mr. WEBSTER. The best solution I see is, you have got to start early on. You have got to get into elementary schools, even middle schools. Right now, my group, Families Against Drugs, I work with Tinker Cooper, we will go out and speak to any school that will let us in there. Our biggest problem is we run into road blocks. We run into principals or political members who say the video that we show, Overdose, is too graphic. And it is not, to me. I mean, it basically shows crime scene footage of overdose victims, and places that we have shown it, it has been a very effective tool and it hits home to the kids because they know kids that are out there partying in the middle school and high schools.

And I think if we can just get more cooperation here in the community and stop ignoring the problem—we have a lot of people that say, there is no problem, we do not need that in my school. We had a parent who kept saying that out in Oviedo, because her son had overdosed, and we have been trying to get out there. And they would not let us, like, we do not have a problem. Then a week or two later they had a bust out there, and they busted all these kids in the school, and now they are blaming the law enforcement for setting up their kids. And they are still in denial that there is a drug problem.

So our biggest problem is getting out there and getting in the schools and getting where it needs to be educated. That is where it needs to be because these kids are starting younger and younger, and I see it, and I hear you mention that, by shutting down the rave clubs, there is another catch–22 to that. And what is going on now with the young kids is that they are not going to the clubs. They are having blow-up parties, they call them. They go to a friend's apartment or they get a hotel room. Most people know the heat is on them, and what they are doing is going underground. I mean, if you can get the drugs off the street, these kids are going to take it and they are going to go underground. If you shut down the clubs, you pose another threat. You have got people in their own homes, and they are overdosing, and they do not have a club there, bouncers to drag them out and get an EMS there. They are overdosing and you have got scared kids, and that is how most of these overdoses happen. These kids do not call EMS, and that is another problem.

Mr. MICA. We, in Congress, funded, about 2 years ago, a $1 billion drug education program, almost unprecedented in the history of the country. It is matched by another $1 billion of donated time or services in education and media-directed. Have you seen any of this, and can you give me a frank assessment? Is this effective? Should we continue it or how could we better spend the money to get the message that you are talking about out?

I will ask Mr. Webster and then I will ask Ms. Alumbaugh.

Mr. WEBSTER. Like in Families Against Drugs, I deal with parents that have dealt with overdoses, such as Ms. Alumbaugh. And we go out and we speak, and they get a point of view, I have been in it. And I have done the drugs, and I know what is out there.

Mr. MICA. What about our $1 billion effort?

Mr. WEBSTER. It is kind of milk toast. I see the stuff that has been going out there.

Mr. MICA. It is not tough enough?

Mr. WEBSTER. Yeah, it is not tough enough. It needs to be more straight, to the point. These kids laugh at it. You know, it is like the Nancy Reagan "Just say no" thing. I do not even see it; that is what kids say. And I hear what is going—they laugh at D.A.R.E. I was talking to some kids last night telling them what I was doing now, and they went through the D.A.R.E. program. They tell me, oh, man, we used to laugh at that stuff. And they are kids that go out and use.

They need to have younger people out there giving it to them, not so much as people that are maybe law enforcement. Sometimes kids get intimidated by that and they blow that off. A lot of times they need to talk to people that have been through it, and see parents, like they have parents. And when they see a mother grieving or a father grieving and telling their story, that really hits home, and it does need to go to a lower level.

You get kids when they are young, educate them, they know what they are putting into their system, knowing that they are mixing chemicals and their body chemistry, there is no way of telling what is going to happen to them. I think that is not being taught to the young people today. They are just getting, oh, just say no to drugs, this is bad, this is bad, this is bad, and then they get hold of it and they go, oh, I feel good. You know, then they just ignore everything that was taught.

Mr. MICA. Ms. Alumbaugh, did you want to respond?

Ms. ALUMBAUGH. I agree with Mr. Webster. The response that we get from going to the schools, there is silence when we are speaking. And I can submit letters to you from children.

Mr. MICA. Well, as to the billion-dollar-plus and another billion?

Ms. ALUMBAUGH. It is not working. They are not listening.

Mr. MICA. It is not working and they are not listening. It is not effective?

Ms. ALUMBAUGH. No.

Mr. MICA. OK. Because we are going to conduct—I have conducted one hearing, after we completed 1 year last October, I believe in November we conducted one hearing. We are scheduled to—we were scheduled, I think, just before we recessed, General McCaffrey was not able to participate. But we need to go back and look at how we are spending that money. If you are telling it is not effective, and I have heard this repeated over and over.

Ms. ALUMBAUGH. Yes.

Mr. MICA. Maybe you could give me a quick assessment, Dr. Cantley?

Mr. CANTLEY. My opinion is, it really depended upon who the intended audience is for those ads. If it is for teenagers that may be or are close to using or may be using right now, I think it would be totally non-effective. However, I think it does have some positive traits in the area of working, trying to educate family members or other people in the community. I think it may prove to be marginally effective there.

Historically, we have shown that the real heavy, hard-hitting things, like I remember back doing the DWI things, where we showed a lot of pictures of automobile accidents with people's heads cutoff. Those proved not to be real effective. But I do think that there is some middle ground between that real gory kind of stuff and where we are right now with this one. So I think if we look at it from the kids' perspective, it needs to be a little bit more hard-hitting. I concur.

Mr. MICA. Ms. Alumbaugh, you have attempted personally to turn a tragedy into something positive by going out into the community and educating young people. But you also called in your testimony for tougher penalties for those who deal in these deadly substances, is that correct?

Ms. ALUMBAUGH. Yes.

Mr. MICA. And you would like to see those who provide this deadly substance to be brought to justice, is that correct?

Ms. ALUMBAUGH. Yes, I would. President Clinton——

Mr. MICA. There have been proposals to increase the penalties for trafficking.

Ms. ALUMBAUGH. Yes.

Mr. MICA. One of the problems we have is, with some of these designer drugs, that the law does not keep up with the production of these new substances, and penalties do not keep up. So I think you have indicated you would like to see tougher penalties and people brought to justice. What do you think, is that going to be something we need to do also, Dr. Cantley?

Mr. CANTLEY. I think we need to be very careful and never, in any way, shape or form, encourage anyone to sell drugs. Now, I will qualify that with users, sometimes we will see, you know, addicted people out there, the real low-level sellers, that many of those are dealing it from a different perspective. But the real traffickers, there never should be any wavering whatsoever. I concur, you traffic, you go to jail.

Mr. MICA. The other thing, too, is you have had a great deal of experience, and described some of the response from young people. Some of the articles and some of the pro-drug culture say that these drugs are not addictive, that these drugs are not a problem, that people should be free to get high, to use these drugs at will. How do you respond, Dr. Cantley?

Mr. CANTLEY. I think that that is one of the scariest things in the world. These same people will say to you, if we legalize—pick a drug, any drug—it is no worse than alcohol. It is a legal drug. And I cannot think of anything worse than putting another alcohol on the street with all the ills that we have in society as a result of that.

The fact of the matter is, accessibility is the key to drug use. If it is not accessible, people will not use it. If it is legal, it will become more accessible. There will be more on the street and then it will certainly kick up the public health spectrum. It may assist some, I do not know, it may assist some in the legal aspects. But certainly not in the public health aspects with that. Anything you do to legalize, or make it more available, you are going to increase the amount of human suffering from it, period.

Mr. MICA. Thank you. Mr. Towns.

Mr. TOWNS. Thank you very much, Mr. Chairman.

Let me begin by saying to you, Ms. Alumbaugh, I really salute you in terms of the effort that you are putting forth to, first of all, make certain that your son's name does not die in the fact that you are making certain that his loss is not going to be in vain. I want to salute you and your family for making certain that you carry on that effort.

But let me sort of deal with this whole education issue. We are using the word, but I am not sure that I know where we should be going with it. We talk about education in terms of young people and then also we talk about it in the fact that, people that are involved with young people do not have the knowledge. And then we talk about the $1 billion that we are putting forth, and I am not sure we are spending that wisely.

What kind of education program would you think about putting forth? Now, you as a person that has been through it so you have had some experience. And we have other folks who are involved with our youngsters every day that have not been through it, and probably have no knowledge; you know, if they saw a pill, might not even recognize it. So what do we do now to make certain that we get this education going and bring it to the level that we should have it in order to make certain that we do not lose any more children?

Because when you look at the fact that, in this State alone, that you are losing 60 people a year, now that is multiplied by all other kinds of things, the pain and suffering of families, of course as Ms. Alumbaugh described earlier, the fact that—the director indicated, the fact that maybe it could be a bus or a truck, somebody could be driving. I mean, all kinds of things could happen as a result of this. And we have to sort of do something now, I think that we cannot afford the luxury of sitting back and saying we will fix it later or it will take care of itself.

So what can we do in terms of education? What would be a model kind of program?

Mr. WEBSTER. To me the hardest-hitting thing about, that I learned about drugs that I had been doing, like Ecstasy, GHB, Roofies, is how your body has a chemical make-up. And when you add these kind of drugs to your body, how it can affect each person differently.

I did not really know the harmful potential danger of Ecstasy, I did not have any information like that, I did not know how it depletes the seratonin. And after years of use and friends that have used, I have seen how it has affected people. And if I had known a lot of that information beforehand, I would have looked at it differently. I did not think there was any harmful effects. I mean, I used to love Fettucini Alfredo, and once I found that Alfredo is one of the most fattening things out there, I kind of looked at it different. It was not something I wanted to eat every night.

And a lot of these kids that are out there partying, these kids are really into fitness. I mean, I know kids that work out at the gym and eat healthy, and then go blow-up every weekend. I think a lot of them, if they knew the harmful danger that they are doing to their body, there needs to be more information what it is doing

to their brain. Because once people find out that it is affecting them in this certain way, it is more effective.

And plus, they need to see things like crime footage. He was talking about the DUI campaign, when people see wrecks, sometimes that gore is effective, especially on a young person because that stays in the mind. And I do not see it as a scary thing, I see it as a thing that will keep them from going out there and doing crazy stuff. Because I know, I would have totally thought different about Ecstasy, if I had more information, and saw the truth and seen an overdose, a heroin overdose or things like that.

Mr. TOWNS. Education. What can we do?

Ms. ALUMBAUGH. Again, it has to come from people who know. We not only discuss our suffering but we discuss these drugs, and that they—we find that the kids are begging for information. They are not going to go ask the school resource officer what this is going to do to them. But they will come up, after we have spoken, they will come up to us and ask questions. And I myself, I speak to Mr. McDonough's office, I try to speak to them once a week to let them know what we are doing, and the letters that we get back from the kids that say, thank you so much for coming. Without you coming, we would not know this answer.

So if we can educate the kids, and they will listen, because again, the D.A.R.E. leaves them in fifth grade. They are left on their own. And all these drugs are there, and they are there every day hitting them in the face. And they do not know where to go.

If we can educate them and give them the information they need, not from the Internet, because in my speech I do tell them, I am here to prove the Internet wrong, this will kill you. And that is what they need to hear. They need to hear that it will kill you.

Mr. TOWNS. Education, what can we do?

Mr. CANTLEY. I hope you are asking me because I am just dying over here to respond to this question.

Mr. TOWNS. Yes, I am.

Mr. CANTLEY. I think nationally, and also within the State, we have some very good prevention programs that are scientifically based and are consistent. Specifically in the State of Florida, I think we have some real problems with our prevention system within the State of Florida, and that is that there is no uniform system of getting consistent messages out from Pensacola all the way down to Miami.

We have got some good prevention programs in certain areas, and certain pockets, but we do not have that statewide system that we can take something like club drugs and all of a sudden start massive education of the entire State. That is, in my opinion, the biggest weakness that we have in our prevention system within this State, and this State is what I consider myself more knowledgeable of.

If there was some way that we had prevention resource centers, in different areas of the State, that is tied to an overall State prevention effort, that would be able to distribute the same consistent information through every school, through every law enforcement office, through every parent group within the State, then I think we could be effective in some of the things we do.

Mr. TOWNS. I think you make an excellent point. And that is my problem with spending the $1 billion. But the point is that I am not sure that we are getting the kind of results that we should be getting from it.

When you talk to law enforcement, they say education is important. And you go to young people, they will say education is important. It is sort of highlighted here. And then you have the people that spend a great deal of time with our young people, in terms of the educators themselves, will say, education is important.

But the point is that how do we coordinate this to make it work? I mean, that is my real concern. We need to find a way. I learned something here this morning. I really did not really know Ketamine was a part of this. I had no idea. This is something that the veterinarian gives to people with dogs and all. I mean, I had no idea people were using that as well. So I have learned something here this morning just from this hearing. And I am certain that there is probably a lot of other things that we could learn.

So I do not know, in terms of how we coordinate that. I think that somewhere along the line, the Federal Government has a responsibility to get that package down to a community, with some flexibility, but to make certain that everybody is sort of aware of what is going on. And I think that until we do that, we are going to continue to lose folks, and I do not think we can afford the luxury of that. And I salute you for your efforts in terms of getting out and spreading the word.

But here again, I think more needs to be done and that we need to look at how we are spending our money to make certain that it is being done, and being done properly.

And back to the Internet, I think there are some things that we have to address there, too. I am not one for regulating everything, but I think there are some things that we have to begin to look very seriously at, if we find that it is detrimental to our young people and to our lives and the quality of life.

So here again, thank you so much for your testimony.

Mr. MICA. Thank you, Mr. Towns. Ms. Brown.

Ms. BROWN. Thank you, Mr. Chairman.

Thank you all for coming with your presentations today. I do not know, there just does not seem to be one answer, and that is the problem. If it was one answer, we would do it. It is not one thing. It is a series of things. And when we talk about education, it is not just education, it is not just the schools, because we have got to get the parents, the families involved. Take your son, it just seems that from reading everything that I can read here is that this was a one-time situation. And so how do we get kids to understand one time could be the end?

And some kids we probably need a harder approach, and others, the D.A.R.E. kind of programs is more effective, probably with the younger age. But it is a community problem. How can we get the entire community involved? We cannot just say, just leave it to the school, because the parents have got to be involved, the church has got to be involved. When you say prevention, what are you talking about? After-school programs? It is just a community problem. And how do we address that community problem?

To know the name of all these drugs, all I want my kid to do is not use it. So what do we do? What is the one thing? You say if you had known all this about drugs. I know that eating certain foods is not good for me, but I still eat them. So what is it that we can do to stop young people from getting involved in these drugs, because it seems as if it is cool, it is popular. But how do we get the message that it will also kill you? It will destroy your life.

Mr. WEBSTER. There is no one answer to that, either. I mean, each person is different. I am just saying for me, myself, if I would have had more information, I cannot say that I would have never tried the drugs, because a lot of kids are young and they think they are getting a sort of independence, they are 18 or what not, or they feel that they are grown up and they can make adult decisions. They may go out and try things.

But I do not think I would have had the drug habit that I kept up if I had had more information. If I know I could deplete my seratonin in my brain, you know, I could be clinically depressed in years, I might not have done that much X. I cannot say that education will stop kids from doing drugs, but it will give them more information and let them know that, if you are going to mixing these chemicals in your body, there is no telling the outcome. And you could be that statistic and be the one who tries it one time and go down, or you can be the one who parties for years, and the next thing you know you graduate to a higher addiction because, you know, you cannot ever feel good.

Ms. BROWN. Where do you think that information should come from? The school?

Mr. WEBSTER. To me, that is just science class, that is biology. These kids need to know that. I mean, if you are going to teach them about biology, you might as well tell them about drugs, because that is what it is doing. It is all chemicals, and your body is all chemistry right then and there.

Mr. CANTLEY. Ms. Brown, thank you. It is a remarkable question. I really appreciate the possibility of looking for solutions for it.

To me, I think one of the things that is clear in my discussions with the kids is that when they use club drugs, particularly Ecstasy, they do not use it to, do drugs. They do not consider themselves as a drug addict, like a heroin or a cocaine user. It is something unique and special out here.

We do know that teenagers are particularly sensitive to peer pressure, to peer cultures, to being like everyone else. And I think that may be some of the keys in working with teenagers. Now maybe not young kids, but once they get up into teenagers, if there is somehow or another we can get the message across to all of our teenagers that it is not cool to do these drugs, then we will not have a problem with it. Right now they have got the perception that it is cool to do drugs. And it is a social thing to do the club drugs. As long as that is there, we have got our work cut out for us, and we have just got to turn the tide through a mass of education kind of thing. And Congressman Mica, if somehow or another those spots can actually be developed, some of them, to begin

to turn that tide a bit about talking to teenagers, very specifically, you are not cool when you do drugs.

Ms. ALUMBAUGH. We do say that in the speech. If there is no demand for it, they will not make it. You know, so when it is offered, we hope that we are giving them a tool to help them to continue to say no. And if the demand is not there, it will not be made. But we do have to educate them on what this stuff is made of. You know, tell them that they put floor stripper and degreaser in this. And when you do, and you see that child's face, they had no idea that that was in this. And they are taking it.

Again, that is education, but it is something that is going to stop them from doing this.

Ms. BROWN. Well, I want to thank you for what you are doing, but it is limited the number of schools that you have been able to get to.

Ms. ALUMBAUGH. True.

Ms. BROWN. How do you think we should expand the kind of thing that you are doing?

Ms. ALUMBAUGH. Well, we have teamed up with the Substance Abuse Council, because they are federally funded, are they not?

Ms. BROWN. Yes, some of them are.

Ms. ALUMBAUGH. OK. If we could get involved with them, more of them, we could reach more people, and not just we, me, we the Substance Abuse Councils, and educate that way.

Ms. BROWN. One last question. Do you have a problem getting into the schools?

Ms. ALUMBAUGH. No. No, we have been to 14 schools. We just started March 16th, and we have delivered Michael's message to 4,800 students so far.

Ms. BROWN. What about you, Mr. Webster?

Mr. WEBSTER. We run into problems with our video, mainly. It is Overdose, and it shows official crime scene footage. And a lot of principals and other teachers feel it is just too graphic for junior high, even high school we have had problems. So getting our video in there is the bigger problem. But getting in there to talk to kids, we do not seem to have too much of a problem. Except for in Oviedo.

Ms. BROWN. Thank you, Mr. Chairman. I yield back my time.

Mr. MICA. Thank you, Ms. Brown.

One final question, the hearing that we held the day before yesterday in New Orleans focused on drug testing. The parochial Catholic schools had instituted a mandatory drug testing program for their students for 3 years, from Mr. Vitter's district, who is also on this committee. We heard some interesting testimony that, from testing positive and for a small but significant percentage of students 3 years ago to almost totally eliminating any positive tests today, that it has been a very successful handle. We had students testify, we heard about peer pressure, and they said, well, this mandatory testing takes all the pressure off. It was random, they never knew when they were going to get it, but they were all subject to it.

The District Attorney testified, and they are now trying to institute that, will have this fall in some of the schools, public schools. There are questions when you get into the public school arena,

some difficulties in that. Could you comment briefly on what you think mandatory drug testing for students, would it be beneficial, would it be helpful? Maybe we will take a quick run through the panel. Mr. Webster, what do you think?

Mr. WEBSTER. Yeah, I believe that would be very effective. I know I have been on probation before, and that is a good way of keeping you clean, when you know you are going to get tested.

Mr. MICA. You find that to be very effective for people who have had some offense, drug offense. So you think it would be?

Mr. WEBSTER. Yeah, I think it would work well. I mean, there is going to be a lot of opposition trying to do that, to get into the public school arena. But we work with a group called Drug-Free America, and they offer free testing to parents, you know, they will send you the test and you can test your kid, and you can send it off to a lab and they will do it that way.

I think a lot of it has to do with the parents, too, not so much responsibility put on the public schools, maybe a lot of it could be put on the parents themselves, educating them. And if they suspect something, maybe they should be the ones giving out those tests.

Mr. MICA. I think they only had one student who refused to participate. Of course, in the parochial schools, they will not admit them.

What is your recommendation?

Ms. ALUMBAUGH. I agree with it.

Mr. MICA. You would support it?

Ms. ALUMBAUGH. Oh, yes. We just spoke to a school, a charter school, that did it. And the kids that we spoke to did not mind it. Did not mind it at all. They were tested before they were even allowed into the school, and then randomly through the year. And they basically appreciated it.

Mr. MICA. Dr. Cantley, has the time come for a mandatory drug testing?

Mr. CANTLEY. I am a proponent of testing, you know, generally. But also on the other end, I see the need to make sure that there is good clear guidelines and procedures to make sure that it is used correctly and effectively, and we do not go on witch hunts, and that we respond appropriately to positive tests. It is kind of like an employee assistance or a student assistance model. If you identify someone who is positive, that kicks them up into another phase, not out.

Those kind of things, and good testing and a budget to accommodate it, because that is one of the biggest problems we have got in local communities, is paying for these. You know, giving positive responses to those some way. I think it would be a great thing for schools, for the community, for the treatment systems, for law enforcement, for the entire community, if it was done uniformly, consistently and humanely.

Mr. MICA. Thank you. The New Orleans tests, incidentally, did have a component where, once they tested positive, of course there was a retest, and then they also had a treatment component and counseling. I think they gave them one chance. It was after the second one it was being kicked out.

Well, I think you have helped us focus some attention on what is not only a local problem. I brought this magazine, it is dated

June 5th which is not here yet. And it does show, and again having been in another venue, we are not the only victims of this problem. This is not just a central Florida problem now, it is a national problem, and we must address this. We are going to do a hearing in Dallas which has had similar heroin problems, and now we are facing some of these designer drug and club drug problems even in that setting. So it has spread across the Nation. But you have helped us put this into focus.

First of all, Mr. Webster, we appreciate your taking your personal involvement and tragedy into something positive, and you are a survivor and we commend you for coming forward, being one who can testify about what it has done to your life.

And I want to thank Ms. Alumbaugh. Unfortunately your son was a victim. You mentioned Tinker Cooper who has been, I noticed, in the audience during the hearing. I met her and I know of her tragic loss of her son to heroin, and she has tried to turn it into something positive like you have. And I commend you, her. Unfortunately there are dozens and dozens of other mothers and fathers out there who have been through the same horror that you have experienced. I cannot, as a parent, a father, even begin to imagine what you have been through. But we do, on behalf of the entire subcommittee and our committee, thank you for coming forward for your positive steps.

And Dr. Cantley, your continued efforts in this community, central Florida, are certainly appreciated. And we look forward to working with you as you unfortunately are the recipient of so many of the victims of this growing culture and problem that we face. So I will thank each of you at this time, and dismiss this panel, there being no further questions before this panel.

And call our third and final panel. Our third panel consists of two witnesses. One is Mr. John Varrone. Mr. Varrone is the acting Deputy Commissioner for Investigations of the U.S. Customs Service. The second witness in this third panel is Mr. William Fernandez. Mr. Fernandez is the executive director of the central Florida HIDTA, high-intensity drug traffic area. As I indicated to the previous witnesses, this is an investigations and oversight subcommittee of the U.S. House of Representatives. In that regard, we will swear you in in just a moment.

And also, if you have lengthy statements, additional data or information you would like to have to be made part of the record, we will do so upon request, unanimous consent through the Chair.

At this time, I am pleased to recognize first for statements, John Varrone. And again Mr. Varrone is the acting Deputy Commissioner for Investigations for the U.S. Customs. Before he testifies, and Mr. Fernandez, if you could please stand and be sworn.

[Witnesses sworn.]

Mr. MICA. The witnesses answered in the affirmative. The record will reflect that. And again, I will recognize Mr. Varrone with U.S. Customs for his testimony at this time. Welcome sir, and you are recognized.

STATEMENTS OF JOHN VARRONE, ACTING DEPUTY COMMISSIONER FOR INVESTIGATIONS, U.S. CUSTOMS SERVICE; AND WILLIAM FERNANDEZ, EXECUTIVE DIRECTOR, CENTRAL FLORIDA HIDTA

Mr. VARRONE. Good morning, Mr. Chairman, and other distinguished members of the committee. I would like to thank the committee for this opportunity to testify here today regarding law enforcement activities of the Customs Service as they relate to the smuggling of Ecstasy and other designer drugs which are currently the choice of the club scene people here in Florida, as well as in other parts of the United States. I respectfully request that my long statement be submitted for the record, Mr. Chairman.

Mr. MICA. Without objection, your entire statement will be made part of the record. Please proceed.

Mr. VARRONE. Thank you, sir.

The U.S. Customs Service is the primary law enforcement agency at our Nation's ports. It is uniquely positioned to detect, intercept and investigate the importation of large quantities of dangerous drugs which are smuggled into the United States through our ports of entry. As America's front line, we often act as the early warning system to identify new drug trends or patterns of operation employed by violators who attempt to smuggle drugs into the United States.

Since approximately 1997, U.S. Customs has experienced a dramatic increase in the importation, seizure and related investigations that focus on party drugs of all kinds, but specifically the synthetic drug commonly known as Ecstasy. Ecstasy or MDMA has been well-known among European youth and law enforcement where it has been produced and abused for the last decade. The abuse of this drug has spread throughout the United States at an unprecedented level, and can primarily be traced to two key factors. Profit and marketing.

From a smuggler's standpoint, Ecstasy is one of the most lucrative drugs in the world. Tablets cost just pennies apiece to produce in Europe, and they can be sold in the streets of America for as much as $40 per tablet. For an initial investment of just $100,000, an Ecstasy smuggler can reap nearly $5 million in profit. The 6 million tablets that the U.S. Customs Service has seized thus far this fiscal year are valued at approximately $180 million. In addition to Ecstasy thus far in fiscal year 2000, Customs has also seized 2,203 pounds of methamphetamine. This represents a 100 percent increase over 1999 numbers.

The profit potential for Ecstasy is enhanced because of the insidious marketing techniques that smugglers and distributors employ to lure young adults into using this drug. In our status-conscious society, tablets are designed with brand names and logos, such as Mitsubishi, the Rolex symbol, Adidas emblem and the Nike trademark, to name a few. I would like pass an exhibit with some of those logos on it to you, Mr. Chairman.

To distinguish one competitor's product from another, the logos are specifically selected to appeal to the young, affluent Ecstasy users. Their seemingly benign trademarks make it difficult for the youths to associate the actual danger that the use of this hard drug can cause. Our partners in local law enforcement have many exam-

ples of how Ecstasy distributors enhance their profit by doing such things as selling water for $5 a bottle to teens who are dehydrated by Ecstasy.

During fiscal year 1999, U.S. Customs seized 3.5 million tablets of Ecstasy. More than four times the 750,000 tablets we seized in 1998. The surge continues in fiscal year 2000. As I previously stated, Customs has already seized 6 million tablets in the first 8 months of this year.

The vast majority of Ecstasy is produced in the Netherlands, but production appears to be spreading throughout Europe. Smugglers export the drug directly from the Netherlands, primarily Amsterdam, or across the uncontrolled borders of neighboring European Union states to other international hubs such as Brussels, Frankfurt, Dusseldorf, Paris or London. By comparison, the Netherlands is to Ecstasy as the Golden Triangle is to heroin, and as the Andean region is to cocaine.

Although most Ecstasy production occurs in Europe, we have to remain vigilant about Ecstasy labs everywhere. Just a few weeks ago, an Ecstasy laboratory was located and dismantled by Denver, CO law enforcement authorities. Law enforcement authorities are monitoring this new development closely. Domestic production could create yet another outlet for this illegal activity.

In the Caribbean, the Dominican Republic has recently become a staging area for Ecstasy destined for the United States. We believe that the Dominican Republic is serving as a transit area for Ecstasy which originates in the Netherlands. Seizure and related investigative activity by the Customs Service has identified three primary gateway areas where Ecstasy is smuggled into the United States. These are, New York, California and Florida. There is no coincidence that these areas have emerged as focal points for Ecstasy-smuggling organizations. They are all transportation centers with strong European ties, and they all have large concentrations of young adults, who are the primary targeted consumers of Ecstasy. And they are all headquarters for the criminal organizations who smuggle Ecstasy.

Florida's party triangle has also emerged as a prime venue for Ecstasy smuggling and trafficking. The tourist industry of Orlando, the Atlantic beaches, Miami and South Beach and the many universities and colleges, and the annual pilgrimage of spring breakers from other States offer an attractive venue for Ecstasy trafficking and distribution. Florida's warm climate also provides the opportunity for the year-round rave scenes.

These groups use couriers from all walks of life to thwart Customs enforcement efforts. We have arrested teenagers, bankruptcy attorneys and members of the clergy who were attempting to evade Customs inspection while concealing Ecstasy. Couriers have concealed it in luggage, body cavities, and have even ingested tablets wrapped in condoms. This past March we arrested an individual at JFK airport who had swallowed 2,800 Ecstasy tablets. Since then, there have been five additional seizures in which Ecstasy has been concealed by ingestion.

I have brought several exhibits with me today that illustrate the concealment methods used to smuggle Ecstasy into the United

States. Several of these exhibits were seized right here at the airport in Orlando.

Until recently, commercial air passengers presented the highest risk for Ecstasy smuggling. But a recent series of large seizures at the Memphis Express Mail Hub, and resulting controlled deliveries and arrests suggest that mail and express consignment packages may be a current method of choice for smuggling organizations. Controlled deliveries which are an important investigative tool allow special agents to identify the members of the Ecstasy smuggling organization by actually delivering the seized packages to the intended recipients.

Express consignment packages have become popular with smugglers because they are reliable and they allow smugglers to track the movement of their parcels over the Internet. Smugglers very often call off the intended recipients if the package is thought to be delayed by Customs for examination, thwarting our attempts to conduct controlled deliveries and further insulating the organization from identification.

Penetrating these worldwide criminal organizations is extremely difficult. They are highly compartmentalized and react instantly to law enforcement pressure. Their distribution networks are decentralized and therefore present greater enforcement challenges. Our seizures of Ecstasy and followup investigations have identified numerous criminal drug smuggling organizations that are involved in this highly profitable activity.

Customs investigations have revealed that Ecstasy smuggling organizations have been primarily supplied and controlled by western-European-based drug smuggling organizations. Israeli organized crime elements appear to be in control of the Ecstasy trade, from production through the international smuggling phase. Couriers associated with Israeli organized crime have been arrested around the world, including France, Netherlands, Belgium, Germany, as well as locations here in the United States, such as Florida, New Jersey and New York. In some instances, Russian organized crime groups have been identified, working in collusion with Israeli organized crime groups.

As I mentioned earlier, the introduction of the Dominican Republic as a transit point for Ecstasy has also meant the introduction of Dominican cocaine and heroin smuggling groups to the Ecstasy trade. These organizations are known for their violence and their involvement with Ecstasy smuggling could lead to associated violence not seen thus far in the illegal Ecstasy trade.

There is intelligence that Mexican and Colombian traffickers are also getting involved and reports that South American cocaine has been exchanged for Ecstasy. Last month, investigators determined that a seizure of approximately 300,000 Ecstacy tablets in Mexico was destined for the United States. The profits from Ecstasy are also attracting more traditional organized crime groups. A recent joint Federal, State and local investigation in Phoenix demonstrated that Sammy "The Bull" Gravano, former New York organized crime figure, could not resist the astounding profits from Ecstasy smuggling.

In order to coordinate and focus our investigations, and particularly to enhance the flow of intelligence to our inspectors on the

front line, Commissioner Kelly has directed that we create an Ecstasy task force at U.S. Customs Service headquarters. This task force is comprised of inspectors, agents and analysts who work full-time on Ecstasy investigations. They coordinate the numerous foreign leads developed through our investigations with the Drug Enforcement Administration.

We also recently trained and graduated 13 canines in detection of Ecstasy. We have one full-time assigned right here in the Orlando area. Commissioner Kelly has also created a Website to get the awareness message out to as far reaching group as he possibly can.

AS I noted earlier, our seizures and investigations have identified Florida as one of the gateway areas for Ecstasy that is smuggled into the United States. I would like to highlight some of the recent seizure and investigative activity that has occurred locally. I realize, Mr. Chairman, that I am out of time but I am near closing.

Mr. MICA. Go right ahead.

Mr. VARRONE. If that is OK?

Mr. MICA. Go right ahead.

Mr. VARRONE. In just the Orlando area alone, Customs has made several significant seizures of Ecstasy this fiscal year. On October 9, 1999 Customs inspectors at Orlando International Airport seized more than 14 pounds of Ecstasy tablets arriving from Amsterdam. On October 29th, we discovered 26 pounds of Ecstasy concealed in passenger baggage, also arriving from Amsterdam. As a result of the subsequent investigation of these two seizures, Customs was able to link one of the seizures to a major international narcotics smuggling ring operating out of Philadelphia, PA, as well as south Florida. This trafficking ring was responsible for moving approximately $1 million worth of Ecstasy into the United States on a weekly basis, and in turn, moving cocaine shipments back to Amsterdam.

More recently, on March 29, 2000 Customs inspectors at Orlando International Airport prompted another investigation when they seized more than 10 pounds of Ecstasy from two individuals arriving from Belgium. A subsequent investigation by agents revealed that both couriers had been recruited by and linked to the same trafficking organization.

On March 6th, Customs inspectors made 67 separate mail seizures of Ecstasy, totally 20,000 tablets in 1 day that had all originated in Belgium and were destined to addresses in Florida. The timing of these seizures so close to spring break has led us to believe that smugglers were building up their supplies in anticipation of a large influx of college students to the area.

Customs has seized more than 219,000 Ecstasy tablets in Florida thus far this fiscal year, which equates to more than $6.5 million worth. In May, Customs agents in San Francisco arrested an individual for importing approximately 300 pounds of Ecstasy from Paris to San Francisco. This particular seizure, which totaled approximately 490,000 pills, is currently the largest single seizure of Ecstasy in the United States. The arrest and seizure was the result of a Customs-led undercover operation.

Ecstasy has emerged as a very popular drug of abuse threatening our Nation's youth. Nontraditional organized crime primarily controlled the manufacturing of it in the Netherlands region, and its smuggling into cities across the United States, with New York, California and Florida being the main areas where it seems to enter. Customs is at the forefront of aggressively attacking Ecstasy smuggling organizations and their related profits.

On behalf of Commissioner Kelly and the dedicated men and women of the U.S. Customs Service, I would like to thank this committee for the opportunity to testify here today and for your continued support for our important mission. This concludes my remarks, and I am prepared to answer any questions that you may have.

Mr. MICA. Thank you. We will withhold questions until the end of testimony.

William Fernandez is the executive director of the Central Florida High-Intensity Drug Traffic Area operations that we have. Welcome sir, and you are recognized.

[The prepared statement of Mr. Varrone follows:]

Oral Remarks by

John C. Varrone

Acting Deputy Assistant Commissioner
Office of Investigations
United States Customs Service

before the

House Government Reform Committee

regarding

An Emerging Drug Threat in Central Florida: Club Drugs

June 1, 2000

Introduction

Good morning Mr. Chairman, and other distinguished members of the Committee. I would like to thank the Committee for this opportunity to testify here today regarding the law enforcement activities of the Customs Service as they relate to the smuggling of ecstasy and other drugs which are currently the drugs of choice in the "club" scene, particularly here in Florida.

The U.S. Customs Service, as the primary law enforcement agency at our nation's ports, is uniquely positioned to detect, intercept and investigate the importation of large quantities of dangerous drugs which are smuggled into the U.S. through our ports of entry. As America's Frontline, we are often the tripwire that identifies changes in drugs being smuggled into the U.S. Since approximately 1997, U.S. Customs has experienced a dramatic increase in the importation, seizure and investigations that focus on party drugs of all kinds, but specifically the synthetic drug commonly known as "ecstasy."

Ecstasy, or MDMA, has been well known among European youth and law enforcement where it has been produced and abused for the last decade. The abuse of this drug has spread throughout the U. S. at an unprecedented level and can primarily be traced to two key factors, profit and marketing.

From a smuggler's standpoint, Ecstasy is one of the most lucrative drugs in the world. Tablets costs just pennies apiece to produce in Europe. They can be sold on the streets of America for as much as $40 a tablet. For an initial investment of just $100,000, an Ecstasy smuggler can reap nearly $5 million in profit. The 6 million tablets that U.S. Customs has seized thus far in Fiscal Year 2000 are worth (at $30 per pill) approximately $180 million dollars.

The profit potential for Ecstasy is enhanced because of the insidious marketing techniques that smugglers and distributors employ to lure teens into using this drug. In our status conscious society, tablets are designed with brand names and logos, such as the Mitsubishi logo, the Rolex symbol, an Adidas emblem, the Nike trademark, to name a few. To distinguish one competitor's product from another, the logos are specifically selected to appeal to the young, affluent, Ecstasy users. These seemingly benign trademarks make it difficult for the user to associate the actual danger that the use of this hard drug can cause.

My partners in local law enforcement have many examples of how Ecstasy distributors enhance their profit by doing such things as selling water for five dollars a bottle to teens dehydrated by Ecstasy.

Smuggling Trends

During Fiscal Year 1999, U.S. Customs seized 3.5 million tablets of Ecstasy, more than four times the 750,000 tablets we seized in 1998. This surge continues in Fiscal Year 2000, where we have already seized 6 million tablets in the first eight months of the year.

The vast majority of Ecstasy is produced in the Netherlands, but production appears to be spreading throughout Europe. Smugglers export the drug directly from the Netherlands, primarily Amsterdam, or across the uncontrolled borders of neighboring European Union states to other international hubs such as Brussels, Frankfurt, Dusseldorf, Paris, or London. The Netherlands is to Ecstasy as Colombia is to cocaine. Although most Ecstasy production occurs in Europe, we have to remain vigilant about Ecstasy labs elsewhere. Just a few weeks ago, an Ecstasy laboratory was located and dismantled by Denver, Colorado, law enforcement authorities.

In the Caribbean, the Dominican Republic has recently become a staging area for Ecstasy destined to the U.S. We believe that the Dominican Republic is serving as a transit area for Ecstasy which originates in the Netherlands.

Investigations and seizure activity by the Customs Service have identified three primary "gateway" areas where Ecstasy is smuggled into the United States:

these are; New York, California and Florida. There is no coincidence that these areas have emerged as focal points for Ecstasy smuggling organizations. They are all transportation centers with strong European ties, they all have large concentrations of young adults that are the primary targeted consumers of Ecstasy, and they are headquarters for the criminal organizations that smuggle Ecstasy.

Florida's "party triangle" has also emerged as a prime venue for ecstasy smuggling and trafficking. The tourist industry of Orlando, the Atlantic beaches, Miami's South Beach, the many universities and colleges, and the annual pilgrimage of "spring breakers" from other states offer an attractive venue for Ecstasy trafficking. Florida's warm climate also provides the opportunity for the year-round "rave" scene.

These groups use couriers from all walks of life to thwart Customs. We have arrested teenagers, bankruptcy attorneys, and members of the clergy who were attempting to evade Customs inspection. Couriers have concealed Ecstasy in luggage, body cavities, and have even ingested tablets wrapped in condoms. This past March, we arrested an individual at JFK Airport who had swallowed 2,800 Ecstasy tablets. Since then, there have been five additional seizures in which Ecstasy has been concealed by ingestion.

I have brought several exhibits with me today that illustrate the concealment methods used to smuggle Ecstasy into the United States. Several of these exhibits were seized right here at the airport in Orlando.

Until recently, commercial air passengers presented the highest risk for Ecstasy smuggling, but a recent series of large seizures at the Memphis Federal Express hub, and resulting controlled deliveries, suggest that mail and express consignment packages may be the current method of choice for smuggling organizations. Controlled deliveries, which are an important investigative tool, allow our Special Agents to identify the members of Ecstasy smuggling organizations by actually delivering seized packages to the intended recipients.

Express consignment packages have become popular with smugglers because they are reliable and they allow smugglers to track the movement of their parcels over the Internet. Smugglers very often "call off" the intended recipients if the package is thought to be delayed by Customs for examination, thwarting our attempts to conduct controlled deliveries and further insulating the organizations from prosecution.

Penetrating these worldwide criminal organizations is extremely difficult. They are highly compartmentalized and react instantly to law enforcement

pressure. Their distribution networks are decentralized and therefore present greater enforcement challenges.

Our seizures of Ecstasy and follow-up investigations have identified numerous criminal drug smuggling organizations that are involved in this highly profitable activity. Customs investigations have revealed that Ecstasy smuggling organizations have been primarily supplied and controlled by Western European based drug smuggling organizations. Israeli Organized Crime (IOC) elements appear to be in control of the Ecstasy trade, from production through the international smuggling phase. Couriers associated with Israeli Organized Crime have been arrested around the world, including France, Netherlands, Belgium, Germany, as well as locations in the U.S. such as Florida, New Jersey, New York and California. In some instances, Russian Organized Crime (ROC) groups have been identified working in collusion with Israeli Organized Crime groups.

As I mentioned earlier, the introduction of the Dominican Republic as a transit point for Ecstasy has also meant the introduction of Dominican smuggling groups to the Ecstasy trade. These organizations are known for their violence and their involvement with Ecstasy smuggling could lead to associated violence not seen with the Ecstasy trade thus far.

There is intelligence that Mexican and Colombian traffickers are getting involved, and reports that South American cocaine is exchanged for Ecstasy in Europe in lieu of currency. Last month, investigators determined that a seizure of approximately 300,000 Ecstasy tablets in Mexico was destined for the U.S.

The profits from Ecstasy are also attracting more traditional organized crime groups. A recent joint investigation in Phoenix demonstrated that Sammy "the Bull" Gravano, the former New York organized crime figure, couldn't resist the astounding profits from Ecstasy smuggling.

Customs Efforts to Combat Ecstasy Smuggling

In order to coordinate and focus our investigations and enhance the flow of intelligence to our Inspectors on the Frontlines, we have created an Ecstasy Task Force at Customs Headquarters in Washington. The Task Force is comprised of Customs Inspectors, Special Agents and Intelligence Analysts that work full time on Ecstasy investigations.

As I noted earlier, our seizures and investigations have identified Florida as one of the gateway areas for Ecstasy that is smuggled to the U.S. I would like to highlight some of the recent seizure and investigative activity that has occurred locally.

In just the Orlando area alone, Customs has made several significant seizures of Ecstasy during this Fiscal Year. On October 9, 1999, Customs Inspectors at the Orlando International Airport seized more than 14 pounds of Ecstasy tablets arriving from Amsterdam. On October 29, 1999, Customs Inspectors discovered 26 pounds of Ecstasy concealed in passenger baggage arriving from Amsterdam. As a result of the subsequent investigation into these two seizures, Customs was able to link one of the seizures to a major international narcotics smuggling ring, operating in the Philadelphia area, as well as South Florida. This trafficking ring was responsible for moving approximately $1,000,000 worth of Ecstasy into the U.S. on a weekly basis and, in turn, moving cocaine shipments back to Amsterdam.

More recently, on March 29, 2000, Customs Inspectors at the Orlando International Airport prompted another investigation when they seized more than 10 pounds of Ecstasy from two individuals arriving from Belgium. A subsequent investigation by Customs Agents revealed that both couriers had been recruited by and linked to the same trafficking organization.

On March 6, 2000, Customs Inspectors made sixty-seven separate mail seizures of Ecstasy totaling 19,500 tablets in one day that had all originated in Belgium and were destined to addresses in Florida. The timing of these seizures

so close to Spring Break has lead us to believe that smugglers were building up their supplies in anticipation of a large influx of college students to the area.

Customs has seized more than 219,000 Ecstasy tablets in Florida so far this Fiscal Year, which equates to more than $6,570,000 million worth of Ecstasy at street prices.

In May, Customs Agents in San Francisco arrested an individual for importing approximately 300 pounds of Ecstasy from Paris to San Francisco. This seizure (490,000 pills) is currently the largest single seizure of Ecstasy in the United States. The arrest and seizure was the result of a Customs led undercover operation.

Conclusion

Ecstasy has emerged as a very popular drug of abuse threatening our nation's youth. Non-traditional organized crime primarily control the manufacturing of it in the Netherlands region and its smuggling into cities across the United States, with New York, California and Florida being the main areas where it is enters the U.S. Customs is in the forefront of aggressively attacking Ecstasy smuggling organizations and their profits.

I would like to thank the Committee for the opportunity to testify here today and for your continuing support to our important mission. I am confident that, working together, the people sitting at this table can have an impact against Ecstasy smuggling organizations.

That concludes my remarks. I am prepared to answer any questions you might have for me.

Mr. FERNANDEZ. Thank you, Mr. Chairman. I would also ask that my comments be included in the record.

Mr. MICA. Without objection, your entire statement will be made part of the record. Please proceed.

Mr. FERNANDEZ. The central Florida High-Intensity Drug Trafficking area [HIDTA], encompasses seven counties. It ranges from Pinellas County to our southwest along the I–4 corridor to Volusia County on the East Coast. It encompasses 7,000 square miles, a year-round population of almost 4 million, and that includes 280 miles of coastline.

The central Florida HIDTA supports all of the national drug control strategy goals, but has determined to more specifically strive to increase the safety of central Florida's citizens by substantially reducing drug-related crime and violence, and breaking foreign and domestic sources of supply. The central Florida HIDTA believes that cooperation between all levels of law enforcement and the building of long-term coalitions are essential in attaining these goals.

In August 1998, the central Florida HIDTA received $1 million in funding due largely to an alarming number of heroin overdose deaths in central Florida. This funding was utilized to initiate seven task forces specifically aimed at heroin, methamphetamine, cocaine, money laundering and violent fugitives. In the latter part of 1999, the central Florida HIDTA received an additional $1.5 million. This was utilized to fund a total of 11 task forces and a newly operational investigative support center.

The support center will enhance the ability of Federal, State and local law enforcement to identify, target and prosecute criminal organizations through the sharing of intelligence and the availability of up-to-date hardware and software, investigative hardware and software. The center will also serve as a deconfliction tool for all of law enforcement in our area.

As of this date, the central Florida HIDTA funds a portion of the operating expenses and overtime for 120 police officers in our seven-county area. They work with 45 Federal agents. To date, they are responsible for 3,355 arrests, including 210 for violent offenses. They have disrupted or dismantled 208 organizations, seized 72 pounds of heroin, 445 pounds of cocaine, 217 pounds of methamphetamine, including 9 labs, 5 pounds of Ecstasy and 21,000 pounds of marijuana. They have seized in excess of 350 weapons and over $15 million in U.S. currency. Our support center has responded to over 350 inquiries from over 40 law enforcement agencies in its 4 months of operation.

There were 70 heroin deaths in 1998 in our central Florida area, 80 in 1999, and it looks like we are going to see an increase again this year. The purity of heroin remains fairly constant, there has been a slight drop, and the price is down, indicating supply is leading demand. This is not good news. We have also seen an alarming increase in the availability of methamphetamine, especially in Polk County and, as you have heard today, Ecstasy is becoming a very large problem.

I would like to thank Congressman Mica for his continued support and interest. In an effort to weave this into today's subject matter, of our task forces, one is a methamphetamine-specific task

force, four of them are poly drug task forces, and by poly drug, I mean, they go wherever their informants and their intelligence lead, which would include the designer drugs and club drugs. Our support center on a daily or weekly basis receives reports from Interpol on arrests and other instances that have happened throughout the world. We take that information, analyze it, digest it, and have been contacting the appropriate law enforcement agencies throughout the State. We look primarily for Florida citizens that we think will have an impact on our area.

Thank you very much.

[The prepared statement of Mr. Fernandez follow:]

Central Florida High Intensity Drug Trafficking Area

Testimony of Director William T. Fernandez

The Central Florida High Intensity Drug Trafficking Area (CF HIDTA) encompasses seven (7) counties ranging from Pinellas County to our southwest along the I4 corridor to Volusia County on the east coast. These seven (7) counties represent a combined population of almost four (4) million and a total land area of over 7,000 square miles to include over 280 miles of coastline.

While the day to day administrative and financial duties are the responsibility of the Director, programmatic issues of the CF HIDTA are determined by a sixteen (16) member Executive Committee consisting of an equal number of State and Local, and Federal representatives from within the CF HIDTA area.

The Central Florida HIDTA supports all of the National Drug Control Strategy goals but has determined to more specifically strive to increase the safety of American citizens by substantially reducing drug related crime and violence and breaking foreign and domestic sources of supply. The Central Florida HIDTA believes that cooperation between all levels of law enforcement and the building of long term coalitions is crucial in achieving these goals.

In August 1998 the Central Florida HIDTA received one (1) million in funding due largely to an alarming number of heroin overdose deaths in Central Florida. This funding was utilized to initiate seven (7) task forces specifically aimed at heroin, methamphetamine, cocaine, money laundering, and violent fugitives.

In the latter part of 1999 the Central Florida HIDTA received an additional 1.5 million dollars which was utilized to fund a total of eleven (11) task forces and a newly operational Central Florida Investigative Support Center. This Support Center will enhance the ability of Federal, state, and local law enforcement to identify, target, and prosecute criminal organizations through the sharing of intelligence and availability of up-to-date investigative hardware and software. The center will also serve as a deconfliction tool for law enforcement.

As of this date the Central Florida HIDTA funds a portion of the operating expenses and the overtime for 120 state and local police officers working with forty-five (45) federal agents.

To date they are responsible for 3,355 arrests including 210 for violent offenses. They have disrupted or dismantled 208 organizations and seized 72 lbs. of heroin, 445 lbs. of cocaine, 217 lbs. of methamphetamine to include 9 laboratories, 5 lbs. of ecstasy, and 21,000 lbs. of marijuana. They have also seized

352 weapons and $15,374,000 in U.S. currency. In four months of operation the Central Florida Investigative Support Center has responded to over 350 inquires from over forty (40) law enforcement agencies.

There were seventy (70) heroin deaths in 1998, eighty (80) in 1999, and despite excellent EMT efforts it appears we may have an increase this year. The purity of heroin remains fairly constant and the price is down indicating supply is leading demand.

We have seen an increase in the availability of methamphetamine, particularly in Polk County, and the availability of ecstasy also appears to be increasing.

In the future, funds permitting, I would like to see our HIDTA officers on the street as much as possible by increasing their overtime to the maximum allowable. An Investigative Support Center on the west side of the state, interfacing with the Central Florida Investigative Support Center, would also greatly assist law enforcement.

I would like to take this opportunity to thank Congressman Mica for his continued support and interest in the HIDTA program.

Central Florida HIDTA

FY1999 & FY2000
Total Statistics

Total Arrests: *3,355*

- For FY00: Federal = 73 State = 209
- Per the FAST: Includes 210 Violent Charges

Drug Organizations:

- Disrupted: 150
- Dismantled: 58

Drugs:

- Heroin Seized: 72 lbs.
- Cocaine Seized: 442 lbs.
  For FY00: Crack = 3 lbs. 10 oz.
- Methamphetamine Seized: 217 lbs.
  Labs: 9
- Ecstasy Seized: +200lbs (US Customs from FY99)
  5 lbs. (HIDTA)
- Cannabis Seized: 21,047 lbs.

Seizures:

- Weapons Seized: 352
- Vehicles Seized: 169
- Currency Seized: $15,374,471.87

Mr. MICA. Thank you. I am interested, first of all, with asking Customs, it appears that the Netherlands is one of the major producers of Ecstasy and some of these designer drugs. I had met with the Minister of Justice last year, and they pledged cooperation, but it appears that we are seeing more and more drugs coming in. They also promised to bring before their parliament toughening of the laws, since they liberalized the laws it had become sort of a mecca for production and distribution.

Do you know if the Commissioner has raised this question with officials in the Hague or the Netherlands?

Mr. VARRONE. Mr. Chairman, I am not sure whether the Commissioner has directly raised that question.

Mr. MICA. I think we need to seek their cooperation. It appears to be getting out of hand, the seizures that you talked about, too, coming into Orlando Airport were from Amsterdam, several of the larger seizures. Unfortunately that now the production seems to be spreading, and through that trademark, these trademark tablets, I had never seen this before, but this obviously is not something home developed. This is a pretty professional operation, is that correct?

Mr. VARRONE. Yes, sir. Going back about 18 months, Mr. Chairman, and we have gone over and met with the authorities in the Netherlands, and their authorities are aggressively pursuing it, and we are coordinating all international leads that we develop domestically. Beyond that, in the Netherlands, I do not know what else they are doing, but they have pledged full cooperation, and they have demonstrated that cooperation.

Mr. MICA. Are the laws adequate to deal with some of these new drugs we are seeing, and also we have heard over and over, the Internet is sort of an access information point. Do we need to go back and look at both the penalties for trafficking, and also providing some of this information on illegal substances? Maybe you could both respond.

Mr. VARRONE. Yes, I believe so. I believe the penalties need to be enhanced. Clearly by the sentencing that we have seen and some of the violators that we have arrested and taken to Federal court, on the State side I am not exactly sure, as each State has imposed their own penalties.

Mr. MICA. But federally, you would advocate strong or tougher penalties for trafficking?

Mr. VARRONE. Yes, sir.

Mr. MICA. And what about the use of the Internet as the vehicle for distribution, sale or information on illegal narcotics?

Mr. VARRONE. Clearly, I think that if new legislation is proposed, that they should include elements that involved transmission on the Internet or procurement on the Internet of illegal substances. Yes, sir.

Mr. MICA. Did you want to respond?

Mr. FERNANDEZ. Yes, sir, please. In reference to the sentencing, one of the problems we face here in central Florida, I am advised by some of the task force commanders, especially for heroin, on the State side, you can arrest them. The sentencing is excellent but you cannot keep them in jail because they meet bond. On the Federal side, you can bond them, but the sentencing fails us.

For 400 grams of heroin, if I am not mistaken, I think you can get 25 years in State court. You can get off for, I think, 60 months in the Federal system.

Mr. MICA. So we need to look at those penalties at the Federal level; of course, we do not have control over State legislation.

The other question I raise today is, our efforts, I know they are initial efforts with the HIDTA, the High-Intensity Drug Traffic operation, some of them were initial in setting this up. Do we have adequate resources to deal with the magnitude of the problem we are seeing now?

Mr. FERNANDEZ. No, sir, I do not think we do. I believe our investigative support center, I think we need one on the west side of the State to interface with ours here in—it happens to be in Seminole County. Mr. McDonough referred earlier to an interconnectivity. That is in the process of national HIDTA. We are going to try and connect the support centers by region, the southeast region, the northeast region. But no, we do not have adequate funding, in answer to your question. We could use quite a bit more.

Mr. MICA. Mr. Varrone, you brought some things with you to show distribution, but you did not describe them. Can you describe them for the subcommittee? What do you have?

Mr. VARRONE. These are Ecstasy tablets from a variety of seizures that we have had here, that we thought we would bring for the committee to see.

Mr. MICA. Where were they seized?

Mr. VARRONE. These were seized at Orlando International Airport.

Mr. MICA. How did they come in? Commercial airline?

Mr. VARRONE. These were passenger seizures, and one of them was on the seizure in the photograph over on the left there, inside the box. We have had them in a variety of ways. The engines in this photograph came in C cargo through Jacksonville, if you can see that one, and the rest of these photographs that you see are airport-related seizures.

Mr. MICA. These all also have the stamps on them. Are we able to detect these through some of the electronic or x-ray equipment? Or can we also detect them with dogs sniffing?

Mr. VARRONE. Yes, we have the 13 canines, and we have one right here in the Orlando area. The x-ray machine will identify a substance, just a substance in a false compartment or a displacement. As in the suitcase here, you will see a false bottom on the suitcase, if you went and x-rayed that through our portable x-ray machine. We also have one of those here in Orlando.

Mr. MICA. Go right ahead, Mr. Towns.

Mr. TOWNS. Canines cannot detect LSD.

Mr. VARRONE. We have not traditionally trained our canines in the variety of different types of pill detection. I do not know if they can specifically detect LSD. I do not think so.

Mr. MICA. Do you have what you consider adequate personnel and resources, technical equipment to deal with this problem we are seeing here and around the State and country?

Mr. VARRONE. We have a bill, I believe you are aware of it, Mr. Congressman, the H.R. 1833, which is a large resource request for

the Customs Service to address all of our issues, our resource issues, our staffing issues for increases.

Mr. MICA. So basically you want to tell the committee that you are requesting additional technical personnel, other resources to deal with this problem?

Mr. VARRONE. Yes, sir.

Mr. MICA. Mr. Towns, do you have any questions?

Mr. TOWNS. Yes, thank you very much, Mr. Chairman.

I guess raising along the same line, Mr. Chairman, I am concerned that the Federal mandatory minimum sentencing law, which are based on the weight of the drug may not appropriately look at designer drugs. And I would like for us to look into that issue. Let me go to my question.

Can any of the witnesses tell me the maximum sentence that someone receives for trafficking Ecstasy?

Mr. FERNANDEZ. I cannot.

Mr. VARRONE. The average sentence is 5 to 6 years. I do not know what the maximum sentence has been that has been imposed.

Mr. TOWNS. That is the whole problem, in terms of this whole weight issue. You know, I see that as a problem, I guess you see it as a problem too?

Mr. VARRONE. Yes, sir.

Mr. TOWNS. The other thing is that, from a coordination standpoint, you know, are you able to really coordinate the activities between Customs and DEA and the local sheriff and local police department? Do you feel that you have the right kind of cooperation and coordination at every level?

Mr. VARRONE. I truly believe that, Mr. Towns, the cooperation between Federal, State and local is, in my opinion, at a level that I never would have thought a decade ago we could have reached. But through mechanisms like the HIDTA, through joint investigations, through task force at our major ports of entry, like right here in Orlando, I think cooperation is outstanding. And there is no case where we will not ask each other for help, or we will not share information for a common law enforcement purpose.

Mr. FERNANDEZ. If I could, I would agree. It has been a long time coming, I think it could probably be always improved, but it is better than I have ever seen in my 30 years in narcotic enforcement.

Mr. TOWNS. I am happy to hear that because, in the old days, you were locking each other up. [Laughter.]

Mr. FERNANDEZ. An understatement.

Mr. TOWNS. But let me ask, just recently this subcommittee had a hearing about the use of U.S. mail and private couriers to smuggle drugs into the United States. Is the use of mail a problem now?

Mr. VARRONE. Yes. Clearly, the exploitation, if you will, of the mail to smuggle drugs into the country continues to present a problem to us. There is a lot of effort, there are a lot of seizure activity. We work closely with the Postal authorities, and we try to make deliveries to those violators and arrest them.

But it allows anonymity in the process, and people building in other people who may be unwittings. So it is a real challenge for us. And the volume of activity, both in the U.S. mail as well as in the express consignment mail presents a great challenge for us.

Mr. TOWNS. All right. Thank you very much.

Mr. Chairman, what I am getting ready to say now is for another hearing and another day. But I must admit that I am a little concerned that a lot of the countries that the drugs are coming from are countries that we have a treaty with. And that bothers me. That is a subject for another day.

But anyway, I yield back.

Mr. MICA. Thank you, Mr. Towns. Ms. Brown.

Ms. BROWN. Yes. First of all, Mr. Chairman, what kind of street value is this? You say this came in from Jacksonville?

Mr. VARRONE. I would have to see the seizure and match it up with the paperwork on it to give you an approximate value of just that package.

Ms. BROWN. Was this in one shipment?

Mr. FERNANDEZ. If I may?

Ms. BROWN. Yes, sir.

Mr. FERNANDEZ. I would imagine if it is in that bag with one number, it was seized at one time. I am sure he will——

Ms. BROWN. While he is looking at that, you head up the HIDTA?

Mr. FERNANDEZ. Yes, ma'am.

Ms. BROWN. We in Jacksonville have been trying to get a HIDTA, the sheriff applied and the law enforcement have joined together, and I think they even met with the drug czar.

What is your opinion about the need for another HIDTA in the Jacksonville area, considering that we have the ships come in through Jackson harbor?

Mr. FERNANDEZ. I would certainly support it. I was born in this State, I was with DEA for 14 years in Jacksonville, Orlando and Miami. I believe this entire State should be a HIDTA area, I will be very honest with you.

Ms. BROWN. The whole State?

Mr. MICA. Would the lady yield?

Ms. BROWN. Yes, Mr. Chairman.

Mr. MICA. This is a question that, of course, we will have to consider in the next few weeks and months with the drug czar. But another one of the proposals has been to expand the central Florida HIDTA on up to Jacksonville. Currently the Federal judicial circuit runs, I believe, across form Jacksonville all the way to Tampa.

Mr. FERNANDEZ. That is correct.

Mr. MICA. Would you have objection to expansion of the current HIDTA? I know you will want additional resources—rather than create a third HIDTA? Do you think that makes sense?

Mr. FERNANDEZ. I think there are some good aspects and some probably negative aspects.

Mr. MICA. Could you just briefly——

Mr. FERNANDEZ. I probably do not have the—staffed properly, it would make good sense. You know, someone would certainly have to be there to oversee the day-to-day things as I do here. Those people and those coalitions need to be tended to by someone that is familiar with those sheriffs, chiefs, and the players. But either way, if the funding were available, I would very much like to see Brevard County brought into the HIDTA. That is a very major port. There are two ports there. Very major port in Jacksonville.

Mr. MICA. Thank you, Ms. Brown.

Mr. VARRONE. Yes, I have the answer for you. This package is approximately 30 pounds, and its street value would be about $2 million.

Ms. BROWN. $2 million.

Mr. MICA. A lot of profit in that.

Ms. BROWN. Mr. Chairman, just a technical, several people in the hall mentioned that they would like, since they will not have opportunity to testify, I suggested that you have a procedure they can submit?

Mr. MICA. Right. And Mr. Towns has requested that the record be open for a period of 2 weeks, and anyone who would like to submit testimony—again, we had many, many requests for testimony. Because again, we are already running out of time, given the schedule of members, but because of the limitations we have, we have had to have representative presentations here.

But everyone is welcome, and if they will address their request to have testimony made part of the record, that will be done so. And just to contact us, or Ms. Brown or Mr. Towns will be glad to work with them to make certain that their testimony is a part of the permanent record of this hearing.

Thank you, Ms. Brown. Did you have any other questions?

Ms. BROWN. No. I think that this has been very, very educational for all of us, and I am hoping that we will move forward on two or three fronts.

One, I think we seriously must look at the Internet. I do not know the answer to that, but I think we need a hearing, as it relates to the availability of drugs and other kinds of problems that we are experiencing. With some of the positive, there is some negative to protecting our young people.

And in addition, we all agree that education and prevention is important, but we also probably need to move forward with some additional law enforcement in the area of Florida, as far as HIDTA is concerned, and perhaps Jacksonville, in addition to other areas, we look toward expanding the program.

Mr. MICA. Thank you.

Well, we have had an opportunity to just really touch the surface of some of the problems we are seeing, both in our community and across the Nation, and particular focus today on Ecstasy. As to our own local community, I grow even more concerned, the numbers you cited, what was it, 78——

Mr. FERNANDEZ. Pounds of heroin?

Mr. MICA [continuing]. Heroin deaths a year ago, and then—or 2 years ago, and we are up to 80 this past year.

Mr. FERNANDEZ. That is correct.

Mr. MICA. Plus in previous meetings I have had with HIDTA representatives and law enforcement representatives, that only shows part of the picture, because the overdoses and the emergency room admissions for heroin are up again dramatically in this area. The only thing that is saving more lives is the availability to medical treatment and a little bit more sophisticated, quicker approach in saving people. But even so, we are seeing an increase in that area.

Now the problem of club drugs, in particular Ecstasy, which is another plague in this community and across the country, we have taken several hits of dramatic proportions. We are going to have to redouble our efforts. The HIDTA is new, and we may have to refocus some of our attention in the law enforcement area.

This hearing has also demonstrated the need for education and prevention methods, and they really need to be developed on an unprecedented scale. We are never going to get a handle on this if we do not. And then also treatment, how important that is, effective treatment. So it is going to take a multi-faceted approach, the international problems that we face, seeing the flood of these drugs coming in across our borders also needs to be addressed.

But I want to thank the two witnesses for being with us. I look forward to working with Customs, the Commissioner has done an outstanding job, Mr. Kelly and others there, with sometimes strained resources. To our HIDTA representative, also, thank you and the local and State officials for your efforts in trying to organize an effective and coordinated law enforcement effort.

And I particularly want to again thank my colleagues, Ms. Brown who has joined us today taking time out of her schedule, and concerned about this community, and the larger problem we face across the Nation. And then also salute my former chairman, who I worked with and who has joined our panel, the panel I have the honor to chair, and thank him for his cooperative efforts on this hearing and many other issues we have worked together on in Congress.

Did you have any other further business, Ms. Brown, Mr. Towns?

Mr. TOWNS. No. Thank you, Mr. Chairman, I look forward to working with you.

Mr. MICA. Thank you. We will excuse the panelists at this time. We may have additional questions we would like to submit for the record, some additional data we would like to make part of that, and we will try to do that within the period left open.

There being no further business to come before the Subcommittee on Criminal Justice, Drug Policy, and Human Resources at this time, this meeting is adjourned. Thank you.

[Whereupon, at 12:44 p.m., the subcommittee was adjourned.]

[NOTE.—The publication entitled, "Drug Identification, Designer and Club Drugs Quick Reference Guide," by Detective Scott W. Perkins may be found in subcommittee files.]

[Additional information submitted for the hearing record follows:]

PLEASE RUSH TO SHARON PINKERTON
FAX: 202-225-1154

9 June 2000

H.E.A.R.T.

of Brevard, Inc. ©

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9 June 2000

M/S Sharon Pinkerton
Staff Director
Subcommittee on Criminal Justice, Drug Policy,
and Human Resources--of the Committee on
Government Reform of the 106th Congress,
Second Session
United States Congress
B-373
Rayburn House Office Building
Washington, D.C. 20515-6148

Dear M/S Pinkerton:

We respectfully submit herewith our written testimony to the Subcommittee on Criminal Justice, Drug Policy, and Human Resources--supplementing the public field hearing held in Orlando, Florida on 1 June 2000 in the City Council Chambers of the Orlando City Hall.

We are both faxing this testimony to you and sending by priority mail.

In submitting our testimony--we are doing so at the request of Congressman John Mica's staff--following our inability to be allowed to personally present our testimony--within two weeks of the Orlando hearing.

We request and welcome an opportunity to personally testify at a later hearing--since we bring a most unique perspective and solution to the worsening substanceabuse and mental health disaster.

In the process of our undertaking, we have also been in touch with the staff of the ranking minority Subcommittee member, Congresswoman Mink.

Please call (321) 773-0298 if you have any questions.

Thank you.

Very truly yours,

HAROLD P. KOENIG

HPK/1
Enclosed Testimony

CC--Congressman John Mica
Congresswoman Patsy Mink
Orlando Sentinel

6 June 2000

STATEMENT OF HAROLD P. KOENIG, submitted to the SUBCOMMITTEE ON CRIMINAL JUSTICE, DRUG POLICY, AND HUMAN RESOURCES of the COMMITTEE ON GOVERNMENT REFORM of the 106th Congress, Second Session, of the United States of America--for the public field hearing held in Orlando, Florida on 1 June 2000 in the City Council Chambers of the Orlando City Hall.

STATEMENT OF HAROLD P. KOENIG, Founder, President, and Chief Executive Officer of H.E.A.R.T. (Help Early Addicts Receive Treatment) of Brevard, Inc., Satellite Beach, Florida:

Mr. Chairman and Subcommittee Members--we are grateful for the opportunity to submit this written statement for your perusal and consideration. We were not invited or permitted to personally testify before your subcommittee hearing on 1 June 2000. Since dialogue with members is so critical in discussing these life or death issues for our children, we respectfully request an opportunity to personally testify at a later hearing--since we bring a most unique perspective to bear on the worsening substance abuse and mental health disaster.

Our statement will include introductory remarks, a summary of the three substantive points of our testimony, and a detailed review of each of our three major points.

I. INTRODUCTION

I'm a U.S. Navy veteran of World War II and Korea. While serving in the Pacific(Seabees) protecting our basic freedoms, never did I envision that substances as deadly as crack cocaine could place our children--our most precious resource--in worse bondage than would our military enemies. Yet, this happened in Brevard County, Florida to my daughter. As a watchman, seeing the evil enemy, I've been blowing the trumpet to call our community (and our nation) into action to stop the flow of our children's blood. I represent a growing army of parents, outraged over the trashing and killing of our young people who become addicts or who are mentally-ill and, as first-time, non-violent offenders run afoul of our (failed) Criminal Justice System (hereinafter,CJS).

After my daughter, then a teen-age college student, was first arrested, "stoned" on crack, for non-violent felony offenses--our family experienced a living hell for two years as we sought to find a way to save her life. Shocked and appalled at what we learned, I began to speak out on the most unbelievable, despicable facts--to try to save the lives of our children by calling for needed CHANGES. As I spoke out in public--other families with similar experiences joined our CRUSADE--leading to our recent formation of H.E.A.R.T. We have defined the solution--and know it will work!!

We have encountered vigorous opposition from the Florida top legislators, executives, and senior law enforcement agencies. As a result, we have failed to bring about even ONE CHANGE to stop this worsening disaster. We do not impugn the motives of such officials--merely DEMAND CHANGES TO SAVE THE LIVES OF OUR CHILDREN. Our personal appeals to our leaders go unheeded!

Our goal with H.E.A.R.T. is to build a force large enough to compel Florida's governmental leadership to make the NEEDED CHANGES. Failing that, we may resort to a referendum initiative on the ballot for the people to decide--just as Arizona parents did with great success.

As we learn our Florida experiences are commonly repeated in other states, we are expanding our focus to the national level. We find Florida government's approach closely parallels our federal government's approach--hence we believe our proposals apply to both the Florida and the national substance abuse and mental health disasters. Thus, our desire to enlist your SUBCOMMITTEE's support for H.E.A.R.T. undertakings. PLEASE HELP US!

H.E.A.R.T. of Brevard, Inc. is a Florida non-profit corporation, formed in November 1999. We are growing rapidly--from our initial base in Brevard

County, then to Orange County, and to other parts of Florida--and most recently to include members in some 20 states. We believe we are the largest parent-led organization devoted to solving our substance abuse and mental health disaster in the State of Florida--possibly in the U.S.

We continue to accelerate the growth of H.E.A.R.T.--as we conduct public Community Forum meetings monthly in different geographic locations, and as we follow up with parents/teachers/principals following our recently gained support from the Brevard County School Board. We hold our Forum meetings in facilities of the FAITH COMMUNITY--who overwhelmingly support our proposals, recognizing the proposals are 100% in keeping with God's Holy Word! Similarly, the general public enthusiastically endorses our undertakings as they hear our message. The public response spans the political spectrum. They join our CRUSADE to bring about CHANGES!!

II. SUMMARY

Our testimony can be summarized by three major points--set forth below. Later, we will detail each of these points.

1. TRUE SITUATION OUTRAGES PARENTS AND THE GENERAL PUBLIC

Unfortunately, government has not disclosed to the public the actual horrors of the substance abuse and mental health situation in our community. As H.E.A.R.T. shares the TRUE SITUATION with the public--disbelief turns to outrage. The public can not understand why such a devastating situation has not been previously revealed to them. They join with us in demanding an end to this despicable, barbaric treatment of our children.

H.E.A.R.T. is uniquely qualified to share the TRUE SITUATION with the public--bringing the perspective of parents who have actually confronted and dealt with all facets of the substance abuse (drug) culture and the mental health situation as it impacts our children. Our assessment of the TRUE SITUATION details the shocking flaws in government's approach. We have seen and experienced each of the specific facts summarized below and detailed later. We pray none of you Subcommittee members will have to live through such horror. Here is the TRUE SITUATION:

(1) We fail to recognize children are our most prescious resource--God's great and special gift to parents. We are NOT to abandon them when "SICK".

(2) We fail to accept proven medical research that people who are addicts or mentally-ill are "SICK" Their brains no longer function as God intended. Such damage is repairable--TREATMENT WORKS--even "coerced" TREATMENT!!

(3) We fail to recognize how evil and devastating our local drug culture has become. For example, drug traffickers actually sell physical custody of addict children back to their parents--drug traffickers run taxi services to pick our kids up at the front door of our homes--drug traffickers bail our children out of jail, and in exchange for drugs, place them into prostitution and criminal activity--drug traffickers run schools for young addicts, teaching them criminality and how to avoid arrest.

(4) We fail to see the magnitude of the failure of our Criminal Justice System (CJS)--how it confuses us, misleads and lies to us, and does not reduce substance abuse or cure mentally-ill young people--how it worsens the plight of addicts and the mentally-ill--how it places young, first-time, non-violent addict offenders into life-threatening situations as "CONFIDENTIAL INFORMANTS", even providing them with evil substances to use in the clandestine undertaking. Imagine, making "sick" kids "SICKER"! In America?

(5) We fail to recognize the severity of the problem in our schools--where supply and usage are the greatest ever, with 100% of high school seniors applying for enlistment in the military using or have used drugs--where substance abuse is positively correlated with poor performance in school--where thousands of students are being raised by grandparents, foster parents, or family members other than birth parents--where many students have addict parents--where terror exists in restrooms, on buses.

(6) The root cause of our major societal problems--now skyrocketing out of control--is substance abuse and mental health. Government fails to provide funding for TREATMENT that will solve the problem. Public health challenges are exploding--again lacking government funding.

(7) Government has totally failed to reduce the SUPPLY of evil substances.

(8) Government's incarceration of young, first-time, non-violent offenders who are addicts or mentally-ill has failed to cure even one person.

(9) We fail to reduce demand for evil substances--government refuses to remove the core groups of repeat customers from drug traffickers (who represent some 90% of the total demand). We know who these groups are!!

(10) Florida's top executive leaders, top legislative leaders, top law enforcement officials REFUSE to even consider alternative solutions to the substance abuse and mental health disaster. They vigorously reject any CHANGES to their present system--rather, continue to expand activities that clearly DO NOT WORK, claiming this is what the public wants! NOT TRUE!

2. GOVERNMENT'S APPROACH CAN NOT AND WILL NOT SUCCEED

While the worsening situation documents the government's failure--that their approach is not working--we will detail the logic as to why this approach CAN NOT SUCCEED.

(1) Government's basic approach of trying to reduce the SUPPLY of evil substances has been--for years-- a SPECTACULAR FAILURE, and--amazingly--no one has been held accountable!! After massive expenditures (billions of dollars each year), the supply of evil substances is greater than ever, the purity is at highest levels ever--hence the most deadly, and the cost is the lowest in some 20 years.

- The more resources spent on law enforcement efforts to interdict the supply, the greater the supply!! Today, drugs are everywhere--in our homes, schools, churches, workplaces, governmental offices, recreational facilities, and even in our jails/prisons.
- The more resources spent on eradication efforts to eliminate the source/production of evil substances, the greater the production and shipments to the U.S.--with Florida a prime target.

H.E.A.R.T. develops the logic as to why the pursuit of reducing supply can not --and will not succeed in stopping this disaster, that has our childrens' blood flowing down our streets. We start with the fundamental economic fact--it is DEMAND that drives the supply for evil substances, just the opposite of government's concept that supply drives demand!

(2) Government's second approach--severe punishment of young, first-time, non-violent offenders who are addicts or mentally-ill DOES NOT WORK--representing another SPECTACULAR FAILURE. Arresting, demonzing, incarcerating, and branding as "convicted felons" these young kids who make a first-time, non-violent mistake does not cure them. It is not only unduly harsh, but unconscionable to place "SICK" kids in jail/prison!

- Such governmental approach teaches these young offenders to become hardened criminals--as they are brutalized during incarceration--giving them the equivalent of a PhD in criminality and hate--rather than curing them. Government ignores their damaged brains!

Our government has failed to realize that substance abuse and mental health is a major social and health challenge--and needs to be dealt with on that basis. Government has "dumped" this social/health problem into the hands of our punitive CJS--which is ill-equipped to handle the challenge.

- Massive medical research documents that addicts and the mentally-ill are indeed "SICK" children--in critical need of proper, timely treatment, rehabilitation, and loving care--not incarceration. Their brains no longer function as God intended--they are denied the body's

reward chemical (dopamine). Once addicted, without the reuse of the addicting substance, they receive no dopamine--hence are driven to use the addicting substance in order to feel good.

- Many mentally-ill people, failing to get expected relief with their medication--go back to depression. They then turn to addicting substances in order to feel good--thus incurring the twin problems of addiction and mental disorders. Incarceration of such "SICK" individuals frequently results in personal disasters--as the person is stripped of all medication.

Friends, not one addict or mentally-ill person has been restored to sound health as a result of incarceration. After all these years, not one person--NO, NOT EVEN ONE!! Recidivism is at an all-time high--with jails and prisons grossly overcrowded. Yet, government continues down this red, primrose path--bathed in the blood of our children!!

(3) Government's approach of providing a few "crumbs" of "left-over" resources from the "War on Drugs" for treatment and prevention undertakings is another striking FAILURE. Such resources are totally inadequate and the programs are ill-conceived.

(4) Government's CJS has been a gross FAILURE in dealing with the worsening substance abuse and mental health disaster. The system is BROKEN--and must be immediately REFORMED.

- Today, CJS represents one of our major growth industries--not only in Florida and Texas--but across our country. We now have some 2 million people incarcerated--decimating our youth in the process. Our government is calling for more funds to build even more jails and prisons, arrest more of our young people, add more deputies and prosecutors--raising our taxes to do so--all under the FALSE BANNER of "law and order". Clearly, this is not in the public interest.
- As with any growth industry--corporate or government--resistance to CHANGE, especially down-sizing--is fierce. Thus, those of us who advocate stopping the growth of our CJS will be strongly resisted. H.E.A.R.T. can attest to this fact! We need courageous leaders who are willing to act to save the lives of our children!!

3. H.E.A.R.T.'s NEW APPROACH WILL SUCCEED

H.E.A.R.T.'s new approach is just the opposite of the government's approach--and is based on factual elements documented by massive research. Conceptually, H.E.A.R.T.'s approach is proven by results from the new parent-led Arizona law being administered by the Arizona State Supreme Court. Here are the three facets of H.E.A.R.T.'s approach:

(1) REDUCE DEMAND FOR EVIL SUBSTANCES--by taking away the core groups of repeat customers from drug-traffickers, representing some 90% of the total DEMAND. We propose to do this by TREATING--NOT JAILING--all young, first-time, non-violent offenders who are addicts or mentally-ill; and treating those addicts and mentally-ill people (juveniles and adults) who have not yet been caught commiting criminal acts.

After treatment, these people will be placed into Drug Court-type supervision and restitution--with those completing the program ending up with "clean" records. Drug-Court successes are added proof--treatment works!

(2) GET GOVERNMENT TO FUND ALL NEEDED TREATMENT--both for "SICK" children and "SICK" parents (addicts and mentally-ill). We recognize government has the basic responsibility to protecting the PUBLIC HEALTH--as well as to do for the public what individual people can not do for themselves.

We propose allowing government to REAP THE MASSIVE FINANCIAL WINDFALL that will arise out of such TREATMENT--since every $1 invested in TREATMENT will generate more than $12 in government cost savings across various governmental activities. By so doing, government will solve the massive public health problem arising out of substance abuse and mental health disaster,

save the lives of our children, resolve our major societal problems, improve the quality of our lives, AND GENERATE A TREMENDOUS FINANCIAL RETURN--such that taxes can be reduced!!

(3) REFORM OUR CRIMINAL JUSTICE SYSTEM--making needed CHANGES to existing laws and policies--such that the numerous critical deficiencies identified by H.E.A.R.T. parents can be eliminated.

Some of you Subcommittee members may ask: " Harold, aren't you letting addicts and the mentally-ill get away with criminal acts in your proposal?" Friends, this is NOT the case!! Florida, and other states, have long-standing "second chance" laws in effect for young, first-time, non-violent felony offenders. They make restitution and enter into a strict probation-type program (not unlike the Drug Court program). Those who successfully complete the program end up with NO CRIMINAL RECORD!! In Florida, this program is called "PRE-TRIAL INTERVENTION", or "PTI". It has proven to be an enormous success--and very cost-effective.

Our proposal provides addicts and the mentally-ill with this same "second chance" opportunity as other young, first-time, non-violent, felony offenders receive--except we mandate that they be TREATED first--such that their brains can be restored to functioning in a normal way--just as God intended!

Summarizing H.E.A.R.T.'s proposal--we require, in essence, government to make (finally) this HISTORIC SHIFT:

- AWAY FROM trying to reduce supply and imposing severe punishment on young, first-time, non-violent offenders who are addicts or mentally-ill--stopping the demonization and branding of such offenders--recognizing that they are "SICK" and in need of treatment,
- TO REDUCING DEMAND AND TREATING, REHABILITATING, and SHOWING LOVING CARE to these "SICK", "WEAK AND VULNERABLE", and "POOR" young, first-time, non-violent offenders who are addicts and mentally-ill--thus restoring them to becoming productive citizens!

We are convinced that we can--working together--bring about this HISTORIC SHIFT IN SOCIAL POLICY--and finally solve our substance abuse and mental health disaster, on a sound financial basis!!

We appeal to your Subcommittee to intervene and quickly help government make this HISTORIC SHIFT.

III. DETAILS OF THE TRUE SITUATION

H.E.A.R.T. brings the unique perspective of parents who have actually confronted--directly--all facets of the substance abuse drug culture and mental health situation, including:

- Life on our drug streets
- Contact with drug traffickers
- Contact with addicts, both on the streets and in jail
- Contact with jail officials
- Contact with attorneys and prosecutors
- Contact with judges
- Contact with Faith Community
- Contact with Counsellors
- Contact with bail bondsmen
- Review of medical research
- Review of CJS data with CJS officials
- Contact with treatment officials
- Contact with recovering addicts
- Contact with Drug Court officials
- Contact with Probation officials
- Contact with drug detectives
- Contact with law enforcement officials and patrolmen
- Contact with physicians and medical personnel
- Contact with elected officials
- Contact with senior executive department Heads
- Contact with service providers

Based on our collective, "dirty hands" research effort--we determined the basic CHANGES needed to save the lives of our children, and call out to the public the urgent need for our government to make a major, historic shift in their present, long-standing, failed social policy relative to substance abuse and mental health. Here is the TRUE SITUATION:

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1. We fail to recognize children are our most prescious asset--God's great and special gift to parents. They are our children for eternity! When our children get "SICK", God calls on us to help them get well--not to abandon them--regardless of their age. We are to show unconditional love to our children at all times--even when they make a mistake, when they are "SICK". We believe it is a gross HUMAN RIGHTS VIOLATION for governmental authorities to take a "SICK" person and make them even "SICKER"--even under the (false) banner of "Waging War on Drugs".

2. We fail to accept massive medical research that clearly documents that addicts and the mentally-ill are, indeed, "SICK" people. Their brains have been hi-jacked--no longer functioning as God intended. Evil substances "trick" the brain into producing and releasing large quantities of the body's "reward" chemical, "DOPAMINE". The brain shuts down the production of "DOPAMINE" once usage of the addicting substance stops. The only way for a person who is addicted to be able to "feel good" about anything--is to return to using evil substances. They get depressed without using the substances--hence have no choice, they are driven back to using the evil substances. Parents have difficulty with this fact!

Those who are mentally-ill--such as bi-polar disorder--can be medicated. Sometimes the medication fails to bring relief from depression--so the mentally-ill try evil substances to "feel good"--and thus become addicted, as well as mentally-impaired. Again, both these problems are treatable.

Many young people can become addicts simply by one-time usage--such as a "rock"of crack cocaine--smaller than an aspirin. Girls are more likely to become addicted from their "first-time" usage than boys. Drug traffickers know this--and seek out young girls, even giving them "free" their first dosage. These girls are "targeted" in school, in teen-age hang-outs, etc.

We know treatment works, even"coerced"treatment. I've seen it transform my daughter's damaged brain into normal functioning--over a period of time. The National Institute on Drug Abuse reports "coerced" treatment works just as well as voluntary treatment. The State of Arizona--which now mandates treatment for all first-time and second-time, non-violent addict offenders--reports "coerced" treatment works as well as voluntary treatment. Some treatment programs report success rates over 90%, others less.

Further, we know that treatment is much more cost-effective than incarceration. Arizona documents massive cost savings only comparing treatment and probation costs to incarceration costs. NIDA reports that for every $1 spent on treatment, government can save more than $12 in cost savings across various governmental activities. Here in Brevard County, we estimate the potential savings at more than 20 times the cost of treatment.

3. We fail to recognize how devastating and evil our local drug culture has become. We parents who have been there are absolutely shocked and appalled at the filth, degradation, and inhumanity that befalls our children who become addicts. Friends, we must stop this disgrace in America!

- Good-looking, young drug dealers actually target our young people--frequently in schools--providing them with "free" drugs to get them started--knowing first time usage will get them addicted. You Bible students can contrast this "free" gift (from Satan) with God's free gift.
- Drug dealers run taxi services--day and night--picking our kids up at the front door of our homes--take them to crack houses/prostitution/or worse. When we parents follow them, we find legal constraints preclude police officers from aiding parents in "recovering" their (addict) kid.
- Drug dealers run schools for young addicts--teaching them how to commit criminal acts to get cash to support their addiction, and how to avoid arrest. The first thing they are taught is how not to get caught with drugs on them. We have public school students skipping school and attending the drug dealers instruction. Imagine that!!

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- Life on our drug streets is unbelievably vile and filthy--absolutely awful conditions. Our addict kids are sleeping in cardboard boxes, in garbage dumpsters, on dirt floors in abandoned homes/buildings--lying in animal excrement--with all kinds of things crawling over them--full of lice, etc. As our young children addicts sleep off--in a stupor--the effects of evil substances--they are easy prey. They are physically beaten, sexually assaulted, injected with other drugs (with dirty needles), and even forced into prostitution. What goes on in our drug streets, Friends, defies description and humanity. WE MUST STOP THIS!!
- Drug traffickers will actually sell physical custody of our addict children to parents--with the going price in Brevard County of $20 to $30. Imagine, these dealers will actually deliver your own child to you for this payment--knowing before long the child will again escape and return to the dealer. You Bible students may be interested to know, from Hosea's purchase of Gomer from her prostitution bosses (as God directed Hosea to do), that Hosea paid some $72 (today's prices) to recover Gomer. Are we parents, today, getting a bargain versus Hosea? In America?
- Drug traffickers frequently bail out of jail young, first-time, non-violent addict offenders--especially the good-looking girls. They provide the addicts with drugs to which they are addicted--and, in return, receive sex--or place them into criminal activity (like shop-lifting or car-jacking gangs) or into prostitution. Friends, these are our children whom parents elect not to bail out of jail!! WE DEMAND THIS PRACTICE BE STOPPED!

4. We fail to see our CRIMINAL JUSTICE SYSTEM (CJS) has failed us. It confuses us, midleads, and even lies to us. Our CJS has failed to reduce substance abuse or cure mentally-ill people. Worse, our CJS actually worsens the plight of our young, children addicts and mentally-ill.

- Drug detectives frequently resort to an un-Godly, despicable practice of using our young children--even teen-agers--who are arrested for the first time as non-violent offenders who are addicts or mentally-ill--as "CONFIDENTIAL INFORMANTS". They take kids stoned on drugs, offer them a "deal":
  - Help nail another criminal (even a murder suspect), and they'll get their confiscated car back, have all criminal charges dropped, be released from custody, and their parents won't be told!!
  - Our kids agree--they are "wired" with a hidden transmitter, they're given cash to buy the very drugs to which they are addicted--telling them to use these drugs with the suspect as they try to nail the supect--encouraging our addict kid to also use the drugs in the process so as to avoid suspicion, having the addict kid pick up the suspect and take him/her to a crack house--get the suspect to use the drugs and to talk about the alleged crime (murder). The addict's life is at risk in this high-stake undertaking. Not only that, but the addict who is used as an informant will live in eternal fear of being found out to have been a "NARC". WE DEMAND THIS UNCONSCIONABLE PRACTICE BE IMMEDIATELY STOPPED. Yet our Sheriff, State Attorney, Governor, and others in authority REFUSE to stop these undertakings!! UNBELIEVABLE!!
  - The Brevard County Sheriff--in his public opposition to H.E.A.R. T. proposals--including the "CONFIDENTIAL INFORMANT" issue--states: "...the proposals would cripple law enforcement and our ability to combat drug trafficking and local distribution... would remove vital tools from law enforcement and cause a correlated increase in additional crime...."
  - The Chairman of the Brevard County State Legislative delegation urged H.E.A.R.T. to give up its CRUSADE--since H.E.A.R.T. has no real chance of getting the Florida legislature to go against the well-entrenched opposition of Florida's "Good Old Boys' Club".

Mandatory minimum sentences must be repealed! Most of such sentences are given to young, first-time, non-violent offenders with no prior criminal record--while major drug traffickers go free under plea bargains.

Many receive mandatory minimum sentences for "VIOLATION OF PROBATION"--having been "charged" with another offense, but not convicted of the charges--which are frequently dropped after the VOP sentence is executed.

- Substance abuse laws need review--with parent input. Some are not in the public interest--some offenses should have civil penalties.
- Frequently, law enforcement officials fail to carry out the provisions of Florida's Marchman Act--whereby parents can obtain a civil court order requiring apprehension and involuntary treatment of an addict. Law enforcement, ignoring parents' pleas that these are life or death issues for their child--prefer to chase "criminal" warrants.
- Florida's Drug Control Office has proposed stripping away the legal right of addicts to confront their accusers--denying addicts legal discovery process, claiming it is a "waste" of law enforcement time needed on the streets to arrest more(first-time, non-violent) addict or mentally-ill offenders. Veterans are outraged!
- Addicts' cars are confiscated under a rapid, civil court procedure--well before the addicts' underlying criminal case is adjudicated. Here is what the Brevard Sheriff publicly states about our proposal to stop such confiscations until the criminal case is adjudicated: "The intention of this provision is to remove the tools of the drug trafficker. Removal of this legislation would be a 180 degree reversal by giving the provision of tools to the illicit drug dealers and removing a vital tool from law enforcement.....These seizures and subsequent use of the seized equipment (using the tools of the trafficker, purchased with illicit drug money against the trafficker) allows law enforcement the opportunity to conserve thousands of dollars annually, which would otherwise have to be funded at tax payer and not drug trafficker expense." Imagine, claiming this as the basis to take my daughter's car (a graduation present, purchased by her parents with hard-earned money--not "drug money")--so law enforcement could have my daughter's car rather than to have taxpayers pay for law enforcement cars!!
- Gross discrimination against addicts and the mentally-ill--coupled with massive racial discrimination in CJS practices.
- Intimidation and sexual assaults by arresting officers--not addressed
- Legal constraints relative to rescuing our addict kids from drug dealers
- Exhorbitant telephone charges for inmate calls, exhorbitant fees charged to inmates while incarcerated, and to probationers on release
- Incarceration does not work--does not cure alcohol or drug dependency, does not cure mental-illness--and is more costly than TREATMENT
- Florida's penal philosophy: "Put them in a cage, prod them with a sharp stick, degrade and humiliate them, allow them to be brutalized" does NOT work with addicts or the mentally-ill. Penal officials argue that they want the incarceration experience to be so horrible--no one will want to return to jail. They don't accept the fact that addicts and the mentally-ill are out of their God-given minds. I've talked to many addict and mentally-ill offenders who have been jailed--some as many as 52 times--and all of them tell me they did not want to go back to jail.
- Brutalization and assaults on inmates are horrific while incarcerated.

5. We fail to recognize the severity of the substance abuse and mental-health problem in our schools:

- Supply and usage are the greatest ever --and increasing. 100% of Brevard County high school seniors seeking enlistment in our Armed Forces--reportedly--have used or are using drugs.
- Substance abuse is positively correlated with poor performance in school.
- Substance abusers show a persistent disorientation from the actual classroom environment--failing to get into full communication with others.
- Thousands of Brevard students are now being raised by people other than their birth parents--grandparents, foster parents, or other family members. Students carry these burdens to school!
- Many students have addict parents--with kids commiting criminal acts to support parents' addiction. Often, these kids end up as addicts. Those who do not--are helpless relative to their parents' plight.
- Look at these examples involving young school kids:
  - 7 year old girl--selling crack to support her mother's addiction
  - 8 year old girl--placed into prostitution by addict father's crack habit

- 13 year old girl, gets addicted to crack in middle school restroom, first-time usage, within weeks is being picked up at her home after midnight by drug traffickers, taken to a crack/prostitution house, returned home before mother awakens
- 15 year old high school student, gets addicted to crack in school, skips school and doesn't come home, mother and school truancy officials can't find the girl, she sends up employed at a local strip club as a "dancer (using false identification), is hidden by drug trafficker, engages in prostitution

. Terror in restrooms, disruptions in class, chaos on buses, increasing drop-outs, increasing and longer truancies, and more "dead-beat" dads

6. The ROOT CAUSE of our major societal problems--which are accelerating--is substance abuse and mental health:

. Foster children--as many as five kids per day are taken away, under Florida law, from their birth parents. As cases are brought to court, it is clear that parent(s) are addicts. They are told to get cured in a year--otherwise, they'll permanently lose their kids. The parent(s) are poor--as are most addicts--and can't afford treatment. Government will not pay for their treatment--hence the parent(s) can't get cured--lose their kids!

. Drug babies--as many as three per day are born in Brevard County--with the government burdened with enormous costs during their first year.

. Accelerating prostitution, with a higher incidence of AIDS/HIV/STD/Hepatitis "C". Reportedly as many as 2/3 of Brevard prostitutes--nearly all of whom are addicts--have AIDS or HIV. A high percentage of male and female addicts who are incarcerated have Hepatitis "C". Thus, we have a massive public health problem arising out of the substance abuse and mental health disaster--these diseases coupled with the basic addiction and mental-illness. Only government can clean it up!

. Our jails are overcrowded--with law enforcement calling for more jails. Reportedly, 2/3 of the some 2 million people now incarcerated in the U.S. are young, first-time, non-violent offenders who are addicts or mentally-ill--many serving lengthy mandatory minimum sentences which H.E.A.R.T. vigorously opposes. Addicts, upon release from jail/prison, almost always go directly back to drug traffickers to get the substances to which they are addicted. Recidivism is at an all-time high!

. Our judicial system is overloaded--and getting worse as needed additional judges are not funded by Florida's legislature. As recidivism rates skyrocket the workload becomes unmanageable, with adverse results.

. Juvenile delinquency/crime is increasing as drug use accelerates

. Welfare and health costs are climbing--from substance abuse/mental health

. Accidents, resulting from substance abuse, are increasing

. School problems place added burdens on parents--caused by substance abuse

. Domestic violence and child abuse becoming more common-from substances

7. Government has totally failed to reduce the SUPPLY of evil substances. Even after spending massive resources--supply is greater than ever, almost everywhere; purity is the highest ever--hence most deadly; and prices are the lowest in 20 years. We discuss the futility of trying to solve the substance abuse/mental health disaster by trying to reduce SUPPLY later. Clearly, it is DEMAND that drives supply--hence government is pursuing the wrong goal. Resources should be focussed on reducing DEMAND!!

8. Government's incarceration of young, first-time, non-violent offenders who are addicts or mentally-ill has failed to cure even one person. No credible evidence exists to support the success of incarceration. However, massive hard evidence proves that TREATMENT WORKS--and COERCED TREATMENT is as successful as voluntary treatment! Clearly, we have proven--for many years--WE CAN NOT INCARCERATE OUR WAY OUT OF THE DRUG PROBLEM!!

9. We fail to reduce the DEMAND for evil substances. Government refuses to remove the core groups of repeat customers from drug traffickers.

- We believe upwards of 90% of the DEMAND for drugs is represented by two groups of repeat customers:
  - Those who have been arrested/incarcerated/released
  - Those who have not yet run afoul of our CJS--but most of whom are already engaging in criminal activity to support their addiction--but have not yet been caught. Addicts may commit over 100 crimes before being caught the first time. Many in this group are students in our schools--and parents.

10. Florida's top executive leaders, top legislative leaders, and top law enforcement officials REFUSE to even consider alternative solutions to the substance abuse and mental health disaster. They vigorously reject any CHANGES to their present (failed) system--and aggressively expand activities that clearly do not work.

They claim the public still wants the "old-fashioned" law and order--"arrest the addicts, lock them up, and throw away the key". Following this (failed) approach for years, government has built a massive structure to support their (failed) approach. Today, one of Florida's major growth industries is building new jails/prisons--then staffing the facilities--then adding more deputies and prosecutors to arrest more first-time, young, non-violent offenders who are addicts or mentally-ill--then adding more judges, probation officers , etc. to support the increasing judicial workload--using more of our taxes in so doing!

Clearly, government has adopted the corporate growth concept--to be successful, we must grow our business. Any proposals to shrink such governmental businesses will--obviously--be strongly resisted--regardless of the public interest. Thus, we need courageous leaders who will recognize the plight of our children--and take appropriate corrective (shrinking) actions. Responsible leaders will accept this challenge!

IV. DETAILS OF WHY THE GOVERNMENT'S APPROACH CAN NOT AND WILL NOT SUCCEED.

Let us set forth the logic as to why government's basic approach--of trying to reduce SUPPLY and of imposing severe punishment on young addicts--is doomed to continuing failure:

1. ECONOMICS--SUPPLY VERSUS DEMAND

Government's belief that SUPPLY generates DEMAND is clearly wrong. Basic economics teaches that, for evil substances, it is DEMAND that drives the supply. Without DEMAND, there will be no supply! Thus the key to solving the substance abuse/mental-illness disaster is to reduce DEMAND!

- Over the past 30 years, no interdiction or eradication program has had any serious impact on the supply of illegal drugs in the U.S. Rather than cutting off the supply, the programs have consistently encouraged new sources of supply (new countries), new trafficking delivery routes, and deadly new drugs. Yet, government continues to accelerate both its interdiction and eradication efforts.
- Examples of the disasters that have followed from government's approach abound. In the early 1980's, as South Florida was inundated with marijuana from Colombia--the Reagan administration moved interdiction of marijuana to top priority, even involving for the first time in history the Department of Defense. Look at what happened:
  - Colombian traffickers--recognizing the great demand in the U.S.--switched from marijuana to cocaine. They recognized cocaine--easy to produce, more profitable, and much more compact than marijuana--such that cocaine would be much easier to smuggle into the U.S. than the bulkier marijuana. Quickly, they switched to cocaine.
  - Soon the U.S. experienced an explosion in cocaine supply--which led to crack. Our children lost--as marijuana was substituted with coke.
- Earlier, in 1969, the Nixon administration was involved in an unsuccessful experience. They tried to shut down the Mexican border to stop the

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massive amounts of heroin and marijuana coming into the U.S. from Mexico. As customs inspected 1/3 of all vehicles coming into the U.S.--the back-up of traffic extended for miles. After considerable Mexican outrage, this program was scrapped.

- Yet, during this disruption of drug traffic--the U.S. demand began to be filled by prescription drug-use. Further, traffickers responded to the land blockade by moving to the sea and to the air.
- And Asian countries quickly moved to fill the void--bringing in their own brands of heroin--including "China White".
- Rapid escalation of drug use followed in the 1970's.

. Government eradication efforts have an even worse track record:

- President Carter's plan to eradicate Mexican marijuana and heroin--by spraying poisonous herbicides--backfired. Mexicans continued to ship the contaminated drugs--producing another health risk in the U.S. American marijuana smokers refined the Mexican plant to get a super-potent plant. This has led to marijuana now being grown in nearly every state of the union.
- In recent years, as the eradication effort in Columbia accelerates, the production and shipment of cocaine and heroin have continued to increase. Colombians plant more acreage of higher-yielding crops that more than offset the acreage destroyed by spraying.

We must recognize--as long as the DEMAND exists--drug traffickers, on a world-wide basis--will find a means to fill the DEMAND. We now have drugs that are more dangerous and less expensive--that can be produced within our country, even in a hotel room.

The answer lies in effective prevention programs and treatment of those addicted to evil substances--not in interdiction and eradication. School officials report the best prevention programs for our young people involve after school and alternative activity programs. Kids ridicule the "Just Say No" approach. Prevention must be combined with treatment to succeed.

2. SCIENCE--Florida refuses to accept that addicts and the mentally-ill are "SICK" people. Those who are "SICK" need treatment--and treatment works! Locking up "SICK" people does not make them well. Should we lock up cancer patients? We can not solve the problem until we start treating addicts and the mentally-ill. Today, we have a massive public health problem that derives from addicts and the mentally-ill. As they become infected with AIDS/HIV/STD/Hepatitis "C"--these diseases are transmitted to non-addicts. Government failure to move in and start treating these "SICK" people assures failure of the government's approach.

3. INHUMAN TREATMENT--Florida's refusal to stop the deadly, inhuman practice of using our young--even teen-age--naive, first-time, non-violent offenders who are addicts or mentally-ill as "CONFIDENTIAL INFORMANTS" is contrary to basic human rights. We take known "SICK" kids and, in effect, give them the same drugs that made them "SICK" in the first-place. Thus, we are making--knowingly-- our "SICK" kids even "SICKER". How can we allow this in America? Even communist countries don't do this!!

Every professional substance abuse physician, nurse, counsellor, or administrator that I talked with on this issue--tell me the worst thing you can do to an addict is give them more drugs--even access to drugs. Service contractors involved in rehabilitation have firm policies against using any "recovering" clients as "confidential informants". So do Drug Courts around the country. Yet, Florida's top officials refuse to stop this evil, un-Godly practice.

Additionally, the concept of our government--in effect--refusing to treat addict parents involved in child neglect cases, knowing the parents need treatment--and then, after time and knowing the parents can't afford to get needed treatment, government takes away the children that God gave them. This is not right--and must be corrected. Inhumanity guarantees failure!

HAROLD P. KOENIG STATEMENT (Cont.) 6 June 2000

4. REJECT FINANCIAL WINDFALL--Florida refuses to accept the incredible financial logic that for every $1 spent on TREATMENT, our government can save more than $12 across various governmental activities. To realize such savings, of course, government must make various CHANGES--including downsizing a number of activities, reflecting the lessening workload as a result of the successes deriving from treatment.

Government has the burden to constantly undertake CHANGES--to reflect the changing needs of the general public--whom government serves. If government is unwilling to respond to changing public needs--it is doomed to failure. Times change, public interest changes--so government must CHANGE!

5. FREEDOMS--Florida's proposal to deny addicts the legal right to challenge their arresting officers--through legal discovery processes--under the (false) banner of "Waging War on Drugs" is a gross abuse of power and contrary to the basic rights many of us went to war to protect. Government programs incorporating loss of freedoms are doomed to failure.

6. ARROGANCE--Florida's unwillingness to even consider a different approach is shocking. If Florida, with a broken system that is getting worse, is so arrogant that it won't even look at another state's successful operation (Arizona), how can a reasonable person expect Florida to succeed?

Remember the Bible telling us that "pride foregoeth a fall" ?

7. CONTRAVENING GOD'S HOLY WORD--We have seen that Florida's approach flies in the face of God's Holy Word in certain major areas:

- God tells us to heal the "SICK"--Florida makes "SICK" kids "SICKER"
- God tells us not to be a party to helping another person stumble--Florida relies on using other people to get others to "stumble"
- God condemns all partiality--yet Florida's program is ripe with gross discrimination
- God tells us how to deal with the "poor"--we are to help the "poor"--not punish them, and certainly not take away their children because they are "poor". Remember, most addicts and mentally-ill people are indeed "poor". Florida's program makes the "poor" even "poorer".
- God tells us to love our children unconditionally--to cherish them as God's special and great gift to parents, even after they make a mistake. Florida's program is to demonize and trash our children who become addicts or who are mentally-ill, some even losing their lives.

V. DETAILS OF WHY H.E.A.R.T.'S NEW APPROACH WILL SUCCEED.

H.E.A.R.T.'s new approach is just the opposite of the Florida approach, is based on factual elements documented by massive research, conceptually is proven by Arizona results under their parent-led mandatory treatment law, and is totally in compliance with God's Holy Word.

1. ECONOMICS--H.E.A.R.T.'s new approach is built on the economic fact that it is DEMAND that drives the supply of evil substances. By reducing DEMAND we will significantly cut supply. And as supply is cut, drug traffickers likely will raise prices to offset their loss in volume--thereby, according to the law of supply and demand, further decrease the supply. Without significant DEMAND in the U.S.(Florida), traffickers will focus on another geographical area.

- Treating all first-time, non-violent offenders who are addicts or mentally-ill--and treating other addicts and mentally-ill(children and parents) who have not yet been caught in criminal acts--will take away some 90% of the total DEMAND.

2. SCIENCE--By recognizing the scientific fact that addicts and the mentally-ill are "SICK", and the fact that TREATMENT WORKS, even "coerced" treatment--H.E.A.R.T.'s treatment of the "SICK" assures success--and will alleviate the public health problem caused by substance abuse.

HAROLD P. KOENIG STATEMENT (Cont.) 6 June 2000

3. EXPLOITS FINANCIAL WINDFALL--Building on the fact that for every $1 spent on treatment, government can save more than $12 in cost savings across various governmental agencies--assures H.E.A.R.T.'s approach will be a financial success. Not only is the treatment undertaking much more cost-effective than government's present (failed) incarceration program--but the reductions that will be realized in solving other societal problems should yield massive cost-savings.

Imagine, H.E.A.R.T.'s new approach not only generates a massive financial windfall--but saves the lives of our children, stops the disastrous societal problems now existing, resolves the public health issue, improves the quality of our lives, and can result in reduced taxes!! Any excess funds can be used to increase teachers' salaries and improve the quality of our education--and other constructive pursuits. NO MORE NEW PRISONS!!

4. CLEANS UP OUR CRIMINAL JUSTICE FAILURES--H.E.A.R.T.'s new approach includes basic reform of our Criminal Justice System--eliminating the many adverse results on our children, parents, and our society. No longer will Florida be guilty of inhuman treatment, discrimination, or taking away any of our basic freedoms.

No longer will we have the flower of our youth wasting away, under mandatory minimum sentences in prison. As our prison population shrinks--we will find new, constructive uses for the vacated prison facilities.

As our judges are restored with mitigating judgment, flexibility in sentencing--no mandatory minimums (for adults or juveniles), and a lesser workload--our criminal justice system will truly reflect the public interest.

With parent participation in the annual reviews of substance abuse and mental-health statutes--we will find less laws on the books, more laws with civil penalties for non-violent offenses, and rebuild confidence by our young people in our law enforcement undertakings--eliminating hate!

Our prisons will be populated by only hardened, violent criminals--the type of offender for which prisons were originally designed. We no longer will be compelled to release hardened, violent criminals from prison prior to serving their full sentences--in order to make room for our young, first-time, non-violent offenders who are addicts or mentally-ill. Hardened, violent criminals will be required to finish their full sentences.

No longer will cars--or other property--be confiscated prior to the final adjudication of the underlying criminal case. Communities will provide the funds for needed vehicles for law enforcement purposes--no longer allowing cars of young people to be confiscated and placed into police service.

5. CONSISTENT WITH GOD's HOLY WORD--Each specific remedial action set forth in H.E.A.R.T.'s new approach, is fully in accordance with God's Holy Word. Solving our substance abuse disaster and the mental health problem with actions consistent with God's Word will strengthen the moral fiber of our young people--enable them to walk away from their previous "hate" culture, and move to build an even greater country for their children.

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In conclusion, Friends, we submit the case for H.E.A.R.T.'s new approach to solve our worsening substance abuse and mental health disaster is truly overwhelming. Who can refuse the powerful, compelling logic supporting H.E.A.R.T.'s proposed remedial actions? We must bring about CHANGES!

We respectfully ask this Subcommittee to join with H.E.A.R.T. in this vital undertaking--to save the lives of our children. Thank you.

HAROLD P. KOENIG
H.E.A.R.T. Founder/President

Subj: **thank you**
Date: 5/12/00 4:26:44 PM Eastern Daylight Time

To: MMF6183

Hi, I am a Vero Beach High School Freshman and I was very touched by the assembly I attended this afternoon. I was in greif and holding back tears. The story was devestating and taught me a lot. You should be proud of Michael for all he has offered to teens that may not even have known him. He did a lot for me and sent a message that I would one day like to tell my own children. I don't go to many parties yet I will always be careful and watch my drinks and such. I will place Michael in my prayers. Debbie and Brad were very brave and strong for being able to have these assemblies considering their son has been gone for a short period of 19 months. I would also like to give thanks to them for what they have given me- the gift of knowledge to be aware of the dangers of drugs and drinking. I will cherish this forever and stay safe. Thank you.

Alyssa
VBHS freshman

Dear Mrs. + Mr. Alumbaugh,

Thank you for your time Friday, Your presentation touch my life and It helped one of my good friends with his drug abuse. He now realizes that he has a problem and if he continues he may face the same problem your son has faced. He is now in a rehabilitation clinic where he is getting clean. Thank you for your eye opening presentation for my friend. Hopefully you have touched other students the way you have with my friend and I. I wish the best of luck to you and your husband. I thank you once more.

Sincerely Kevin
Vero Beach High School

Dear Mr. and Mrs. Alumbaugh:

My sister and I both went to the assembly you gave to our school. We were completely awe-struck at how well you managed to speak to us. Sadly, teenagers are faced with these problems daily and I feel that you made a great impact on our school. It was also good you came a couple of days before prom, to make people aware. I know for a fact the people I was with on prom night did not take any pills because of your performance. Thank You.

Sincerely
Zina

May 15, 2000

Dear Mr. and Mrs. Alumbaugh,

I want to thank you for coming to our school to share your story with all of us. I know that your awful experience with the death of your son was very hard to share with all of us. I want you to know that you touched alot of us, with your story. You made, at least me, think about my actions and the consequences that they bring upon myself and others around me such as my close family and friends. Although I have never myself taken drugs I have been faced with the choice as to say yes or no. I have always chosen no but others I know have not. After your apperance I asked them now what they thought about taking drugs, and they told me that it really made them think. I am so glad that someone could reach them. Again, I am sorry about the loss of your son, but I thank you for coming and touching my friends where they needed it most in the heart and in the head.

Sincerely,

Laura

HU Festös ΘΜΟΧΟ Tablets
photographer unknown

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