DEA MUSEUM LECUTRE SERIES
BILL MOCKLER AND ED BEACH
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LOG: SF = Sean (ph.) Fearns (ph.); MOD = Moderator; BM = Bill Mockler; EB = ED Beach; Q = Questions from audience; MS = Unidentified Male

SF: On behalf of all of us at the museum staff and Congressional and Public Affairs, we want to welcome you this morning. My name is Sean Fearns. We kick off today the museum's fall lecture series. If you all have noticed either in person or in the Washington Post style section yesterday, we have a new exhibit in the lobby that talks about the three main botanical drugs: cannabis, coca, and poppy: nature's addictive plants. And in line with those three drugs, we are theming this fall's lecture series based on those three drugs. And so we kick off today looking at the opium poppy and specifically the controlled substance derived from that, heroin. And we're pleased to have two very excellent guest speakers this morning.

I'm going to introduce them here at the beginning and then they're going to speak in turn. First, many of you know him or have heard of his reputation and I think that's a good thing, right? Our first speaker is Mr. Bill Mockler, retired Special Agent. Mr. Mockler began his career with the Bureau of Narcotics and Dangerous Drugs in 1968 after a 30 year career, which included stints in New York, Miami,

and Washington D.C.; he retired in the late 1990's. Of note are the last two assignments in his time with DEA. He was the first Special Agent in charge of the Special Operations Division. In fact, he is credited with creating SOD, and then following that, promoted to the Chief of the DEA New York Task Force in the New York Field Division.

Following Mr. Mockler will be Mr. Ed Beach. Edward Beach is an instructor for the Drug Enforcement Administration's Special Operations Division. He provides instruction at SOD on the Basic Telecommunications Exploitation Training School. The program trains Federal Agents and Task Force officers in all aspects of telecommunications. He was recently asked by DEA to create a management training program for group supervisors designed to teach them how to successfully manage enforcement groups based on his experiences. And his experiences include 20 years with the New York State Police. The majority of his career was spent in narcotics enforcement. Mr. Beach was assigned as a group supervisor to the DEA New York Drug Enforcement Task Force.

Mr. Beach holds a Bachelor of Science degree from Fordham University and received numerous awards from both civilian

and the law enforcement community. I'd ask you to if you have questions to hold them until the end. And now let me introduce Mr. Mockler and Mr. Beach.

BM: Good morning. We can do a little better than that. Good morning! Okay good. Many of you I know, for me speaking here today is kind of like… almost like coming home, having had two tours of duty here in Washington at the DEA headquarters. And I got a little nervous when Sean was introducing me because he said that I started in 1968, then he said in the 30 years… I was hoping he wasn't going to say 30 years before that cause then I would of (unint.) in 1930 something, but you know I was trying to figure it out in my head. But one of the things I want to do and that's kind of ap per po with regard to heroin is talk about this history if heroin, okay? Where, where we got involved with heroin, where we started to investigate heroin back in the 60's, 70's and the origins of heroin because it's a very drug to investigate.

The way as an investigative agency, the DEA, as an investigative agency we have to approach heroin investigations a little differently than many other investigations, okay? For a number of reasons, okay? If we go back into the 60's and 70's, heroin and opium, which is

what we're looking at right here, okay? You know the opium poppy, which is where the opium is drawn from when they score the poppy. It's grown in various parts of the world, okay? And over the years that has changed, alright? From an investigative standpoint it makes it necessary for us to look at heroin and try to retrieve where it comes from as part of the investigation.

Because where the heroin comes from determines very often how we should proceed with the investigation in terms of trying to get back to the source. You know there was this… a number of phrases that are used; you know the (unint.) and going back to the source and things of that nature throughout the years. And in the… in my early days of conducting investigations… I was there during the culmination of the French connection. Now many of us have seen the movie, The French Connection, with Gene Hickman, Roy Schneider and some of the other actors that are involved, where they bring in a linking continental from France that's loaded with heroin. And then they dismantle it because it's hidden in the rockerpannels (ph.).

It's hidden in the actual internal workings of the vehicle itself. And I think that is very very significant in one

of the points that I wanted to make in terms of looking at, at heroin and how it differentiates, for example, from cocaine. And how cocaine has shifted the way we do investigations. When we think of cocaine, you're thinking of the Miami Vice cocaine, you're thinking of (unint.) with hundred of kilos on them coming up to the shore or a container full of cocaine. If you look back, a container full of cocaine's probably 1,000 kilos, 2,000 kilos, large seizures, we kind of got spoiled by these gigantic seizures of cocaine.

Well if you look at heroin and if you go back to the French Connection case, which was such a landmark case at the time, that the movie was based on, alright? What I submit to you is most of you will have no idea how many kilos of cocaine were involved in that case. In actuality it was about 30 kilos, that's all, okay? And the, the… that changes how we look at doing investigations because we got involved in these large seizures, these large seizures of cocaine and now we're telling our agents we want to investigate heroin and they're coming in with a kilo of heroin, two kilos of heroin, three kilos of heroin. And there are people that kind of look at that and say, well you know it's not really a significant cause, but it

is because… that's why I say it's so different when we investigate heroin because when you look at how heroin is distributed, that's what makes it different and that's what makes it so significant. Because a kilo of heroin… let's say the French Connection heroin years back was probably cut, cut what I say is diluted or mixed with other diluents like lactose and manite (ph.) and things like that. That heroin was cut or watered down to a lower percentage of probably three to six percent when it went into the little glassine bags that are sold in the street, okay?

So that heroin gets watered down, it get… there's many layers of, of, of criminal organizations that touch it to get it to that level, alright? So that from a kilo of heroin, if you put it just the way you got it into those glassine bags, if you put it in pure, you can probably get 25,000 glassine's out of one kilo, alright? When you get a kilo of coke and you convert it to crack, you got 1 to 1, maybe a little less or more, but pretty much 1 to 1. And when you look at coke itself being distributed, they may put a one hit on it and then they sell it, or maybe one or two hits on it and sell it. Dilute it once or twice, not nine or ten times like in the old days of how heroin was distributed.

And the reason was that when you put it in a glassine bag at a very high purity and somebody shoots it up, it's gonna kill 'em because the purity is so high, alright? It puts them right into a stooper and they… their hearts just stop. That's the old preverbal slang term of a hot shot where they would use hot shots if they wanted to… they thought somebody was an informant. When you were conducting an investigation they would give that person a pure bag and let them shoot it up and they were gone, okay? So basically there were able to kill 'em by just giving them an overdose, okay? So that was back then and we're looking at back then. And why is back then so significant?

Back then is significant because back in those days we had the famous French Connection case. That heroin was coming out of Europe, it was coming… it was coming out of primarily coming out of Turkey into, into Corsica and Marseille, converted into heroin and then brought to the U.S. Why was it significant? It was significant because it was very pure, alright? It was heroin that could be diluted, it could be cut many times and, and that brings us to the bottom line of heroin. I think what's important for everyone to look at especially from the investigative side

and from the DEA side and DEA is doing it. And that's looking at the financial side, the economic side of heroin.

Why do people get in this business? Because they're in it to make money, they're in it because there's… economically they can make a lot of money with heroin, okay? And when you look at that, you look at that economic side and that's why they diluted it so many times because so many people touched it, so many people were able to make money off it. Going back to the French Connection days, what that did for us was that created problems as investigators because in order to get back to the source you had to go through many levels of the investigation. The… going back to then, I'm talking a lot about the French Connection heroin at that time. What's significant in looking at heroin also is that heroin is very ethnic, okay?

I'm not talking about at the distribution level; I'm talking about the countries of origin. Countries of origin very often determine who distributes it here in the U.S. at that first level, okay? Who touches it or who coordinates it or gets it here? When we go back and we look historically at heroin at the time I'm talking about during the French Connection era, let's say the late 60's, early

70's. In New York, you were looking at French Connection heroin. If you were in the South West border, you were probably looking at black tar or Mexican heroin. If you're in San Francisco you were looking at South East Asian heroin.

If you were in the Mid-West or either… actually on both coasts, you were looking at South West Asian heroin, which primarily comes from Afghanistan and in that region, Pakistan, Afghanistan, and so forth, okay? So, so you had four different geographic areas that you had to look at and investigating each one of those types of heroin require different expertise. Just think about it. You're doing, you're doing South West Asian heroin investigations and you get a courier at the airport that's bringing in two or three kilos of heroin from South West Asia. Well just to talk to them you need somebody that could speak Farsi, you need somebody that could speak any number of languages from that part of the world.

IF you look at Mexican heroin, you get to that first level of importation; you need somebody that can speak Spanish. Even more difficult was if you're in San Francisco and you're looking at a unit of South East Asian heroin, you

need somebody that can speak in a South East Asian language that's indicative to the area that the person came from. So it may not only just be that they have to speak Chinese to a Thai or they may have to be able to speak a certain dialect in order to communicate with the person that they arrested. So it's extremely difficult and that's at the high level. And then you get down to the lower level where you have everybody out in the street that's using it.

Now the reason I mention that the lower level again… if you look at the… if you look at heroin historically, if you look at a lot of, a lot of what was discussed about heroin years ago, a lot of people started to shy away from heroin. We started to, as an agency; see it decline in the addiction population, okay? Probably up until the 90's, alright? What was happening was the addicts were getting older, they were dying off, they basically knew how to, how to take care of themselves. It wasn't a big market, there was no market share, there was no profitability in it, okay? The economic portion started to fall off with the decline of the addict population because no matter how you look at it, once you have an addict with heroin, once you have somebody that's hooked on heroin; the chances of them going into recovery are very minute, okay?

It's very difficult to shake a heroin habit, okay? Basically if you have a customer, you almost have a customer you almost have a customer for life. If you get somebody hooked on heroin, you almost have a customer for life depending on how long that life becomes, okay? So you end up now with the addict population starts to fall off. The other reason that it started to fall off, other than the economics of it is, there was the HIV scare. So there was a lot of people that were afraid of injectable heroin. They were very afraid of taking needles and passing needles around. It was one of the ways that HIV got passed among people, okay? So you ended up with a situation where people started… the younger people started to back away from it, alright?

It was much more fashionable to use coke, to take a snort of coke or whatever, okay? So, I don't want to run too late here, once I get started talking (inaud.). I get carried away sometimes. So, but what happens with that is… you end up now, you've got the addict population starting to decline, to drop off, it's not a lucrative business. So there's not a lot of impetus to continue to investigate heroin where you need the amount of resources that were,

were attributed to it in the past. Because that was on the declining cope was on the increase crack was out of control. So it was necessary to shift certain priorities, okay?

Well throughout all of this, if you look at… if you look at where we were in let's say the mid 80's, okay? Alright? That's when we started to see an increase in cocaine use in the United States, alright? In the early 80's. And then probably by the mid 80's we were looking at the advent of crack. And crack started out as the… DEA looked at it initially as a mom and pop operation. We did a lot of work in New York on crack with a number of initiatives and were able to show there were organizations that were behind crack. There were criminal organizations that were very structured and made profits strictly dealing in crack. And then crack started to take off. And so we started to target them, we did… we had a number of Rico (ph.) prosecutions and so forth.

The thrust of the crack epidemic or the crack… I don't want to say epidemic, but the crack the crack increase in the New York area was predominantly controlled by Hispanic organizations, why? Because they again had the language

capability to deal with Columbian violators that were bring cocaine into the United States. It was… it, it… a lot of what we looked at, that's why I say ethnic, it has to do with language, it has to do with background, it has to do with acceptability where you don't stand out, where you kind of blend in, okay? So a lot of the organizations that were distributing cock and crack were predominantly Hispanic organizations, especially in the North East, which that's where a lot of my expertise comes from.

And those organizations were predominantly being supplied by Colombian violators and the organizations that distributed were predominantly Dominican or Puerto Rican, okay? Some Cuban out of Miami, okay, going back to the ethnic groups and the language capability. So we started to target them and go after them for crack. Well what happened was the Columbians, being the entrepreneurs, of the drug industry in the cocaine business in particular said, hey why don't we try to make heroin, okay? Why don't we try to make heroin? We make cocaine, why don't we make heroin, okay? So they started to… on an effort… a number of the major cartels started on an effort to try to make heroin that could compete with the other areas of the world

that produced heroin. SO what happened was they ended up trying to cultivate and to produce heroin.

Now, when it comes to… the way they control cocaine is they… you know they grow it and then they try to convert it… they grow it to cocoa leaves or they get access to the cocoa leaves and they try to convert it to coke in Columbia and then bring the final product here which is what they tried to do with heroin. But they had problems. Heroin--to make heroin is much more difficult than it is to convert cocoa leaves to coke, okay, much more difficult. The refinement process is very, very difficult. That's one of the reasons why there's black tar heroin from Mexico because their labs are ver--they are not sophisticated enough for the final conversion processes to take out all the impurities which make it white, okay, which make it the powdery, crystalline, white type of heroin that the French Connection heroin was.

The goal of the Columbians was basically to produce a product that would replace the French Connection type heroin, the pure heroin, the number four heroin from Southeast Asia, the heroin that was heroin that could be diluted or cut, alright. But they used a different

marketing strategy and that's extremely important. Why do I say that this is important? One of the reasons that--I just want to change the slide, okay--one of the reasons that it becomes really important in terms of Columbia is the fact that they were eventually able to produce a product that was that color, alright. The light brown or a white, almost a white or an off-white which was basically a much purer form of heroin.

Now, we started to see that heroin showing up in the northeast and how were they marketing it? Well, how would you market a product if you had a new product? Think about it. I mean these are entrepreneurs, okay. You got a new product you want to market. So what did they do? They turned to their people that were distributing cocaine. The organizations that were distributing cocaine they turned to them and said hey, we've got a new product and we want you to help us sell it. Okay, no problem. Lot of the organizations didn't want to touch it because heroin had a certain stigma to it, alright. Well, how did they deal with that? Well the way they dealt with that was okay you want 50 kees [sic] of coke? You're also taking one kilo of heroin. Alright, we won't charge you for it. It's yours. We want you to sell it.

We want you to get it out there. You make profit off it. See how you can--how is it profitable for you to sell this, okay. But if you want the 50 you gotta take the one. Or if you want the five you gotta take one, alright, and then however you sell it, whatever you make on it it's yours. Then once you establish whether or not you can sell it then come back to us and we'll give you even more, alright, and then you start to sell it. Okay, now, if you think about a kilo of heroin, a kilo of Columbian heroin at that time was probably about sixty thousand dollars, alright. A unit of southeast Asian heroin which is less than a kilo, is less than a thousand grams, alright, at that time was going anywhere from ninety thousand to a hundred twenty thousand dollars per unit.

So if you take a comparable unit of--a kilo of Columbian heroin, okay, at sixty thousand dollars, well now you got a product that's half the price of what--what the southeast Asian heroin would cost. The trick was how do you market it? Can you cut it? Columbians told them don't cut it, alright, don't cut it. And they worked together with these Hispanic groups, said don't cut the heroin. Put it out there in it's pure form. But when you put it out there you

sell it just like it's coke. You tell the user what it is but that it's just like coke and it's a special new type of heroin that you don't need to shoot it. You don't need to put it in a needle and put it in your arm, okay. You're able to snort it. So basically you--they set up a situation where they had one snortable drug and another snortable drug.

So in terms of the users, especially when users started to complain, wow, I'm using crack and using coke. I'm getting high all the time. I can't come down. I can't sleep. Oh, we got this other stuff. You take a little snort of this. Put you right to sleep, okay. Somewhat problematic. It was problematic because of the purity of the heroin that they were snorting, okay, but they were able to snort it and get through it except for some. Some of the younger people that started to snort ODed and that brought attention back to heroin again, okay. You know we did a number of different things involving heroin. It never went away. Okay, it was a DEA slogan, okay, but it didn't go away. It was just in a new form. We're looking at it in a new form. It started to go away but it really never went away because we had this new impetus. We had this new--new

Columbian heroin that started to take over in a high purity form being sold in a different format, okay.

It's being marketed differently. The economics of it is different, okay. One kilo of heroin put in glassine bags, 25,000 glassine bags being sold for ten dollars a bag is $250,000 for one kilo. So you pay $50,000 or $60,000 and you're making $250,000. That's a nice profitability. You're looking at about two hundred grand on one kilo. A kilo of coke, thirty thousand. You maybe double your money just--well you make thirty thousand, another thirty thousand. See, so by the time you sell it you're looking at sixty thousand. You're only making thirty grand, alright. For the entrepreneurs it wasn't hard to figure out what do I want to move? I want to move heroin. So they started to do the same thing, getting it out there, getting it out there, giving it away, getting it out there, okay.

That's what we started to see in like '95, '96, '97, and the overdose deaths started to increase with it. Where did they start to do it? Where they had the stronghold for coke and crack at the retail level which was predominantly up in Washington Heights in New York, okay, up in the

Washington Heights area with Dominicans and the Badlands in Philadelphia, okay, working it's way up to Worster, Massachusetts, up into the Massachusetts area and starting to spread. If you take a map of the United States in terms of Columbian heroin it's very easy to describe how the heroin flowed, okay. Basically you're looking at--if you look at a map and you take a can of paint and you pour a can of paint on New York City and just watch how the paint spreads that's pretty much how the heroin spread, alright.

And now it spread to even further. It's now as far west as Chicago. It's as far south as Florida. Their market share, the economics of it has grown tremendously. My colleague, Ed Beach, will talk about a lot of that in terms of this whole new trend to heroin because there's another aspect to the economics of heroin, to the economic side of heroin, okay. One of the things that DEA has that is extremely, extremely significant in terms of investigating heroin for our agents in the field, in terms of working heroin cases is the signature study, okay. We have the capability of taking heroin and determining the country of origin. Okay, where did the heroin come from and that's extremely important from an investigative standpoint

because you're able now--you do a few small buys and you're able to identify what kind of targets you're looking at.

Well, I'm looking at an Oriental target maybe out of southeast Asia. I'm looking at a Columbian target. I mean you're gonna know a lot of that ahead of time because of the people that are selling it on the street, but it still helps you determine where your end game has to be, okay, which is very important to DEA in terms of working it from the street all the way back to the source country, okay, which is where we hope to take all of these types of investigations, okay. Where do I go from here. I think maybe another five minutes. There was something I wanted to say. What happens you know as you get a little older you know you have--you start to have senior moments. Now you young people wouldn't realize that, heh. Anybody out there that's only been working in law enforcement for a year or two, anybody? Raise your hand. Two or three years? Okay, I think I saw one or two hands, okay.

Well, if you put thirty years in this is what you're gonna look like. So think about, okay. You may not want to stick around, alright. But anyway, in terms of the Columbian heroin and the purity and the price purity it

becomes very, very significant when we do that signature study to determine where we have to go with the investigation, okay. What we learned in doing a number of Columbian investigations, investigations where Columbia was the source country. I don't want to say Columbian investigations because we're looking at different violators. But the end game was Columbia. What we learned from that as I indicated was the snorting and not using the needle eventually the addict population even snorting will end up using the needle at some point in time because they want to get the rush, they want to get it a lot faster.

What this did for us, what this created for the United States in terms of this new type of heroin where you snort it, okay, it was taken basically out of the inner city into the suburbs, alright. Heroin abuse in the suburbs has gone through the roof and it's gone through the roof for a number of reasons. One is the fact that it's impacted communities with overdoses and young people that are dying at young ages from heroin abuse. The other problem we have with this type of heroin where it's snorted is the fact that the addict population which was, if you remember when I said before, was on the decline is now on the increase and instead of it getting older it's getting younger, okay.

It's increasing and getting younger. So what that does for us is it creates a whole new strata of addict that we have to deal with.

Well, how do we deal with it? Well, we have an image. Most of us that have been around for any number of years we have an image of somebody standing on a street corner in a stupor, their head going down, a needle hanging out of their arm. That's not today's addict especially the ones using Columbian heroin, okay. Anyone using Columbian heroin is not the type of addict that we're encountering. What are we encountering? We're encountering young people that are in the work force. They're functioning workers, okay. I wouldn't say in this building but in many of the private sector corporations it's the person working in the pod next to you, person working down the hall, the person working--the CEO, the executive. It could be anybody. They're the functioning addicts, alright, because they're snorting it. They're not getting that immediate drop off.

But eventually it's gonna take it's toll, alright. Now as the drug is spread going back to the paint analogy, as the drug is spread it started to take on some different methods or methodologies in terms of how people are getting hooked

on it or using it, okay. That's what Ed Beach will talk about in about, probably in about two minutes, okay. In terms of what's really out there, what is it that we're seeing now because we're going into another phase now, okay. We had that one phase of the paint going so far, alright. Well, if you look at it almost like a target well that was the original bull's eye. Well now we're looking at the next band in the bull's eye, okay, in terms of how this is--how this is changing, okay. Thank God for DEA with the signature program the certain techniques that have now been developed to attack…

I don't want to say attack, that's a bad word, to operationally go after Columbian heroin in the U.S. which has to be different than cocaine, okay, so it took a while for us to figure that out. Now we're going into another phase that I think is even more frightening than what we started to look at with just the heroin itself. That's how the new addict is coming into the heroin market and what's bringing them into the heroin market. Now the next presenter is Ed Beach. Ed and I worked together at the New York Task Force. He was--I don't want to steal his thunder but he's a great investigator and very dedicated. He spent a long time with the New York State Police and he's gonna

take you to that next outer ring, the next ring of where this is going and it's--the ring I'm talking about is out in--it's in Tennessee, it's in Kentucky, it's in Georgia, it's in Florida, okay, in terms of where this Columbian heroin is going in terms of investigations.

If you look at the heroin market right now Columbian heroin accounts for about 60% of the heroin in the United States. So it's a big chunk of what we have to look at, okay. At this point I'll turn over the platform, stage or what--see, he likes to give orders to me because he used to work for me, alright, and he was never able to give orders but--so now he makes up for it, okay. Thank you very much.

MS: Police now say an eighteen year old girl found dead after a house party was using heroin before she died and her ex-boyfriend has been arrested in a major heroin bust. We hear from newscaster Allen, Sherry Einhorn (ph.)

FS: Drugs, guns, money and measuring equipment. It's all part of a major heroin distribution ring busted here in Napa County.

MS: This is just the tip of the iceberg I think.

FS: Ten people have been arrested so far including this man, Phillip Ordeja (ph.). He's the ex-boyfriend of Natalie

Fiompa (ph.), the eighteen year old who was found dead at a house party here in Sea(unint.) last month.

FS: (Unint.) has lost a son and reality TV is very….

MS: News out of Los Angeles today it was confirmed this morning that the 20 year old son of hip hop star Dr. Gray was found dead in his home on Saturday. Now the police say they busted a heroin ring operating in the heart of suburban Virginia. (Inaud.)...

FS: (Unint.) authorities believe this ring may have been in operation since June of 2007 dealing a potentially deadly drug to teens in Centerville. Haley Jarvis' is one father whose daughter over-dosed on drugs allegedly supplied to her by one of the defendants in this case who was also her boyfriend.

MS: Alright. I just wanted you to take a look at that clip just to get an idea of where we are right now, and just to give you my background and how I got here speaking about heroin. Most of my career I spent working pretty much not to pick on--again, that's the ethnic, but on the Calley Cartel one of the cocaine cases that--out of Columbia. I'd say back around maybe 2000, just pre-9-11, maybe like Bill said, the late 90's is when this heroin started to come back that Bill was talking about. What happened was in the New York Task Force Bill initiated a brand name program

where DEA was targeting sort of lower level type distributors and tracking the brand names of the heroine.

Bill was to his credit was knocking on the door of headquarters and saying you know this heroin is coming back, and he already described to you about how the Columbians started making heroin because of the profitability and you always had the Afghani heroin out there and you had the China white. I'm sure you've heard that term. But you needed a market. You needed a market, and back then on the streets you know you had some middleclass type people using it. But you didn't have the explosion like today. Now why it happened I'm gonna give you a couple of theories I have, but Bill had spoke to me and I've been doing this wire tap teaching for DEA for a long time. He said I wanted you get involved in this heroin teaching, teaching agents, cops, about heroin. Why even go after heroin organizations?

So what I've started doing is I wanted to see why people are using it and what were the trends. So going back just after 9-11, and I don't want to pick on 9-11 but there is-- around that time is when things started to change where it exploded, maybe about five years ago, right. What happened

was maybe about five years ago, right, what happened was I go out and I speak to hospitals, colleges, rehabs and just find out what's going on in your area. What are you seeing? And generally back then you know you still had the cocaine but if you want to just look at the whole United States. If you take the Mississippi west you would have seen the methamphetamine is the number one threat. And from the Mississippi you saw a lot of the cocaine and crack right.

And what happened is back then you started seeing a little bit--not a little bit. Methamphetamine labs, Mom and Pop. They call them Pop'n Off, and there was sort of a big run on that, right, for maybe one or two years. In rural areas you saw the meth exploding. I'd be out talking to the rehabs and things like that. Well, what are you seeing? Are you seeing marijuana. Always seeing marijuana. Are you seeing pharmaceuticals? And the pharmaceuticals back then, not to pick on the females in here, but it was generally middle-age females--Valium--but all of a sudden things started to change. The Oxycontin started popping up down south and you started getting a lot of kids crushing Oxycontin, snorting it and you started getting, in

different areas in the northeast, you started getting kids using pharmaceutical opiates.

It started coming more and more. I told Bill about it. I said you know they're using these pharmaceutical opiates but I didn't really see the heroin exploding yet, right. You know--anyway, where we finally are now I think is that trend, right. Now I'm saying everybody that's on marijuana becomes a heroin user, but I have yet to meet a heroin user that didn't start with marijuana. The marijuana obviously is not the marijuana of the 70's. It's a lot stronger. The THC level is a lot higher and most--what I'd say and I'm gonna give you again, my opinion from going out and speaking to all these users--the kid that's generally using the marijuana and stays with marijuana, because I get questioned by a lot of parents. How do I know my kid's on drugs? I always tell them once you know it's too late. It's like you looking at a co-worker and how do you know the co-worker's on drugs?

But what I'm seeing a kid on marijuana stays with marijuana, tends to get in trouble. Some of these kids--the football players, the dancers, the cheerleaders, the honor students--they want to take the edge off. They're

not taking--you know like Bill said about this heroin--it's not like in your mind where you picture the heroin user on the ground with the needle. Just--it's not that way. If you looked around….just look at the person next to you. That's what somebody looks like on today's heroin. They're functioning. They're working and the problem is--so the kid that stays with marijuana he gets in trouble. His grades start going down, things like that. The kid that's going to the heroin takes a long time to fall.

Now, I spoke about down south with the pharmaceuticals. Up in Brockton, Massachusetts, the New England area, they seem to take off before a lot of the other areas we're seeing. They started abusing the Oxycontin and the Oxycontin was a little difficult to get so they started going to the Vicodin, to the Percocet, to the Lortab (ph.), to all type of pharmaceutical opiates. So typically this kid is successful. They're looking to take the edge off. Why? Back in the 80's, late 80's, everybody's feeling good, using coke. The business people on Wall--it's a different psyche. So like when Bill talks about marketing it you're marketing something that's gonna make you feel totally different.

I know must people in here aren't drug users. When I was running my group for DEA I didn't visit a lot of these rehabs. I didn't visit the hospitals. I was out working major organizations and I didn't get into the user psyche. Now I do. I speak to them. Why did you do it? Most of them they're just taking it to take the edge off. Maybe they don't want to see a doctor. Maybe they--well, as you know all the TV commercials about all the anti-depressants. Most of the users that I talk to they're taking initially. They stay with the sports, they stay with their grades are doing well. But they're gonna fall. But it's a long decline. It's not a week. It's not two weeks. It's usually a couple of years.

So they start taking maybe a couple of opiate, pharmaceutical opiates on a weekend. Then they go to a couple more during the week. Before you know it you're taking it every day and what happens? I'm not a doctor but talking to the doctors, talking to the nurses, talking to the users, the pain receptors become very sensitive. You know you saw athletes, professional football players get hooked on these pain killers. That's the opiate family. The problem with that pain killers is you want more. You will not be satisfied. So even if you took out the

financial end of the dealers you go into this user mentality. It doesn't matter. What I'm talking about what are they doing. So now the kid taking three or four Lortabs is taking thirty. The typical person when they start going to heroin they're taking maybe 80 tablets a day, okay. It's that many.

And I don't want to bring up any big names from--you know celebrities or anything. I don't want to pick on any one person, but it's about 80 a day. So now it's usually about a dollar a milligram on the street, and there's forged scripts, there's doctor shopping. You know you're gonna obtain the pills any way you can. A lot of these pills are taken right out of your medicine cabinet at home. You get an operation, back pain. You got Vicodin in your medicine cabinet. You're not using it anymore. It's still in there. Kid's taking it, bringing it to school. When I talk to a high school and I way well how many in here know somebody using Vicodin or--the hands go up like you wouldn't believe. Whereas with the heroin when we hear the word heroin in my era you were afraid of heroin. A dealer--even no matter what ethnicity are afraid of heroin. They think it's stronger sentences. Oh, we don't want to deal heroin.

The kids are not afraid of it. So what happens is a kid is using these pharmaceutical opiates. They can't get that many pills. You can't do it and you can't afford it. For the most part most of these new users are middleclass, upper middleclass. It is the suburbs. They're coming into the inner city, buying the heroin and bringing it back out. So what happens is one of your friends will get some heroin and say to you hey, you know this heroin is much cheaper. You don't have to use as much and you can snort it. You're not gonna die from it. So one of their friends goes into one of the inner cities and you can go to Chicago, Baltimore, Philly, New York, you name it, it's going on, and they start snorting it. Usually snort it for a while. Again, it's a long decline.

I just had a kid up in Williamsville, New York. He was on opiates for three years before the parents knew anything. '95 average, successful. But finally you fall. I mean it's a long decline which is really scary. Usually the typical user maybe they're using two or three bags a day, right. The most I had, I had one user he was doing 100 bags a day, okay, and just multiply the money. He came from a well to do family. So I mean I've seen it from

every end of the spectrum. But what I want to get across to you is most of these users are functioning. It takes a long time. They--heroin is usually sold at what time of day? In the morning, alright, because when you use heroin the first time you get sick, the first time. It changes your brainstem. So--which comes from the term chasing the dragon.

So you're always looking for that high that you got the first time and you'll never get it again. Like we've talked, we have some videos of users saying it's so relaxing. It's better than love, it's better than…..they love it, right, but you'll never get that high again so you're always chasing the dragon. But what happens is first time you get sick. After that if you don't get it you get sick. So usually most of the areas the heroin sales are early morning, and if you looked at these heroin spots you know you would see all different aspects of society--suit and tie people, kids, soccer moms going to these spots to buy their heroin. They take it and they go to work. It's not like they're going to lay in the corner somewhere.

So it's an eye opener. Now what's changing lately that's current for today I think you should know about is this situation of methamphetamine--I'm not saying methamphetamine is going away, but we were just out--we were in Los Angeles, we were in Hawaii, San Diego, and we spoke to some medical people out in these areas. In Los Angeles the heroin overdoses are going--are shooting way up. It's the psyche of the young people is what I'm getting at. If you want to use methamphetamine versus heroin it's totally different. It's like going to a horror movie or a love story. They're so different, the drugs. But what's scary is is that the younger people the word is spreading on how good this heroin makes you feel.

The reason why a lot of deaths are not happening, if anybody's familiar with--if we have any EMTs in here--the use of Narcan has also gone way up, okay. Now years ago if anybody saw the movie "Pulp Fiction", John Travolta, you had the girlfriend being injected with adrenaline to offset a heroin overdose. Today in New York City with your free needle package you're also given Narcan. Now what Narcan is is a neuron--is a transmitter blocker, right. It's a re--again, I'm not a doctor. But typically if there's two users, these two over here are using, he's having the best

high of his life. His friend thinks he's gonna die. He'll shoot him with the Narcan. When you come out after you have--you can take it with a nasal spray or with intravenous.

In the hospitals it's usually given intravenous. If you talk to the nurses when they give it yes, it does stop the overdose. The person becomes very violent, vomiting. If he gives it to his friend the friend's gonna wake up and way why did you--it was the best high I ever had. So it's a whole crazy mentality here you can't really figure out. But if you look at the government when they're looking at if heroin use is going up they always use overdoses as the standard. How many fatal overdoses did we have in the D.C. area? How many overdoses did we have in Balt--you can't look at that anymore because the overdoses are reversed with the Narcan, okay.

Now the other situation you look at with heroin is cut, alright. We had a big run on Fentanyl a couple years ago where the dealers were using Fentanyl to cut heroin. It's another opiod and you had a large number of overdoses in the Philadelphia Camden area and in the Chicago area. That has sort of subsided because the dealers really don't want

the police at their doorstep when they have all these overdoses. But I gotta say what's scary is is that lately, recently, going out to the west coast and just hearing this increasing, and I'll tell ya, if you went up to the northeast right now it's just really scary how the heroin is coming on there. I don't think it's the fault of anyone whether it's law enforcement, whether it's the communities. It's just the younger people they're not afraid of it.

Unfortunately these pharmaceuticals they're readily available. Like I said they're in the medicine cabinet and that's the path that I generally see. That's what's current. If you're not aware of it I mean like I said we're always the last to find out. Law enforcement is last and so are the parents. I've seen so many parents, even cops, like in a community. I'm not gonna mention the one community but there's one community in an area where I went and they had a task force that was really strong. I mean they were doing a lot of wire taps. They were bringing a lot of violators with crack. They were ceasing a lot of currency. All of a sudden they had nine overdoses, fatal. All 19-20 year old kids in their community. Forum like this. Sheriff up here, chief, and asking questions, answering questions from the crowd.

Well, how come you didn't know about it? It's very embarrassing. So I think the thing is with DEA putting on this exhibit it's just an awareness campaign to make all sides of the community aware of what--what actually is happening because you don't see it in--you see--I've seen it pick up on the television coverage. I haven't seen that much in the print media. But I've seen quite a bit now coming with the television media about the heroin. But to me it's just the most important thing and I don't know if you're here for your job or personal but just for your family, for your kids or any of that. Sounds corny but it's just a growing problem that has to be stopped somewhere. Again, thank you for your time. Anything--Bill, anything further? Katie, anything? Close or….?

FS: If anybody has any questions this is the time to ask them. We have a gentleman here so if you have any questions please feel free and please go to the microphones if you do have questions.

MS: No--well, thank you.

MS: I got a quick one for you.

MS: Oh, okay. Where are we?

MS: What happens after the three year period where you start on heroin with….?

MS: Well, generally what I'm seeing is this opiate problem, like--and again, there may be individuals that go right to heroin. I'm seeing any. I'm seeing them go to the pharmaceuticals and it's a long stretch. Like I was at one rehab and they'd maybe taken a couple of pills a week and again it increases very slowly. I wouldn't say three. I'd say two years, right, until you get to heroin. It's about a two year stretch in general. Once you get to heroin it's a quicker decline once you've arrived at the heroin. It's not another two-year decline. I'd say six months, a year. It's not another two-year period. You're going down pretty quick once you go to the heroin. So maybe three--you know three years total till there's an awareness that takes place. But usually awareness does not come till you wind up going into the heroin.

MS: Eddie, you may want to also mention that director that you were talking to who had cleaned up and….

MS: Yeah. I mean--another thing I learned from doing the research for Bill is that again, when I was in law enforcement I didn't get involved with the user end of it. But one of the things when you go these rehab centers in your community and these recovery centers I get away from the word junkie or addict or any of that. I just look at them like I'm looking at you guys out here, you know. I

tend not to look at drug users as regular people. They made a mistake and it's…..like if you look at that girl, Natalie Ciafa, before I get to the director, that girl that was in that video. Beautiful girl, great grades and she died of an overdose.

Her parents now have a--come on real strong as activists against heroin in the community. Long Island has what's called Natalie's Law where the schools are mandated that they have to notify law enforcement if there was an overdose similar to child abuse where you have to make notifications. But what you wind up meeting as you're going through this research into this problem many of the counselors and directors in these rehab centers are former users, and again they look just like us. Suit and tie and cleaned up and you'd never know. I had one place where I mean the guy treated me unbelievably great. Had me sit down with these football players and models and all walks of life interviewing them. I had lunch with them. So I met them several times, and then I called one day and I got his answering machine and I just knew.

He said I can't answer the phone right now. I don't know why. I just got this feeling, and sure enough I called--I

wound up calling the main number. I got one of the secretaries and the director, he went back on the heroin. That was the end of him as the director. So there is--it's a tough thing. It's something that unfortunately like Bill said once you arrive at that heroin you're done. For life it's just like a recovering alcoholic or a recovering addict. But realize that once you're into these opiates way before you're using the heroin you're putting yourself in that situation. It's just not obvious but these kids that are taking it to take the edge off, and believe me I've talked to many parents--no idea, no idea. Kid was taking it for so long. Two or three, five, ten. When they're taking 80 a day and a lot of these kids will get jobs like in the Rite Aid, in the local pharmacy just so they can take these--the Lortab, the Vicodin and I could name….

It's not whatever they can get their hands on. It's not. You have some Ritalin abuse, Aderol abuse. It's generally the opiates. That's what they want. They want the Hydrocodone so to speak, the Oxycodones and the Hydrocodones. That's when they go to heroin. There's no way you can stay on the pills because you're gonna want more and more.

MS: I think one of the things that's important to highlight now that we're--then we can wrap this up--is the fact that Eddie has been saying you know Bill asked me to do this, Bill ask me to do that. The reason that he was asked was DEA asked me to try to get--to look at the situation, come up with a training program. We do have a training program that highlights a lot of what we talked about today for investigators both for DEA as well as intel analysts and task force officers and state and local police officers out there. I definitely want to indicate that DEA is really stepping forward with trying to do something with this as well as on the pharmaceutical side. There's a lot of DEA programs right now that are looking at the pharmaceutical and the blend of pharmaceuticals to heroin and so forth.

MS: The other thing is just as far as communities, I know I spoke about Los Angeles, Hawaii, traditionally methamphetamine areas that are becoming opiate areas. We were just out in Hagerstown, Maryland. Again, suburb surrounding Hagerstown, huge problem. I just got an e-mail about an area in Mississippi where the heroin use has gone sky high. So unfortunately we're out there, we're doing this training, we're training the agents and the cops. But there's got to be a community awareness ongoing, what this heroin does and where it leads you.

MS: Yes sir.

MS: I haven't heard any mention of methadone. Could you just….?

MS: Yes.

MS: Some statement about Methadone, the state of Methadone.

MS: Yes. Due to time I--there's a lot of things. Normally, believe it or not, this is a five-hour presentation, right. So we're trying to tailor it for an hour. But to answer your question. What's happened--this is another kind of strange thing. But Suboxone was brought out to replace Methadone, alright, because of the addictive--the addiction with Methadone. There was quite a bit of abuse of Methadone. So Suboxone was created by the pharmaceutical companies thinking that you couldn't abuse Suboxone, right. That's the trend now is that Suboxone is being prescribed. What's happening is Suboxone is being also crushed and snorted and it's being abused all over the streets. On the streets of Boston they call them "subbies". The kids are selling them.

The--what you're also seeing is some what we call poly-drug sales where you have a cocaine guy now selling pharmaceuticals and selling Suboxone. Methadone, problem with Methadone if you mix it with the Benzodiazepines, with

the--you know, with the Clonapan, with all of those other type drugs, those anti-depressants--again I'm not a doctor--you'll get a heroin-like high. So you have Methadone still being abused on the streets mixed with the Benzodiazepines to get a heroin-like high. The Suboxone again being abused. I was at a rehab and the--I was telling the counselor, they weren't even aware. He goes oh, we're prescribing Suboxone all the time. You can't abuse it. Again, it's not all over like the heroin use. But in the northeast and in the New England area the Suboxone is pretty big and that's pretty much replaced the Methadone. Answer your question?

MS: Yeah. Thank you, and I don't know of any--is there any research being done? Is there like a Methadone or a type of--for Amphetamines or crack or cocaine? Have they ever tried to find something to help rehabilitate people from meth or crack?

MS: Well, the crack cocaine there's a drug out now. Again, that's a whole other class. There's a drug out there now that's supposedly will act somewhat a Methadone with your craving for cocaine. But with the opiates it's always been the Methadone. It's been the Suboxone as a blocker. It's a twenty-eight day program, and that's pretty much all opiate users are treated. Yes, you are going to the

Methadone or Suboxone whereas cocaine and crack traditionally you cannot prescribe any other drug to get off it. Generally the rate at--everybody wants to know what's the success rate of your recovery center? It's usually a third. You know a third is treated. As far as the research like I said the Suboxone was the next step from Methadone. Beyond that, no. That's where we're at right now.

MS: Okay. Thank you very much. (Applause)

MS: Again, thank you both to Bill and Ed. We have from the Museum staff a small token of appreciation for your being here today. Just a quick calendar note. If you want to mark November 17th on your calendar. Our second in our three presentations for the fall series. We'll be talking about cocaine trafficking trends particularly in Central America and Costa Rica. Thank you all very much for being here today. (Applause)

(END OF TAPE)