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Moderator: Dennis Stoika

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Operator: Good day and welcome to the President's Commission Law Enforcement and Administration of Justice conference call. At this time, I like to turn the call over to Director, Phil Keith. Please go ahead.

Phil Keith: Thank you and good afternoon. Thank you for joining us today. I like to call the President's Commission on Law Enforcement and Administration of Justice to order. On behalf of Attorney General Barr, we thank you for joining us today for this important commission teleconference meeting.

As I said last week, we're all facing challenges beyond our experience and each day seems like the number of infections ((inaudible)) is growing. I think we're all particularly concerned about the increased exposure to our law enforcement professionals.

And like us on the call today they can't stay at home or can't telework and can't social distance. As I said earlier this week, they have a storm and I know commissioners share my concern as we keep the brave men and women of law enforcement in our thoughts and prayers.

And to the commissioners Vice Chairman Sullivan and I certainly want to express our appreciation for your continued willingness and understanding as we navigate the challenges of conducting the important work of this commission. At this time is the Executive Director, Dean Kueter to call to conduct our roll call of commissioners.

Dean Kueter: Thank you Mr. Chairman. And before I call the roll, I'd just like to remind everyone once again that today's call is open to the press and for any members of the media who are on the call if you have any questions or need clarification to please contact Kristina Mastropasqua in the Justice Department Office of Public Affairs. And for roll call Commissioner Bowdich? Commissioner Clemmons?

James Clemmons: Present.

Dean Kueter: Commissioner Evans?

Christopher Evans: Here.

Dean Kueter: Commissioner Frazier?

Frederick Frazier: Present.

Dean Kueter: Commissioner Gaultieri? Commissioner Hawkins?

Gina Hawkins: Present.

Dean Kueter: Commissioner Lombardo? Commissioner MacDonald?

Erica MacDonald: Present.

Dean Kueter: Commissioner Moody?

Ashley Moody: Present.

Dean Kueter: Commissioner Parr?

Nancy Parr: Present.

Dean Kueter: Commissioner Price? Commissioner Ramsay? Commissioner Rausch?

David Rausch: I'm here.

Dean Kueter: Commissioner Samaniego? Commissioner Smallwood?

James Smallwood: Here.

Dean Kueter: Vice Chair Sullivan?

Katie Sullivan: Here.

Dean Kueter: And Commissioner Washington.

Donald Washington: Here.

Dean Kueter: Mr. Chairman that concludes the roll call.

Phil Keith: Thank you. And we have a quorum. Any other announcements Dean?

Dean Kueter: No sir. We're good to go.

Phil Keith: Thank you. Our focus continues today on social problems impacting public safety and today will be hearing from key leaders regarding substance abuse. All commissioners should receive the agenda about the written testimony of today's panelists. Thank you and thank our panel today.

We'll be modifying our program slightly. Sheriff Koutoujian needs to leave the call at 3 o'clock at the break time. After he concludes his testimony we'll move to the question and answer portion break - and then we'll take a break.

The commissioners are encouraged to make notes for questions during the panelists' presentation and then we'll hold all questions until the panelists have provided their testimony. With questions we will move now to our first panelist. We have Carson Fox who's the CEO of the National Association of Drug Court Professionals. Mr. Fox, thank you for joining us today and you're recognized.

Carson Fox: Thank you. Chairman Keith, Vice Chair Sullivan and distinguished members of the commission I want to thank you for the opportunity to speak with you today. My name is Carson Fox and I am the Chief Executive Officer of the National Association of Drug Court Professionals.

NADCP is the membership training and advocacy organization for the over 4000 treatment courts across the United States including but not limited to adult, juvenile, DWI and veterans' treatment courts. I commend the commission for your leadership impacting in the critical issue of substance use. And I stand ready to offer whatever ongoing support you deem necessary.

Today I'll talk with you about the crucial role law-enforcement plays in the success of treatment courts around the nation. As we all know law-enforcement is on the front lines of this nation's addiction epidemic, and therefore to stop the crisis, the role of law enforcement is paramount. This includes the ongoing support and partnership with law enforcement in implementing and supporting treatment solutions.

There may be no better example of this than treatment courts where law enforcement works side-by-side with other criminal justice and public health professionals to ensure individuals before the courts with substance use disorders are held accountable while receiving treatment and other services to get their lives back on track.

In many communities where treatment court thrives it is the support of law enforcement that makes the key difference. I'm grateful and honored that members of this Commission are making just that difference supporting treatment courts in your communities and across the nation.

In one example I recently spoke to Kate Rodriguez the manager of the successful Pinellas County, Florida treatment drug program who told me of all the wonderful support of Commissioner Sheriff Robert Gualtieri including his commitment to recovery, to community and veterans. She said and I quote, "We wouldn't be able to do what we do without him."

The impact of this support cannot be understated. Research shows that the involvement of law enforcement and a prudent core team is associated with an 80% reduction of recidivism relative to courts that do not have law enforcement representation. When preparing to speak with you today I wanted to tell you a story on graduates. But given the thousands of graduate stories I've witnessed and read I struggled to choose one that best demonstrated the symbiosis between law enforcement, treatment courts and the community.

I've decided to tell you about a young man who entered the Charleston, South Carolina drug court in 2012. This young man was struggling with addiction and he broke into a home in a quiet suburban neighborhood outside of Charleston. Ironically, he later discovered the home belongs to none other than the Charleston Chief of Police. The young man was arrested and it was determined he had a substance use disorder and he was given an opportunity to participate in drug court.

This treatment court program has a long history of law enforcement support and the chief followed the young man's progress as he participated in intense substance use treatment and was subjected to close supervision and strict accountability. With help from the program the young man got a job. Instead of sitting in jail costing taxpayers' money he became a contributing member of society.

A little over a year later on his graduation day the chief was in court to congratulate him. The young man surprised the chief by handing him a restitution check for over \$1100 to cover the damages from the break-in. This young man represents just one of thousands of treatment court graduates and his story represents just one of thousands of examples of law enforcement's role in strengthening the justice system's response to addiction and crime.

The National Association of Drug Court Professionals has always been strong ((inaudible)) supporters of law enforcement. At our core we are a membership organization representing and working with practitioners. And our board of directors mirrors those professionals including leaders in law enforcement. Past board members include former Algonquin, Illinois Police Chief, Russell Laine and former National Narcotic Officers Association Coalition President, Ron Brooks. Georgetown Kentucky's Police Chief, Mike Bosse currently sits on the board.

In fact, Chief Bosse wrote an article about law enforcement's role in his local treatment court and NADCP included that article as an attachment to the written testimony we provided to the commission before today's hearing. NADCP is committed to ensuring law enforcement has the necessary training to be critical members of the treatment court team.

With support from the Bureau of Justice Assistance last year we worked with law enforcement officers to develop and pilot test a new curriculum to train law enforcement on the fundamentals of treatment courts, crisis intervention, building community linkages and understanding and addressing secondary trauma. Once the COVID-19 pandemic ((inaudible)) we look forward with working with ((inaudible)) in piloting this new and thriving curricula.

There are no easy solutions to the problems of drug additions and related crimes but with the strong leadership of this commission and with law enforcement across the nation committed to ensuring public safety and implementing effective ((inaudible)) management such as treatment courts I know we are positioned to make our greatest impact.

Therefore my recommendation for the commission is straightforward. Continue to encourage law-enforcement to be active members of their treatment court and work closely with the treatment court teams to ensure the total population is served, and encourage at the national level the continued education on treatment court best practices so that all treatment courts follow the research to achieve the best possible outcomes and recognize the invaluable contribution and partnership law enforcement plays in the success of these programs.

I would be remiss if I didn't give Vice Chair Sullivan a shout out. Last summer she brought down the house at the NADCP conference when the 6000 attendees learned the Director of OJP was one of their own, a former treatment court judge. Thank you, Vice Chair Sullivan.

On behalf of the NADPC staff and board of directors and of the 4000 treatment courts nation-wide I appreciate the opportunity to address the commission today and welcome any questions you may have. And finally, in these unprecedented times I want to thank all of you and all law enforcement across the nation for the work that you're doing nationally and in your community.

Phil Keith: Thank you Mr. Carson ((inaudible)). Now you'll hear from Director Michael Sena. He is Director of the Northern California High Intensity Drug Trafficking Area. Director Sena, thank you for joining us today. You're now recognized.

Mike Sena: Thank you Mr. Chairman, Madam Vice Chair and members of the commission, really appreciate your invitation to day to talk to about this issue and the ongoing challenges to protect

the public related to substance abuse. The HIDTA program itself was established with in the office - Executive Office of the President under the Office of National Drug Control Policy. And we operate under great leadership of ONDCP, Director Jim Carroll and the National HIDTA Director, Shannon Kelly.

And the HIDTA program with 29 HIDTA regions across the country cover all 50 states and two U.S. territories. The purpose of the program was to carry out activities that address specific drug threats in those areas and to reduce drug trafficking and drug production in the United States as a whole. And to do that we have over 21,300 full-time task force officers around the nation. 70% of those come from the states, local and tribal participants.

And the effort that we do across the nation has the impact of reducing the number of folks out there that are on the street moving narcotics. It also helps with efforts to increase prevention efforts and in some areas of the country also works in that third leg that we have supporting the treatment efforts in certain areas.

That balanced approach that we have of federal, state and local tribal participation is a keystone and one of the most important reasons that we are in that neutral position in the Office of National Drug Control Policy that we represent all agencies across the nation with federal guidance and local regional control through local executive boards.

The effort that we do is to help provide reliable law-enforcement intelligence, support coordinated law-enforcement strategize – strategies and to maximize the use of available resources. Our nation has struggled with addiction, substance abuse since narcotics first came to America. We have moved from the opium dens that we had right here in San Francisco where I operate in the 19th Century but we've moved to the open-air street drug markets of today.

We're living in an age where extremely addictive and deadly narcotics are available across our nation. The violence and the quality of life crimes that accompany the sale and use of narcotics impact all of us. The recommendations I have that reforms to the criminal justice system should reflect a balanced perspectives being informed by science and fact and have public safety as a fundamental aim.

Secondly, drug courts that help individuals with substance use disorder by providing them with access to treatment must have the ability to separate the individual from the environment that perpetuates their addiction type of crime. And third, the public safety community needs - they need real-time information sharing to identify overdose threats and reduce loss of life. And our Washington Baltimore HIDTA, under the leadership of Director Tom Carr, has developed the Overdose Detection Mapping Application Program known as ODMAP and we need to expand that across the nation.

In a growing number of American communities, law enforcement is not only challenged by the crime and victimization associated with substance abuse, but by a criminal justice system itself, unfortunately. Some prosecutors are making decisions to not file charges for violations of selected sections of the law that elected representatives enacted in their jurisdictions.

Some states are reducing or eliminate penalties for committing crime, and some communities are focused on reducing jail and prison population with no regard for the consequences. In some parts of America there no major consequences related to criminal behavior including distribution of highly addictive and even deadly narcotics.

These developments are troubling to those of us in public safety who deal with the real consequences. Saying the crime is going down because officers are not arresting those that violate the law, or because prosecutors are not filing charges against defendants with - that the court may reduce crime statistically but it does not make any of our communities any safer.

The Substance Abuse and Mental Health Services Administration National Survey on Drug Use and Health for 2018, which is the most recent numbers, found that one out of five people age 12 and older used illicit drugs in the past year. The survey also found that approximately 20.3 million people age 12 or older had a substance use disorder related to their use of alcohol or illicit drugs in the past year, including 14.8 million people who had an alcohol use disorder and 8.1 million people who had an illicit drug use disorder.

Several states have changed charging and sentencing guidelines resulting in misdemeanor charges instead of felony charges. This has decreased our ability to connect justice-involved people with treatment services. The drug courts' ability to provide resources to those convicted of illicit narcotics -related charges has eroded. Law enforcement's ability to develop sources of information has also been hampered, as minimum to no jail or prison time results in fewer defendants choosing to cooperate and identify drug dealers and those engaged in serious criminal activity.

Even though many addicts know that their next dose of drugs may be laced with fentanyl that will most likely kill them, they still take the drugs because pain or addiction is so powerful that it overrides any rational decision-making. Narcotic dealers also have little fear and knowingly sell potentially lethal drugs to their victims. This has resulted 46,802 opioid -related overdose deaths being reported in 2018.

The Washington Baltimore HIDTA developed an Overdose Detection Mapping tool. That ODMAP provides free suspected overdose surveillance data across jurisdictions to support public safety and public health efforts to mobilize an immediate response to a sudden increase or spike in overdose events. ODMAP needs to be adopted nationwide and requires support of the President to encourage every law enforcement public safety and public health agency in America to participate in the program.

Last month I had a meeting with my HIDTA task force commanders throughout my region and we brought together a number of individuals that are addicted to drugs. They're dealing with it and have for most of their lives. And they've spent a large portion of their lives of fighting that addiction and dealing with the consequences of their use. They all spent a considerable amount of their time incarcerated.

During our conversation with them I asked them, you know, what changed their lives for the better, what were their greatest concerns about addiction and the criminal justice system? And I was told that going to prison and commitment to treatment saved their lives, that the greatest fear was of those folks that have lived that life of addiction and continue to live, was that the youth of today won't have the same opportunities to be taken out of that life and get the treatment that they need and break that cycle of addiction.

We should not make changes to the criminal justice system with a broad brush and law enforcement should also not be responsible for solving all those problems of today, but they must be allowed to have the tools they need to reduce the impacts of substance abuse that are exacerbating by social – that are exacerbating social problems across the country.

I understand that incarceration alone is not the solution but too many lives are lost every day because we can't get people into the treatment they need. Drug courts need to be empowered to help individuals with substance abuse disorder to receive the treatment that they need. The cycle of addiction often leads to a life of crime, homelessness and in some cases, it also aggravates mental health issues as well.

In 2018 drugs caused 67,367 reported deaths in our country. We must promote successful programs that provide real-time overdose information sharing to address this lethal threat. And these tools can also be used for dealing with an understanding the impact of COVID-19. HIDTA

Overdose Detection Mapping program, that application, that ODMAP, must be expanded as much as we possibly can.

And we also need to be able to push that information through the use of public health analysts, drug intelligence officers and prevention initiatives across our country. I want to thank the commission for this opportunity to discuss some best practices, lessons learned, challenges and successful programs that the HIDTAs and our partners are using to address and enhance law-enforcement and the administration of justice. Thank you very much Mr. Commissioner and members of the commission.

Phil Keith: Thank you Director Sena for your informative testimony. Just for the record we had two commissioners have joined the call, commissioners Price and Lombardo. Now onto the Sheriff Koutoujian and just as a reminder we'll move to Q&A after the Sheriff and then proceed to a 15-minute break. Sheriff Koutoujian thank you for joining us all today and thank you for your leadership with Major County of America and your service to our country. You're recognized sheriff.

Peter Koutoujian: Thank you very much Chairman Keith, Vice Chairwoman Sullivan, all the commissioners I'm sure much like myself, this was a really great idea and we're here to spend a lot of time doing this never knowing what would hit us just some weeks ago. I feel this as the Chairman of the HIDTA Commission along with Vice Chair of the Commission Sullivan. So I thank you very much for your service because I know it is not easy to put aside this time or your attention in this way.

I'm the Sheriff of Middlesex County in Massachusetts. I have been so for nine years, also the elected President of the Massachusetts Sheriffs' Association, as well as the elected President of the Major County Sheriffs of America. I'm a former prosecutor. I'm a former state legislator where I chaired the committee on health care and created and chaired the OxyContin Commission, the first of its kind that took place in the year 2005 here in Massachusetts.

The opioid epidemic is one of the most pressing public policy issues confronting the United States today with far reaching impacts for individuals, families, neighborhoods and communities in all levels of government. This is a public health and a public safety issue. And the intersection of these communities presents systemic challenges that also presents opportunities for holistic policymaking.

The Middlesex Sheriff office applied the evidence-based approach in our opioid related work. At the core of this effort is Medicated Assisted Treatment or MAT. The scope of the opioid problem in Massachusetts has been great. We are the most populous county here in the state, largest in New England, the 23rd most in the United States, 54 cities and towns with over 1.6 million residents. And I say this only so that you can understand the differences between these counties.

We also have dense urban centers, affluent suburbs, rural communities and 25 colleges and universities. It's also important to note that in Massachusetts we have no county government at all meaning no county tracking, no county healthcare, no county funding. We have been in the epicenter for a long time here in Massachusetts of the opioid epidemic.

And in for the Middlesex Sheriff's office we knew we needed to act and act quickly. We decided whatever we would do would have a robust behavioral health focus and be a part of the continual care that extends beyond the period of incarceration, all of which is grounded in data and informed by performance metrics.

Our population showed great need. Just over 40% of all new admissions require a medical detox at admission. 70% to 80% of those have a co-occurring mental health diagnosis, many of them mired in the criminal justice system for years and many have been exposed to inadequate community-based systems and care.

Their stories prove an indisputable fact that jails have become the de facto treatment centers for those with mental health issues and substance use disorder. It is unconscionable to think that incarceration is arguably the easiest and sometimes only access point to dependable care but that is sadly the case.

Sometimes it, actually to my mind, is the only place where individuals are - have a constitutional right to healthcare. Now I'm proud of the programs we run at the Middlesex Sheriff's office and many across the country but no one should have to come to jail to get good treatment. They should be able to do that out in the community so they never have to come to our facility.

But while they do, we – we'll provide cutting-edge programs and first-class treatment within our facility. And incarceration provides a unique window of opportunity. You can't leave voluntarily. You're away from the bad influences in the community, stressors and you have access to professionals seven days a week.

We also know re-entry is our window of greatest risk, 120 times more likely than the general population to experience an opioid overdose. And the likelihood of death within the first month of release is six times higher than any other post-incarceration period. When considering these risks and understanding that historical experiences of individuals we knew that we had a responsibility to provide this treatment and so we began the Medication Assisted Treatment and Directed Opioid Recovery program or MATADOR.

What we call MATADOR 1.0 began in 2012. It was an on-site MAT program. It was offered to inmates another form of extended release injectable naltrexone prior to their discharge. This was also known as Vivitrol. This program I have to admit to all was a failure. We called an abject failure. We suspended the pilot program and launched a comprehensive review. And what we learned was that additional resources were needed, community capacity had to be built, and we needed to develop scientifically sound research methods as well.

So what did we change? We formalized relationships with our community providers. We hired a full-time navigator to assist those when they left our facility and actually expanded that to add another navigator. We improved communication across systems and we established a comprehensive research arm within our facility.

This helped us create MATADOR 2.0, now a national model for its combination of in-house planning and post release supports. Navigators work for us. They screen individuals prior to their release, and they build a relationship on the inside which then continues on the outside with reminders for appointments, assistance with its adjustment to MAT, resources and guidance to be a partner in reentry.

And it has been recognized by SAMHSA, by the National Sheriff's Association, by National Commission on Correctional Healthcare, National Governors Association and others. This MATADOR 3.0 which we are going through right now is the third and current iteration of the program.

This came as a collaboration across sheriffs and legislators. This is - involves a standard therapy to all three FDA-approved forms of medication assisted treatment -methadone, buprenorphine, otherwise known as Suboxone usually, and naltrexone –the injectable known as Vivitrol. Also it allows for patient centered prescribing.

The three-year pilot began in September 1 of 2019 with maintenance of verifiable prescriptions based upon the recommendation of a qualified addiction specialist. We will also induce individuals based upon the same recommendation from a specialist 30 days prior to release and prescription and dosages are determined by the same specialist and tailored to the individual needs.

Our 120-day analysis, the number of doses administered today is approximately 70 with almost 83% of individuals enrolled in the program having a prior medication assisted treatment prescription at one point in their lives. We also saw anecdotal evidence that MATADOR is changing lives and we wanted to be able to show proof of this.

Our one-year post release recidivism study we used propensity matching which is equally as good really as randomized controlled trials. Our MATADOR recidivism rate was just under 11% which is remarkable considering this population. The recidivism rate of our control group was more than two times, at almost 25%, for that same propensity matched group. More importantly harm reduction, of the more than 500 inmates will receive one or more naltrexone treatments since the program's inception, over 95% have not succumbed to a fatal overdose.

I'll now get into the recommendations on regulations. Our experiences, positive and negative, have provided me with some recommendations that we must strengthen the two pillars on which a successful MAT program rests: treatment and access to medication. Rigid federal regulations jeopardize sometimes the integrity of both pillars. For example, the loss of federal Medicaid benefits upon incarceration, especially for those with substance use disorders, creates an obstacle towards a continuity of MAT upon reentry, and punishes those who ought to be presumed innocent.

I have worked with senators on legislation to address this. And the federal healthcare benefits should not be suspended for those who have not been convicted of a crime, who I believe and a number of organizations believe, that federal law should firmly protect entitlement to healthcare benefits before conviction.

Another recommendation is with regard to HIPAA. HIPAA allows for the sharing of protected health information between correctional institutions and health providers for the purposes of treatment. Records created as part of substance abuse treatment typically require consent authorization but individuals in our facility battling a SUD may lack the soundness of mind to make good decisions

in their best interest and in their own best health. Inflexibility in privacy laws compromise patient-centered care by preventing information sharing between providers inside and outside a critical element to continuity of care.

And finally DEA regulations for MAT should be reviewed. We recognize operational challenges exist in providing buprenorphine and methadone inside a correctional facility. Regulations and guidelines are interpreted differently from region to region. Regulations were developed as a needed safeguard for community level dispensing of MAT to prevent diversion.

Applying the same regulatory standards to correctional agencies in which prudent security provisions exist is an overly burdensome requirement. And loosely regulatory barriers is a targeted bipartisan solution that would have a significant impact of how widely and how well we can provide treatments to the incarcerated population.

Our experience shows that corrections-based MAT programs, through the replication of anchoring data and lengthy community-based aftercare, we can help establish a universal standard of care that stabilizes an individual during the period of incarceration, gets them on the appropriate track, and links them to the community-based care back in the community.

I will say in closing it is important to know that we say Medication Assisted Treatment. We cannot just give individuals medication and assume that it is answering our problem but they need the treatment. Establishing, testing and sustaining a MAT program is hard work, it has been hard work. MAT programs are an important avenue with which we can address our crisis. Our data shows that quite clearly, and the evolution of our MATADOR program offers a clear lens from which other agencies can look, and have looked, as they wish to pilot a similar program. And we are willing to offer our insight and expertise to agencies to assist.

We appreciate the opportunity to testify today. Thank you for your consideration of these recommendations and we are at your service, and are as committed to this issue as you are. And I am happy to answer with my colleagues that have also presented any questions you may have. Thank you.

Phil Keith: Thank you Sheriff for your ((inaudible)) service. Let the record reflect that Commissioner Ramsay joined our call earlier as well. Commissioners we're now open for questions for the first three panelists. If I could request, with commissioners with a question, please state your name prior to your question and direct your question to a specific panelist you have a question for, or if it's for response to the entire panel please, state so. Just as a reminder to commissioners your mics are hot at all times. Thank you. Commissioners with questions please ask.

Ashley Moody: This is Ashley Moody out of Florida. I have a question for Carson Fox.

Phil Keith: Yes commissioner?

Carson Fox: Yes.

Ashley Moody: And I really appreciate also the testimony from Michael Sena, the Director of HIDTA especially when he talked about the decriminalization in certain areas and how that might affect opportunity for addicted individuals to actually get intensive treatment. And as a former prosecutor and a judge for over a decade I saw how successful alternative courts, drug courts could be in assessing lives of those that due to an addiction could not conform to drug laws.

And so I wondered if you might have information of jurisdictions or areas where you feel like there were missed opportunities for treatment for individuals because a certain area was decriminalizing drugs offenses and therefore there was no longer any oversight or impetus for these individuals to get treatment?

Carson Fox: Thank you Commissioner Moody. I love that question. What it really brings me to, is there's this large issue that the treatment courts are facing where they need to get the right people into treatment. They need to get folks into treatment, they need to identify them.

And it's difficult to say but I've seen jurisdictions where someone does not have access to treatment because when I talk to the folks ((inaudible)) as I go around the country in treatment courts, and I think everybody on the call probably has seen this, that and some of the panelists - I think all of those panelists ((inaudible)) as well and - or we earlier alluded to it, most of the folks that we're seeing, they're not using one substance. They're polysubstance users. And they might be arrested for one thing but they're using, and they'll talk in treatment about they're using everything out there.

And then also more likely than not -- and SAMHSA has this information, as I'm sure we've all heard -- that more likely than not a huge percentage of these folks have a co-occurring mental health disorder. So to go directly to your question it's hard to say because it's like -- it's almost like trying to prove the negative.

But I can say that there's concern, there's some concern out there that sometimes they might not be able to identify the right folks, but that could be when I hear some of the stories from the front lines, it could be for a variety of reasons. And there's a lot of concerns particularly about youth, and for the juvenile drug courts they're not able to get young people into the program for one reason or another.

One of the things that's been interesting is that and - I've heard this from several jurisdictions is that there's -- it might not be ((inaudible)) they're thinking about drug crimes specifically as other crimes. They're - if people aren't identified then they might not be - I don't know, it's a difficult question. I'm trying to figure out how to answer.

I guess it's one of those things where especially with youth, juvenile drug courts are so tremendously successful when working with young people and averting people out of having any other involvement in the justice system.

And getting them into treatment is so important and so having that focus on youth and having officers - and I can't say juvenile drug courts are the only answer out there and I think that we all know when we're dealing with our youth, or we're dealing with the problem of the youth being introduced to drug use that we have to use every arrow in our quiver. And juvenile drug courts are only just one of those arrows.

And so I think that the question is a fantastic question, and it's one of those things where my information is more aimed at ((inaudible)). And like I said that the jurisdictions wrestle with that commissioner ((inaudible)) but it's hard for them to say again because when they'll talk to me about it, they're trying through the negative. And it's hard to say who is not coming into the justice system. They have a difficult time teasing that out, but there definitely is concern.

And what I hear concern about is about the youth, and just being able to ramp up programs for youth specific with juvenile drug courts, but also programs and other programs in the justice system, and like we said on this call, programs that keep you from ever getting into the justice system. I hope that answers your question.

Ashley Moody: Yes somewhat. I think many times when we see multiple drug offenses it appears the only thing that people are accountable for treatment, because certainly if they had someone or something that was outside the system that could keep them accountable to treatment it would've been done.

So when the only thing that you keep them accountable is a judge and a court system, and the prospects of more stringent penalties, it appears to me that this movement or decriminalization as

opposed to intensive treatment with divergence is dangerous. And so I wondered if you might have statistics related to them. But I do appreciate the answer and thank you for that.

Peter Koutoujian: Mr. Chairman this is Peter Koutoujian. I thought I got cut off. I didn't hear the obligatory applause when I finish my presentation, so I didn't know if I cut myself off or lost it, but I'm back here to answer any question you may have.

Phil Keith: Thank you sheriff.

Katie Sullivan: Hey this is Katie Sullivan. I have a question for – about OD mapping. And so it sounds like that there would be a request - I guess the thing I'm not understanding of the ODMAPs is first of all it's only as good as the people putting it in which are typically first responders right? And then that they may have some kind of safety or other concerns.

And then do we know exactly the narcotic, do we know the type of narcotic that's responsible for the OD? Because the methamphetamine problem has taken over so much, and are we able to really use that ODMAP to be tracking where meth is an issue, where we're getting ahead of the opioid issue through this mapping.

And is there any kind of notification function for local and federal narcotics investigators? So I just - I see some issues with the OD mapping and the usefulness of it. Are some of those improvements, could that make them more viable or I don't know what your thoughts are on that?

Mike Sena: Well ma'am, it's Mike Sena on the phone. So just to give you kind of an idea because the ODMAP is really kind of that canary out there in the coal mine indicating that there was a potential overdose or suspected overdose. So it just gives you that indication. It doesn't say what type of drug it - that may be.

You know, local law enforcement knows what's out there in their field, but it's not until you have a lab analysis to determine if you've got enough samples or a medical examination to determine what potentially was the main cause of overdose. But again, with polydrug use it may be multiple drugs that are in the person's system.

So first off you have either a first responder that is inputting your data, or someone from public health, or someone from the med profession that's putting that data into the system. But we also have use of that, overlaying it to existing EMT systems where it's more of an automated process where folks are actually using their own diagnostic tools and recording tools in the field and then that data's being absorbed through their tools to reduce, you know, the work that people have to put into the system.

Now the other portion of that is the analysis phase, the intelligence and information sharing phase. And that involves public health analysts, it involves drug intelligence officers and those people that can look deeper into more on are we having, you know, multiple people reporting the same incidents or is this a real trend and spike?

So that follow-up is part of the job of those the hired personnel within each of their – that gives supports centers, tele-support centers across the country developing and expanding on the ODMAP system.

Now the other portion of that is that there again it just shows a spike in suspected overdoses. So that report and that report should come out every day, or as frequently as people want, but it'll give all of those public health responders - and there's really two settings, one that allows people to push the data into ODMAP. And then one that allows qualified personnel to look at the data within their region to better understand what potential threats are in it. And that's kind of how that discussion of COVID-19 and I think have the ability for folks to go up and open up a Web optimized

portal, if you click a few buttons to see what they're seeing only tells you that these are the types of incidents right?

There's, you know, a few simple buttons to click in there whether the person died and what they believe may be a suspected overdose and whether they lived and whether naloxone was used and whether it was one dosage or multiple dosages for the fact that fentanyl and carfentanil take a lot more usually to bring people back with the use of naloxone to figure out, you know, if that was a potential overdose and you took fentanyl.

But there's a lot of work on the back end that has to be done to give - I shouldn't say the most and, you know, truly 100% accurate data but at least more accurate data, and a lot more data they currently - law enforcement, public health and medical professionals have related to that. And we initially did this with - in my own area and one of our counties where in 2018 they had nine overdose deaths and the next year they had 96.

And it was broken down because in some parts of the country methamphetamine is killing as many people as opioids are. And that was certainly the case in this one tiny area up in northern California where we had almost an equal number of those that were dying from methamphetamine overdoses as had died from the opioid overdoses.

Katie Sullivan: Thank you so much. I also have a question for Carson Fox if that's okay Mr. Chairman. Can a double dip Phil?

Phil Keith: Absolutely.

Male: Oh, no.

Phil Keith: ...commissioner. You've been recognized.

Katie Sullivan: Okay ((inaudible)). So my question is this, you had a recommendation in a different panel - that was a panelist who was a researcher, talked about the research behind drug courts and things like that. Basically the recommendation was that BJA create some kind of a list of protocols not – and I asked this just a little bit on the 10 Key components and said, “You know, we already have the 10 Key components.”

And I said, “Right, but how they are actually being implemented from court to court?” One of the things that came up was the importance of the judge, so then also that fine line that a judge walks in a drug court between the respect, like General Moody was talking about, kind of respect for the criminal justice system.

That they are in the criminal justice system and also making it a treatment-centered environment and how some judges have gone, you know, sort of too far away from, you know, really maintaining criminal justice type of things.

So I'm wondering - I'm remembering this actually wasn't a panellist, this was a subject matter expert that talked to my working group. But his recommendation is we started to come up with some actual protocols. So if that was to happen, where do you see those protocols being necessary and if you agree with the recommendation?

Carson Fox: Thank you. First of all, Vice Chair Sullivan I appreciate the question. For adult drug courts really I think the protocols are meshed, already meshed in the adult drug court best practice standards that were put together.

Those standards are two volumes of the standards that were put together. And you know this, that they've had the discussion BJA, has been working, and SAMHSA, working with us training drug

courts across the country on those standards. The whole development of the standards, the idea behind them was that the ten key components having those in place ((inaudible)).

And then BJA back in 1990s, that with all the research that came out. And the research shows just a tremendous amount of success from drug court that shows that drug courts were the most successful ((inaudible)) intervention as far as the researchers were concerned ever. Particularly in the population in adult drug court because it showed that adult drug court was successful for the population that no other intervention had ever been successful with.

So we – when you look at that 15, 20 years of research - we put together the adult drug court benchmarking standards. And what we've done since then, is we've worked with the researchers and with the Bureau of Justice Assistance and SAMHSA at crosswalking them the best they can to their other court models ((inaudible)). So crosswalking them over to - and working with researchers on - okay so which of these standards that most applies to adult drug court then therefore we can crosswalk in these would also apply to veteran treatment court.

And the reason we have to do that is because there's been so much research done on adult drug courts it's – there's so much that it's very difficult to find researchers who are even interested in researching treatment courts because what they'll tell you is the research is unequivocal - they work. And they'd rather work on something that is more questionable. And so there's not nearly as much research on to the treatment court models as there is on the adult drug court model.

(OJJDP) did under OJP did work on, and we have great best practices now, put together for juvenile drug courts and for family treatment courts so I think those are there. So I think in some way I love the suggestions from subject matter expert. But I believe the protocols are already embedded in those examples.

And because specifically to some of those protocols, and the question you raised you mentioned the judge's role. And the best practice standards there's actually a specific standard on the role of the judge because there's been so much research done on that particular role.

And there are some very specific protocols within the standard on things that the judge should do. The amount of time that a judge, for example, spends interacting with someone is directly related to the success of the program. That's just one example. How long the judge presides over the court seems to have - well not seems to - the research has a direct correlation to how well that court performs.

That, for example, was tremendously important because for years there were courts in the country where judges rotated in and out of the court every few months. And what they found in the research was those - the performance of the graduates in those courts - were not nearly as good as the courts who had judges that maintained the docket for a longer period of time.

So I think the protocols are in place. And I think that we could do some more work on the additional treatment court models and working on doing some more cross walking. And there's always room for more research into the models that don't have as much as the adult drug courts - for example veteran treatment courts. They - there's always more research ((inaudible)). And then as research continues to come on board, I will say that when we developed the best practice standards, we had folks from OJP on the panel, we had folks from SAMHSA on the panel.

And we all recognized that there was still areas there where deficits, where there wasn't enough research in certain areas. And so I think that there's also time to look at those and there's time to ((inaudible)) looking at where did they need some more research and I looked at one example of that.

One thing that we've seen across programs, and this is not just in treatment programs, is a very much enhanced use of mentors in all different capacities. I mean veteran treatment courts have mentors. There's also mentors who help people in substance abuse treatment, and getting some research, and helping us figure out exactly what protocols are there specifically, so that folks can use those to the maximum capacity. But I really appreciate the question. I think it's a fantastic question.

And I think that the leadership that OJP has had in this particular area has been tremendous on the growth of just that. And I think the more, now that we've had those protocols in place, the more that we can have its helpful so that court can have when the starting the treatment court or continuing their treatment court they can rely on those because the whole reason they were put together was that the courts that do those things have been proven in all this research that they have the best possible outcomes. So thank you for that question.

David Rausch: ((inaudible)) Rausch.

Phil Keith: Commissioner Rausch, go ahead.

David Rausch: Hey sheriff, I appreciate your testimony. And I have a question based on kind of what were ((inaudible)) appears and from other panelists and even Director Sena today talking about - talking to individuals who experience addiction. And the statement that I thought was pretty significant was they fear that the ability of intervention, that it will be lessened as we continue to go forward with some of the reforms that we're seeing.

So quite frankly saying going to prison and getting treatment was what saved them. So then also getting the impression that we no longer are really detention centers, they're really treatment centers anymore. And that has an impact on your staffing and who you have working in your

facilities now. And can you touch a little bit on that in terms of the change that's been made because of the high level of addiction issues and how that, you know, what we need to be doing forward?

Peter Koutoujian: So it's a great question commissioner. Yes, the field of corrections has changed significantly. Sort of like the idea that, you know, you can't arrest or incarcerate your way out of a crime. You can't do the same, you know, you can't arrest or incarcerate your way out of corrections either. So there has been a movement.

And I would really in some ways suggests that society has a great deal of responsibility for this, because as society is not providing for the needs of the population that we tend to treat those people end up becoming incarcerated.

So as I said I'm proud of the programs we run, but you shouldn't have to come to a jail to get good treatment. And then, by the way, when you get back out once you leave our facility, you have good access to good treatment and programs so you don't have to come back again.

I believe that a lot of these folks are, you know, for, you know, about 50% of our population comes has a history of mental health, 42% as I have stated before have to be after the medically - have to go through medically managed withdrawal. This is a very sick population that's not being dealt with on the outside and we're dealing with it on the inside. And it's no secret that the three largest mental health treatment facilities in the country are LA, Rikers and Cook County Jails.

And we are the largest in our county as every jail is in their county. So we've got a couple psychiatric hospitals here in Middlesex County - we're still by far the largest. This is something that we are intending to change and we're dealing with issues that we never had to deal with before.

And it has changed the way we have to consider taking people in, but as well as turning them out. I also think it's important to note that sheriffs across the country have been sort of dedicated to

turning out people that are, you know, ((inaudible)) day one their first day that they come to our facility their entry plan starts on that day.

We don't wait for any time. We just put them through a rigorous number of programs to address their risk and need factors, stabilizing mental health, addressing substance use but many other things in an effort to put them out a little bit better than when they came in. And that's really the mission has changed significantly, and this is where we can do our most good.

And by the way when we turn people out better than they came in, we make our communities safer, we hopefully don't have to have them incarcerated again so we can save more money. They get their jobs. They tend to their family. They're not on social programs, their families are not on social programs, they tend to their family, they have a job, they're earning wages, and they're paying taxes.

And if you get - by the way if you extend that one generation then imagine the good that you can do because the children of incarcerated individuals have a much higher level, you have school, ((inaudible)) schools, failures in education, sociopathic behavior and greater and higher levels of incarceration as well.

Erica MacDonald: This is Erica MacDonald. Am I permitted to ask a question or two?

Phil Keith: Yes Commissioner.

Erica MacDonald: Okay, and I got ((inaudible)) Katie ((inaudible)) but I think ((inaudible)) two here but it's all to Carson Fox. First, I want to and so ((inaudible)) help all our law enforcement on the front line. Thank you ((inaudible)) for out there just bluntly that you guys don't have the option of teleworking and you are out there fighting for all of us and we deeply and greatly appreciate it.

With respect to drug court, prior to being the United States Attorney here I was the ((inaudible)) judge over eight years. And I was one of our drug court judges as well as one of our ((inaudible)) and court judges as well as with our ((inaudible)) court judges that dealt with child protection. And when I think the American population sometimes I think it's a war on drugs and I tried to explain to ((inaudible)). We see our ((inaudible)) because parents suffering from their addictions just aren't able to parent appropriately.

So here is my thoughts about drug court and I want to hear your thoughts Mr. Carson is first is to follow-up on General Moody's question. You know, as those crimes are reduced to misdemeanor crimes and so for – in Minnesota for example in order - our intake is in order to qualify for drug court you have two prior ((inaudible)) session ((inaudible)) there.

A, first wouldn't because to take there is no incentive to go into drug court. It's only that fear of prison really is ((inaudible)) stand before me say, "I'm only doing this because I want to go to prison. I just don't know who to ((inaudible)) my last hope." And so, you know, we've got to get the word out there and what can we do this misplaced in reducing these crimes to misdemeanor level offenses we're not going to reach the population we need to reach before they kill themselves or they do more damage.

So that's first. The reduction of crime working at this and we talked about just this morning on an earlier call is this reclassification of crimes is really started as a crime. Second, ((inaudible)) reform I want to hear your thoughts on that to the extent that there is ((inaudible)) we're just going to let people out. You know, a lot of times ((inaudible)) I can stabilize someone and get them to where they need to be ((inaudible)) decisions themselves but also to be able to get into drug court. I had to have them ((inaudible)) treatment. And so this idea that when they're released them ((inaudible)) without stabilizing them frightens me to no end.

And then the third question that I have is, as a drug court judge I - speaking drug court judge in a pure drug court. And when I was as ((inaudible)) one of the drug court judges there was no funding for me to go into treatment ((inaudible)) to get the training. And what I was told and what we've been told ever since is that, you know, the funding goes to train judges who are new or they're setting up their courts. I really have to be able to - what can we do about funding to make sure that all judges are certified if you will before they ((inaudible)) court judge? Those are my three parts.

Carson Fox: Thank you Commissioner, that's a lot to bite off. Okay so I'll but first of all and I know I just know that ((inaudible)) Commissioner Moody's question as well. There are a lot of jurisdictions that are struggling over just reclassification shortages. And one thing I can tell you that they've been real successful, and that a lot of jurisdictions have gone there before, is just looking at the whole population ((inaudible)) as people are coming into drug court because we all know drugs and alcohol ((inaudible)) the criminal justice system.

And they - they're - I speak to all ((inaudible)) different groups. And I - and, you know, we know that depending on the state or the jurisdiction the number's always the same between 75% and 85%. But I'll ask folks all around the country I'll say about what percentage of the folks in your justice system here ((inaudible)) by drugs and alcohol? And they'll always consistently say that they will be 80%, 85%, 88% 92%.

And so what they're doing is - and this was in the Presidential ((inaudible)) information report that came out a couple years ago there was only a couple recommendations specifically in drug court. And one of them was for drug courts to look at probation revocation cases because probation revocation cases and for many folks there - we all know that as a judge you're ((inaudible)) on this group when a judge places somebody on probation ((inaudible)).

(Crosstalk)

And so they place them on probation ((inaudible)) called safety. What we have found and this is from watching BJA and OJP is there's this tremendous number of cases. In some states it was 55% to 85% of the cases of people who were terminated from probation, were terminated for not complying with the terms of treatment or testing positive.

And there was a drug court in their community and for whatever reason they were not referred to the drug court. And those were the people who were the most high-need and high-risk people and for whatever reason more. To the present commissioner ((inaudible)) commissioner a couple of years ago made that recommendation and sent ((inaudible)) tremendous ((inaudible)) and (BJA) is and ((inaudible)) has some huge leaders in this.

And just leading, getting ((inaudible)) to look at that ((inaudible)) approach and to bring people in to drug courts who are high risk and high ((inaudible)) because those are the (restitutions) ((inaudible)) programs.

But then also looking at the ((inaudible)) and we talk about the ((inaudible)). And this is something that I tell people all the time.

Drug courts have always traditionally, their ((inaudible)) is taking in drug funds. By far when you go out and when I go out across the country, drug court's taking funds that aren't drug funds. I mean I've been in drug court for ((inaudible)) and they brought \$100,000 for restitution via the court.

I've been in the drug court in a ((inaudible)) a couple of years ago and their ((inaudible)) populations did not even include drug funds. And South Carolina has not had any recurrent issues because what they were looking at was drug-driven funds. That was what was impacting their community.

So that is a focus a lot of these communities are looking at because again, the people who work in drug courts and people who make up the ((inaudible)), they're not in the Legislative Branch. They're

in the Judicial and Executive Branch. And so they're looking at how we respond to these changes in the law and they've realized and got the population to vote who are in dire need.

And if you look at the statistics, over half the people in prison in the country are people who are there on probation violations and a tremendous – the tremendous bulk of those people were people who were originally adjudicated by a judge on probation. So they were determined to not do drugs in their community and are basically now in jail for status offenses on their probation.

Hope that kind of - that answers I hope several of the questions you have and if you remind me of the last question.

Female 1: ((inaudible)) funding for judges per training when you have new judges (coming) ((inaudible)).

Carson Fox: What – so obviously that's critical. We offer training in concert with BJA every year and judges should know. When judges don't know, that's on us because we have it on our website. We have materials that we produce in cooperation with BJA that are always available. We're always available with technical assistance to assist judges and we've got a host of webinars online that we can do.

But there's also – there are trainings available nearly every year. Sometimes it's every year, and sometimes it's not, depending on the (amounts) that we apply for. There's a judicial training we have. And those training have had sometimes they're for a (year) and there's sometimes a hundred judges there.

And the judges will tell me it's like drinking through a fire hose. It's exactly – when you're mentioning about training – exactly the kind of things you're looking for. And it's something that we've done in cooperation with the National Judicial College, and judges go there and they spend five days and

they learn about all this stuff. They learn about drug court. They learn about ((inaudible)). They learn about drug testing.

And it's a tremendously well ((inaudible)) training. I mean, it's probably one of the most popular training that we have. But I can say that we have new judges in there, but new judges from an existing court are probably half of the group, because we recognize that those are folks who get – you come into a court just like you say.

You come into a court that's been operating and ((inaudible)) with guys who spent years and you ((inaudible)) the judge. And then you come up to see it. So we offer that. And when the judges can't get into that training, we'll do whatever we can do.

But I've ((inaudible)) personally out to court myself and sat down and talked with the judge and worked with them to do everything I can possibly do to bring them up to speed and you can probably tell from just from what I'm talking about here this is my passion. This is my life work. It's what I do. And so at least (I'm ready) ready to help ((inaudible)) judges in the country.

Anybody who calls me – anybody who contacts an ((Inaudible)) who is looking for training in drug care and probation officers and their new treatment providers, whatever and they've been assigned to the drug courts and they need information, we will get it to them if it's the last thing I do.

And so I want to assure you of that, that we are a resource and we work seven days a week, 365 days a year to do that. And it is ((inaudible)) to do it because as you know, it's been mentioned on this panel already.

The folks working in drug court, they're doing the Lord's work. I mean it is not easy work and they make such a difference. So we do everything that we can do to make their world a little easier. So thank you for that question.

Phil Keith: Public commissioner – okay it's not for our panel. So on behalf of all the commissioners, Attorney General (Barr) and his leadership team, we are going to thank you for your most valued testimony. Again, Sheriff Koutoujian will be reading the call names ((inaudible)). Please free to call or stay with us for the next panel which will start in 15 minutes.

Any questions or comments for commissioners? If not, operator could you mute all lines when we stay in recess of 15 minutes?

Operator: Yes sir, just a moment please.

Phil Keith: Welcome back to the Commission of Law Enforcement and Administration of Justice teleconference call. Commissioners, when you're about to ask a question, please make sure you un-mute your phone by hitting Star 6 - thank you.

Our next panel today is Mr. (Michael Stuart) who is a distinguished United States Attorney for the Southern District of West Virginia. Sir, thank you for joining us today - you're now recognized.

(Michael Stuart): Thank you Mr. Chairman and Madam Vice Chair – members of the Commission. I'm (Mike Stuart), the U.S. Attorney for the southern district of West Virginia and I certainly appreciate the invitation to testify before you today and I'm honored to do so.

You know, I apologize, I haven't been able to provide my statement to you in advance, but I literally got the invitation last week. And since that time -- like you -- I have been consumed with COVID-19 and managing my district and my professionals and trying to address other issues.

So today I'm totally going to speak from the notes I've been able to put together in my experiences in the district. We have many ideas and proposals regarding the issue. And I'm going to lay out a few today, so I certainly encourage folks to reach out if they have questions or want a greater input.

Now first I want to point out to my testimony today, it's mine alone. I don't speak for the Attorney General – Attorney General (Barr) or the Department of Justice. It is nearly of my experience and my perspective.

Just a bit of background by me - I'm the son and grandson of coal miners - proudly so. I'm from the hills and hollows of West Virginia - also proudly so. And I earned and paid my own way through College - West Virginia University, Law School of Boston University. I'm the oldest of more than 64 grandkids on my dad's side -- big family -- one of only a few to attend college and the only one of that family with an advanced degree. I've sure been very, very lucky in my career.

Growing up the way I did in West Virginia, though I understand the people of this state and what motivates them, how they think, the challenges they face.

As I often tell new recruits from out of state to my office -- and there are a lot of those -- that the people of West Virginia did not choose their circumstance. It chose them. My state is particularly challenged on many levels -- economically, high levels of poverty, low levels of educational attainment, poor health statistics, the second oldest population in the country, and a population that was crushed, literally crush by the opioid epidemic.

There's not a city or town or church or school or street or family in West Virginia that hasn't been personally impacted by this crisis, and it's generational - from father to son to grandson.

West Virginia has had the unwanted distinction of having the most overdose deaths per capita in the nation for multiple years -- the highest rate of grandparents raising grandchildren in the nation -- due primarily to substance abuse.

In a true crisis of children, record numbers being placed in foster care, a system that's not close to prepared to give those children the love or nurturing every child deserves. It's the next battle crisis we will be dealing with, everyone on this call.

I carry in my pocket each day -- not as a gimmick and not as a prop -- but pictures of children who have become victims to the ((inaudible)). It is a tragically expanding stack of pictures.

I attend the funerals. I embrace the moms and dads to the point of their most deepest and most pointed loss. It's painful. It's emotional. It's personal to my people and it's personal to me. And it's a challenge for which there is no easy day.

As U.S. Attorney, I am profoundly honored to serve alongside the brave men and women of law enforcement. We of course -- during my time here -- I think build the strongest partnerships with Federal, State and local levels in the history of the district.

Soon after becoming U.S. Attorney, we executed the largest single takedown in the history of the state, in Huntington, with more than 200 law enforcement officers and 50 national guardsmen. I got a lot of questions about the National Guardsmen from the national media - trust me.

Huntington was in crisis, low morale, and a seeming resignation to the perpetual nature of the drug crisis. We put helicopters in the air. We blinded the street with law enforcement, and a city embraced it and was inspired for the hope of our assault on the drug dealers and poison peddlers.

The community embraced law enforcement with pats on the back and 'at a boys' when they hit the Shoney's on Sunday. Today, because of aggressive and tough enforcement, remarkably tight partnerships, and an engaged social intervention network in Huntington, it distracts some of the largest reductions in overdose, overdose leading to death and crime in the nation.

Year over year – in 2018 -- overdoses were down by – get this – 40%. That's 40%. Fatal overdoses and other crimes are also down by record numbers.

We ask too much of law enforcement today. I'm opted when I get a chance to speak with both. I remember before I was U.S. Attorney, the Dallas Police Chief turned that terrible attack on those police officers.

He once said and I have this - and I think it's important for us to keep our (strength) up. "We're asking cops to do too much in this country." Not enough mental health funding, but the cops handle it. Not enough drug addiction funding, let's give it to the cops.

Public safety is of the utmost importance to all Americans. However far too often throughout the country today law enforcement's disrespected and heavily burdened to solve every society failure.

While our military protects us from international threats, law enforcement serves the role of protecting the nation from domestic threats. Law enforcement is our domestic military. But while we spend unlimited amounts of funding for our military, we do not provide the same level of support and commitment to law enforcement. The challenges are met, and I'll be brief on this.

Law enforcement fatigue – the crisis of substance abuse has gone on far too long. There is just fatigue among law enforcement that's tremendous.

Law enforcement demoralization Number two - Revolving doors, bail reformation, social justice reform, sanctuary declarations by city and state, decriminalization efforts with respect to drugs and legalization efforts for marijuana.

And in some parts of the country -- not here in West Virginia -- but in some parts of the country, outright hostility against law enforcement. It undermines and demoralizes our troops, our law enforcement professionals.

Social Justice activists are drowning out a vast majority of our citizens, and I mean the vast majority who want law and order and safety.

Number two - the normalization of addiction and substance abuse in America today.

Number four - the defining of substance abuse as purely a public health crisis. Now what I mean there is if there are elements of this crisis that will find their solutions in the healthcare system, but there are other elements of this crisis that will find their solutions through enforcement, punishment, and imprisonment. That's a good thing, not a bad thing.

Law enforcement is fatigued because of the terms of victory have not been defined. And so I have just a number of recommendations I'd like your consideration on. And again, I appreciate your time. But I want to point out that the solution for this crisis must be both micro and macro. A pure micro approach will never get us where we need to be. We cannot micro, just like we cannot arrest our way out of this. We can't hunger our way out of this either, but we can't micro our way out of this.

Here are my recommendations -- one -- be bold in your proposals. Now let me tell you, a son and grandson of coal miners, who bought his way through school and became a U.S. Attorney didn't

get here because he was timid. This nation wasn't built on timid. I want you to think outside the box. I encourage you to think big and make big proposals here.

Two – we must end the fallacy that the substance abuse crisis is merely the responsibility of law enforcement. It is not. In fact, law enforcement and the justice system is not in a position to end the substance abuse crisis by themselves, individually, or collectively.

Number three – we need to define what victory over substance abuse is and what it looks like. And I'll tell you what it doesn't look like, seventy thousand people dying every year from overdose.

Number four – we must end the substance abuse crisis. And I know there's some of you listening to me saying, "We can't do that." I'm here to tell you that we can and we must. Our very social fabric and our culture is under attack. It must be our top priority. Don't let anyone tell you we can't solve this problem. But how do we do it?

It starts with the total – but this is the year of the macro – it starts with the total targeted destruction of the drug cartels. The American people are living through the hell of COVID-19 today, but the worst – by the worst estimates is between 100,000 and 240,000 could lose their lives just in the ((inaudible)). And the country had gone to work collectively working together to take on this challenge. We'll defeat this challenge.

By comparison – this year and every year – nearly 70,000 people will lose their lives over this. In the past three decades, more than 870,000 people, and that figure doesn't include the victims of addiction or crimes like murder or assault. The real victims are in the tens of millions from the substance abuse crisis. This can't be allowed to continue.

In reducing the figures by 5% a year – which is good numbers for us – is equally unacceptable. We must engage in a vigorous supply destruction and destroy the cartel and we need to do it on their turf.

Number five – we need to be careful we don't allow medically assisted treatment to usher in a new type of substance abuse crisis.

Number six – involuntary temporary commitment/treatment of those between the ages of 18 and 26. And I take those numbers because it's similar to our healthcare provisions that allow our children to remain on a parent's health insurance to allow for parents to intervene with substance abuse issues, that point in their lives that's most implicated by substance abuse.

Number seven – training for law enforcement officers on overdose investigations. They must be treated as crime scenes and there must be accountability to the dealers and suppliers that kill our youth and our family members.

Number eight – sentencing guidelines and sentences need to be commensurate with crimes. Here in West Virginia, Subutex and Suboxone maybe treatment solutions but they're also problems. The largest recorded pharmaceutical theft in the history of West Virginia happened last year. It was tens of thousands of doses of (Suboxone), but the defendant served virtually no time because the sentencing guidelines didn't recognize the gravity of the illicit trade of Suboxone.

Number nine – outside the box solutions such as surge resources. West Virginia has been assaulted by places like Detroit and Akron, Ohio, and the drug dealers who were supplied from the cartel. We need to be able to surge Federal resources to be able to go into these areas and literally destroy and decimate the drug trade and the poison peddlers. We need to make it as difficult for these folks to operate as possible - and just two more.

One – Number ten – redemption and second chances. In places like West Virginia, an incredibly high percentage of our youth, they make terrible decisions just like all youth did and they get involved in drugs. People make mistakes in life. We need to provide opportunities and hope to those seeking second chances by creating pathways for careers in law enforcement. Yes, law enforcement, even for those folks who made that big mistake. Frankly their reformed perspective on drugs and drug abuse may be a perfect foundation for empathetic and effective law enforcement agents.

And finally, my ((inaudible)) for big ideas - it's time in this country that we have a GI Bill for law enforcement, similar to the benefits we provided the veterans on their return from WWII. Law enforcement today in America are on the frontlines of domestic stability. They are our domestic military. We need to be thinking about the benefits we can give these folks for their incredible public service and the protection and public safety they provide.

And so, I know that was a few minutes longer than my seven minutes, but I thank you for your patience. Thank you for the opportunity to speak with you, and I'm available to answer any questions.

And you can follow up with me. I'm not hard to find with any questions or criticism you may have. Because I know there are probably a lot of folks who are like, "Where did we get this guy from?" But hey, this is just a perspective from one guy who's living through this crisis in our state that's been decimated. - Thank you.

Phil Keith: Thank you for your most informative, robust testimony Mr. (Stuart). Like you, I paid my way through school too. Now for our next panel today. We have Sue DeLacy, I'm sorry, who is Chief Deputy at the Orange County Probation Department. Chief Deputy DeLacy, thank you for joining us today and you are recognized.

Sue DeLacy: Thank you very much ((inaudible)) and Honorable Commission members. I'm Sue DeLacy and the Chief Probation Officer of Orange County, California. I'm humbled at the opportunity to speak with you today and thank you for prioritizing what's important too.

In a couple of months, I will celebrate 30 years of my department, and I'm pleased to say that I can finally see some of the pieces falling into place to address the impact of substance use on law enforcement and the administration of justice in Orange County.

Within the field of probation, we have a unique ability -- and I would say responsibility -- to build relationships with our law enforcement, correctional and behavioral health, county, state, and community partners. It is through this collaboration of the community assistance of care and law enforcement that allows us to identify the high utilizers, or frequent flyers, of our services and address the underlying issues facing these individuals.

One of Orange County's most effective and long-standing program addressing substance abuse issues is our Drug Treatment Court which began in 1995. In addition to Drug Court we currently have DUI Treatment Court, Veterans Treatment Court, Recovery Court, Opportunities Court along with Whatever it Takes Court that deals with chronic mental illness and homelessness.

I had several of my panel members along with previous commissioners raise in the question period several states that changed the charging of (substance abuse) guidelines resulting in misdemeanor charges instead of felony charges. As you may know California is one of those states.

So with the Drug Court Program that is a minimum of 18 months, our team has been flexible in addressing eligibility. The key is that they needed to make certain that the participant's criminal conduct is substantially caused by a substance abuse disorder and not just open the program to very sophisticated criminals that may use drugs.

And as Mr. Fox stated in his written testimony the Drug Court model is designed for individuals where substance abuse has contributed to more serious crimes and face long-term incarceration.

I'm proud to say that law enforcement is a key member of our Treatment Court which continue to be successful in providing participants the tools to live a self-directed life, reduce recidivism and increase community safety.

Another legislation that changed the population of our county jail was the impact of Assembly Bill 109 in California or AB 109, and commonly known as Realignment. It was enacted to address overcrowding in California's 33 prisons. This law mandates that individuals sentenced to non-serious, nonviolent or non-sex offenses serve their sentences in county jail instead of state prisons.

It also changed the population of county jails by mandating that they have individuals serving parole and post-release community supervision violations. As a result, county jails had seen an increase in violence towards both staff and other inmates, along with drugs has come down since 2011.

As we discussed drug overdose is now the leading cause of accidental death in America with Orange County's overdose mortality rate higher than the state average.

In an effort to address this crisis the county (collaborative) were awarded a grant to participate in the *Expanding MAT in County Criminal Justice settings: a Learning Collaborative* in 2018. This was a joint effort at the California Department of Health Care Agency and Health Management Associates. The teams had representatives from the Health Care Agency on both the correctional health side and behavioral health services, the Orange County Sheriff's Department, Orange County Probation Department, Superior Court and the County Executive Office.

Our team implemented a variety of practices countywide that improves the use of MAT using evidence-based practices. We found that one of the most important pieces of this expansion is

education. It is critical that all the players including the individual receiving MAT have a basic understanding of the neuroscience of addiction.

As I'm sure the sheriff would attest law enforcement, probation officers, along with many community members, will share their criticism of you exchanging one drug for another, or using taxpayer dollars to buy and supply jail inmates with drugs. I have learned that there needs to be an ongoing process. You need to build on their knowledge and provide statistics when possible and success stories before you can change the culture.

In order to support the Commission I offer the following recommendations. Consider legislation that will address 42 CFR regulations in a manner to assist in the sharing of information between key partners involved in drugs and alcohol abuse treatment and prevention.

Providing information to agencies with shared clients will ensure that everyone is acting in the most up-to-date information and making sound decisions. This would maximize the efforts in multiple agencies providing services to an individual client.

Second recommendation is to provide federal funding opportunities for the purchase of FDA-approved medications for the maintenance treatment of opioid abuse disorder. This would be in conjunction with comprehensive psychosocial services.

Also at the state level, the County of Orange submitted a proposal for SB665, a state bill sponsor to allow for Mental Health Services Act, MHSA funds, to be used inside jails for mental health treatment for those who are severely and persistently mentally ill.

However there is no allocated sources of state and federal funding for substance abuse treatments. The U.S. Department of Justice recently released an announcement for the Residential Substance

Abuse Treatment for State Prisons Program, however only state entities can apply to this grant but its stated intent for it to be also an impact to local jails.

And the last recommendation would be to continue the fidelity of MHSA's What it Takes model for recovery and integrated care. We continue to seek additional flexibility to integrate MHSA funding for substance abuse disorder services including prevention and outreach efforts. Substance use disorders are widely classified as a mental health illness and the Journal of American Medical Association estimates that roughly 50% of individuals who are seriously mentally ill are living with substance abuse disorders.

Additional flexibility will reduce rigid funding barrier and bolster counties' ability to make progress on new accountability metrics by allowing counties to be more comprehensive and to serve the more critical and complicated populations with MHSA funding.

Lastly, ((inaudible)) guidance from the commission, I'm confident that the issues surrounding the impact of substance abuse in law enforcement will be addressed. Thank you very much for your time.

Phil Keith: Thank you Chief DeLacy for your testimony. Now I will ultimately open up to commissioners for questions from Mr. Stuart and Chief DeLacy. Same as before submitting your questions please state your name prior to your question and direct the question to the specific panelist. If you have a question for or for both please state so.

Just as a reminder to the commissioners, your mikes are hot at all times. And if you are going to ask a question hit star 6 to unmute your phone, thank you commissioners with questions for our panelists.

Katie Sullivan: Hi. It's Katie. Can you hear me?

Phil Keith: Yes commissioner we can hear you.

Katie Sullivan: Okay great. Hey U.S. Attorney Stuart, quite impressive. And I've heard you speak so confidently about this issue before. And so I'm so glad that we got to hear from you.

You just gave us a long list of things. Be bold is one that will be a little hard to translate. But out of everything that you've seen, I mean to the President, but like everything that you've seen what do you think is – if you had to prioritize given your last three but direct actions that you can take.

I mean I know. I've driven to West Virginia as you know to come visit you. And, you know, it's apocalyptic what's happened in your state. But it isn't just your state. Montana is getting killed with meth along with other areas of the country. And then it looks completely different in urban communities but just as devastating.

So what are the top three recommendations like direct deliverables that you would recommend?

Michael Stuart: Okay. So my number one and I say – I've been saying this even before I got here and being in this role and being in our community and seeing first hand, speaking with moms and dads, embracing moms and dads, we must destroy the cartel.

And I know I saw a Press Conference last night in which it looked like we're going to be investing more time and money and using the Department of Defense to destroy the cartel. It must happen.

And when I talk about micro versus macro, I appreciate the micro approach, the need for us to be individualized in terms of how we address this crisis.

But when you look at the numbers of folks who suffer from this, there's no aspect of our society that's been less untouched by this crisis. It is a true attack on the culture and social fabric of this nation. A place like West Virginia, it will be decades of recovery to the degree we're able to. There are places in West Virginia that, especially south of where I'm at, southern West Virginia, there are towns and communities that are barely (left there) this morning. And seldom is there a family that hasn't been impacted.

Two, we have true problems in recruitment. That's where the idea of this GI Bill, for lack of a better of term just because I think people understand what I mean by GI bill for law enforcement. They truly are our domestic military.

And I know folks that may make them uncomfortable. But the fact of the matter is we will have a very full-time function in this country without men and women of law enforcement at the state and local level in particular because 85% of all law enforcement is state and local. It's not federal.

And we need to be thinking big in terms of providing support and benefits, whether that's educational benefit, whether its childcare benefits, whether it's tax benefits. We need to make this more attractive to inspire folks of law enforcement.

And frankly here in West Virginia we had trouble getting folks to pass the background check and the drug check to become a member of law enforcement.

And so those are the top two. But I do think hope is one of the most important things I can do when I'm out there speaking to folks in communities. We have to give hope because these folks who are young, 16, 15, 17, that made the mistake of going down the path of being – getting involved in the drug trading that leads from one direction to the next. We need to provide redemption and second chances for those folks.

And if we lead those folks to law enforcement, I think that would be a real pathway there. Granted folks with continuing problems, we can't afford to have in those positions. But we definitely need to make sure that we've got pathways.

And then tip four. I know you asked for three but I think the point of punishment and accountability is real important. And I hear a lot of discussion today about social justice and bail reforms. You know hearing what's ((inaudible)) at the state level. Literally we get personal recognizance bonds.

I'll give you an example. We had a gentleman who was taken down with 48 pounds of methamphetamine, 48 pounds, street value \$2 million. And he was put into the state system and released on a \$1,500 bond which costs him 300 bucks, now in commercial terms that's a pretty good deal, 2 million bucks for \$300. He left there, went to his home, got his dog and tried to get his possessions and was hitting the road. But I didn't realize he was let out. And I made some calls. We got him before he hit the border.

But we need to make sure so we're not – the revolving door of quickly allowing drug dealers, not those folks addicted to substances because I think that's a different issue. But the idea of the revolving door of the dealer of the poison peddler, that has to stop.

And it's demoralizing to law enforcement who work so hard on investigation for those folks to quickly go back out on the street. And it's dangerous for our citizens.

Did that answer it?

Phil Keith: Commissioner Sullivan.

Michael Stuart: ((Inaudible)).

Phil Keith: No. No, she's there. She's working with her Mute button. I'll just start off and ((inaudible)) question ((inaudible)). I'm 71 years-old and I've been in law enforcement for 50 years. And I'm going to sign up for another tour in southern West Virginia.

Michael Stuart: And we'd love to have you here. And I'll tell you. There's great respect for law enforcement here. One of the great challenge we have across the country right now, you know, on a side note and I know everybody's busy but I had a champion, the back the blue license plate here in West Virginia. And the legislature passed it last year.

My license plate on my Ford F-150 is back the blue license plate 001. There is great respect to law enforcement here. But I think there's great appreciation in West Virginia that we're not going to win the battle of substance abuse on a micro level. It's important but there needs to be a macro approach to this. We can't sustain the numbers that we have. We're moving the chairs around on the ship deck.

And we have other things to do in law enforcement than just prosecute substance abuse. And an old-timer who used to be an (8 a day), a number of years ago called here, in fact back in the 70s. And the number of AUSAs were small, and he actually told final years in AUSA. They didn't prosecute a single substance abuse case, not one.

And so everything is (pre-inform). We need to get back to the point that other laws that we prosecute, other times that we prosecute. But I know you didn't ask me the question but I gave you an answer to the question you didn't ask. Thank you.

Phil Keith: Thank you Mr. Stuart, other commissioners with questions. Thanks.

Nancy Parr: Mr. Chair this is Nancy. And I have a question.

Phil Keith: Yes Nancy ((inaudible)).

Nancy Parr: This is for Mr. Stuart. I – first off, I would like to thank my local U.S. Attorney's Office. I am in Chesapeake, Virginia so mine is the Eastern District of Virginia, for their level of cooperation with my city on drug investigation.

One of the things especially in Virginia that we have looked for our U.S. Attorney's Offices for a lot of help and I'm saying this because I would like to see this expanded or maybe more cooperation throughout the country is under our laws in Virginia it is very, very difficult for us to prosecute the dealers for deaths resulting from their drugs. We've tried to get our General Assembly to change it four years in a row and they've killed it each year.

So we really rely on our U.S. Attorneys to take those cases for us. And I think that that is a very important area and one type of cases that, I think the U.S. Attorney's Offices would play a great role in helping local law enforcement and prosecutors on.

The other thing is I'm really intrigued by this involuntary treatment aspect that you mentioned and because for a couple years I have had great concern about the increased availability of Narcan. I mean I want to save as many lives as we can possibly save.

But when it's been increased for almost anybody to be able to get Narcan, then there is no in my isolated world, there's no incentive for people who are overdosing at home or with their friend, if their loved ones and their friends are to have the Narcan, and just are going to revive them for that day because there's just going to be this ever ending cycle.

And I know we heard in Miami the law, the impact of law enforcement having to go back three or four times and reviving the same person. And I mean I heard from reliable sources that there are dealers who when they sell the heroin, they're selling the Narcan along with it.

And I have had conversations with recovering addicts who say that if somebody – if they hear that somebody has overdosed or has died from a certain dealer's heroin it's more attractive to them because to them that means that they get a bigger high. So this – voluntary treatment is very intriguing to me.

Can you – just any thoughts on the increased availability of the Narcan and no responsibility for calling 911 or anything?

Michael Stuart: So the only thing I'll add on it, the idea of the involuntary treatment came from a mom, (Stacy) ((inaudible)) who lost her son (Joel) to drug addiction. And she got ((inaudible)).

And Narcan, it's great availability. So our decrease in overdose is going down 30%. We don't know how much Narcan contributes to that. So it's going to be difficult for us for a period of time to be able to figure out what these numbers are.

But I agree with you. We get the same reports which is the dealer with the potent drug his sales or her sales go up as a result of taking folks right to the edge. And yes, we have first responders who will be at the same place, two, three, four times in a day or a 22-hour period.

But the involuntary commitment side, the only reason I came up with the 18 to 26-year timeframe is I think most kids are eligible to stay on their parent's insurance till the age of 26, I think.

And I wanted to tie it to something logical because if you're on your parent's insurance and you're addicted to drugs, there's a chance of, you know, necessary medical procedure that you're going to need to help in treatment. And those are the key ((inaudible)).

So I'd love to see us build this out into a good proposal. I haven't done it. I just think it makes a whole lot of common sense.

Then on your first point, we work closely with (Steve Boyin) the Mayor of ((inaudible)) it really has been a great partnership down there, but we take every overdose case leading to death that we can get our hands on because what we're finding is that the local level, they're not taking and (census). I mean, they're time consuming. The challenge we have is the opinion that we need from our forensic examiners, our medical professionals of the (but) four opinion.

Often we end up with a most likely event. But what we've done in the case of another young lady – (Victoria Douglas) – and I carry pictures of all these kids. (Victoria Douglas) succumbs to an overdose. Her parents didn't even know she was a drug user. When they went in that faithful morning and saw that ((inaudible)) over her face and it's horrific.

But what we did was -- because we only get a most likely opinion -- we sought an upward departure of the sentencing guidelines at sentencing. And we put on our case at (key) at sentencing and we received the upward departure.

There must be some accountability for the dealers to understand that what they think they're doing in the ((inaudible)) of doing heroin which has been enough happened to be (Central).

But the idea that – I think we need to be careful that we're not making it so easy but for folks to evade prosecution – to evade accountability -- that we're in some way inspiring the use of these substances. And like I said, that's not a DOJ opinion. That's my opinion based on my experience with the moms and dads and seeing the victims.

But your points are well made. We take everything we can get, and we got real challenges in the state and county level because the resources it takes to prosecute these cases.

There's such a volume of overdoses that frankly that state and locals – they sort of take it for granted – they move a victim and they move onto the next victim. But there has to be accountability for these drug dealers.

Nancy Parr: Thank you.

Phil Keith: Just a couple of things – one is I work with the U.S. Attorney there on ((inaudible)) on Executive Board and he's extremely genuine and passionate and we appreciate it.

I'm going to focus back a little bit on Commissioner Parr and too much respect obviously. But in terms of Narcan, I think the availability of it is critical. And I would tell that you that from being the parent of an addict and being deeply involved when I was in my previous role as a Chief. In our community, dealing with families that were losing love ones – and I ((inaudible)) officers – I don't care if we save the person 100 times. If we save a live, we save a life.

Just the work then is trying to get them into recovery and in continuing to do that. So I think that ((inaudible)) Narcan is not a problem. I think the problem is, and if you get around the head and just going after those people peddling ((inaudible)), that's the problem. We've got to go after those dealers and (Mike) also mentioned that.

We've got to go after the dealers. We've got to go after them and hold them accountable as effective as we can and as frequent as we can. And that's got to be a key effort in the fight against drug dealing that we have in keeping our community safe.

So I think we've got two here working – one is go after those dealers, and two is provide that treatment (per) day and fight on both of those fronts is the effort that we've got to have. I think that's the key.

I do have a question for the Chief in terms of the channels that we ((inaudible)). Can you expound on that a bit? I've heard that before from folks and if you could help us understand a little more of what those challenges are, what roadblock is putting ((inaudible))?

Sue DeLacy: Yes so I think as ((inaudible)) touched on it a little bit and expressed that if the participants – the client inmate go after the individual is – if they sign authorization, then these entities can share information.

But there's a lot of situations where we may not be able to get that authorization signed for a variety of different reasons. And then we also have a number of community partners that we're trying to engage more because we can't just do it with our county and sheriff. It's just not working. We need to engage the community.

So what we need -- even if an example is, we get our ((inaudible)) community supervision folks out of prison and they have a MAT program in custody, but we are still having issues. Just talking between our counties to the CDCR and sharing that kind of information with regards to the inmates that are coming out of custody, because the goal is to obviously ((inaudible)) entry, have that (warm) hand off and to be able to continue whatever treatment they have in place.

So CDCR has been doing a wonderful job working on that reentry piece, and we would like to be able to continue that into some of our other areas locally.

Phil Keith: Thank you Chief – other questions from Commissioners.

Don Washington: Hey Phil, this is Don Washington, can you hear me?

Phil Keith: Yes, our Director your ((inaudible)).

Don Washington: Hi Mike, Don Washington again – good to hear from you. You know, we met I guess several months ago and I love to hear your passion and the clarity of thought I think in what you're suggesting as some recommendations for this commission.

I have I guess two questions in two different areas. One – the recommendation that you have regarding total destruction of drug cartels. The primary questions there is, what is it that you think we need to be doing more than what we're doing today? And is it a resource issue or is it a different, you know, programming kind of issue that we need to revise in order to achieve total target destruction of drug cartel? That's on one side of the equation.

On the other side, I wonder if you have any thoughts as to what is the bigger carrot in front of the stick? What is the bigger carrot on the supply – correction – on the demand side of the equation? What can we do or say or what steps can we take to address the demand side in order to, you know, kind of (two) steps? Because I think we can beef up law enforcement and go after them pretty vigorously.

I know when I was a U.S. Attorney, you know, we created ((inaudible)) and ((inaudible)) and all of that and it's still in existence today. And I'm just wondering if the Department of Justice has, you know, any kind of larger over the rug thoughts about what we can do on the supply - on the demand side sort of beyond – far beyond the – remember the old Nancy Reagan -- just say no program of yesterday. For those two areas if you could address them, I'd appreciate it.

Mike Stuart; Again I'll do it briefly and in particular you asked me a question. You can get me in a lot of trouble from my standpoint of my view on taking on the cartels. But I do believe from the depths of my heart when you see what's happened in this state, when you see the attack of the social fabric of this country, when you see the impact of this nation. I think last count on an annual basis

measuring conservatively it's more than \$500 billion a year is spent dealing with the habit caused by these cartels.

I believe and I'm comfortable in saying this if the people of West Virginia would embrace and champion the idea of taking these cartels on their own turf. And we have the greatest intelligence services in the history of mankind in this country.

But we're under the greatest assault in the history of our country by these cartels. They are our enemies to this country. I think they should be treated – and it's just me saying – but I think they should be treated as enemy combatants very similar to how we treated the folks in Oregon ((inaudible)) because I don't think that the Justice system -- it's very difficult with the Justice System -- and the protection that we afford and the difficulties that we have to spend in terms of prosecution.

It's very difficult when you're really in a war – and this could be called nothing other than a war. In fact, in all of Vietnam, I think the numbers are about 58,220 if I remember the numbers right. But that during the entirety of a Vietnam War that were American citizens.

We're talking about in one year of drug overdose alone and not including those that get addicted, the challenges of the family, the murder, all those other issues. We're talking of one year in this country we exceed the number of deaths from Vietnam. That has to be a very sobering side. I know we can solve this thing, but we've got to do it by taking on the cartel where they're at and destroying the foundation of what they're producing.

And so I've got a lot of ideas on this and – but I just believe that moving the chairs around and trying to reduce drug overdose by 5% a year, 6% a year, 10% a year – it doesn't get us where we have to go. And it's unfair for us to do this in each generation.

Second -- on the supply and demand issue -- I know there's a lot of debate on this whole issue. And supply I think has to decimate to the degree we can. You know, when I was first early in my life, I had some time in retail and there was an old retail term that was, "Stack it high, and watch it fly." And I tested it many times. Whether it's Reece Cups or drugs or pizza, the higher you stack the pile, the quicker the stuff sells. And we have to take on the supply.

But I agree that we also need to be focused on demand. It can't be one or the other. But there's no replacement for good jobs in a strong economy. That's the great challenge of COVID. As we slump down in economy and all the folks who were on the precedent of treatment and trying to get help and get through the greatest fight of their lives are now going to be in place -- now placed in position of most.

And that's why the great anxieties of their life in which we're going to find after the end of this crisis a number of folks who were in treatment going back and drug dealers will take advantage of it.

But the other point I just want to make is the mixed messages we have in society. I've been one of the more outspoken U.S. Attorneys. My personal view is that we need to be careful about legalization of marijuana. I think there are a lot of mixed messages out there. I do believe it's a gateway drug and I know I get in trouble from the pro-pot folks when I say it. But the evidence I see, the cases that I see, the moms and dads I talk to say that marijuana is a gateway to the next drug. And I think we need to be careful about the legalization.

We've waited decades on this. We need signs and research to drive our decision making. We shouldn't be driven by pure economics and tax revenues. It's a danger for us and we need to be careful about it. But I think the mixed messages and the jobs front are the two best places for us to attack demand.

And clearly prevention early, early, early as these kids are in second grade and third grade. By the time they get to high school, it's too late. But this is talking from a guy who's not really an expert on anything. I'm just giving you my opinions from the things I've seen.

Don Washington: Thank you much.

Mike Stuart: Thank you Commissioners.

Male 2: ((inaudible)).

Male 3: First of all I want to thank both the panels that I'm one of the few people who probably has had the privilege of being in -- working with the district of both the panels -- so I want to thank both of you for that effort. And just following up with Commissioner's ((inaudible)) comments or questions ((inaudible)).

I would just add that he submits - I know early on when he talked about partnership as it relates to demand ((inaudible)). Is it possible for you to submit later some of these examples of those partnerships in regard to the (amount) of reduction that's seen plus (diligence) with what your office partners with law enforcement and community to attack this issue?

And ((inaudible)) you did not have the opportunity to put that in your statement, but I think it would be helpful for the committee if we get some of those later on point of ((inaudible)) commission.

MikeStuart: Absolutely I'll do that and I want to thank you in particular. That operation ((inaudible)) was a DEA-driven event and significant for West Virginia. And the impact on Huntington cannot be understated or cannot be overstated -- quite significant. But I was lucky to have this partnership because our, you know, real goal here. I want to make sure we're available and that we're the best partner that any of these folks can get.

I can't remember the last case I turned down. I probably need to get smart and turn a few down, but we take every case we can get our hands on because we want to make sure we're doing all we can for our partners up there. And it builds partnership by doing that.

Phil Keith: ((inaudible)) questions. Once again, other commissioners and questions – thank you. Let me close by thanking our families once again for your time and most valuable testimony and certainly the responses to the questions from commissioners.

On behalf of the Attorney General and his leadership staff – (Rachel Bissex), (Jeff Favitta), and all the commissioners -- your contributions provided today are most sincerely appreciated and will assist the commission in our deliberations and work.

Before we end the call today, just a reminder to the commissioners that we will next be posting on the topic of reduction of crime. I want to thank you for your patience as we continue our migration to a virtual commission platform.

The crime reduction panels will take place over the next three weeks while next week's panels have been set, the federal is working on the substance panel's availability and (lastly) testimony. I know you all can join me in thanking our Federal staff for undertaking this policy task in this most uncertainly challenging time. Your patience and commitment is sincerely appreciated.

We'll get to you – we'll get you the testimony in advanced for each call as much – as soon as possible. The schedule is fluid and we're asking Subject Matter Experts to be available for us and they're managing this pandemic in their own perspective ways which are a respected burden that they have locally in dealing with the crisis we have today. We'll be sending out updates for the schedule via email and calendar invites as soon as possible.

And again, we thank you for your flexibility as we navigate our new role. Are there any comments or questions from commissioners? If not, I want to thank the FBI for their continued support for the commission by allowing us to utilize their ((inaudible)) network. We're thanking our panels again today for great testimony and robust conversation. And if there's no further ado, we'll ((inaudible)) us today. The (present) commission is adjourned.

Thank you again commissioners for your dedication and commitment. Please be safe.

Operator: Thank you for your participation. You may now disconnect.