Testimony of Captain Ozzy Tianga, Broward County Sheriff’s Office

Hello, I am Captain Ozzy Tianga and I work for the Broward County Sheriff’s Department in Florida. I have worked there for 20 years, predominately in narcotics investigations. I would like to thank the Commissioners for the opportunity to testify on this important subject.

Synthetic drugs have plagued the streets for many years; however, in recent years the potency of these drugs has had new devastating effects on our community. My experience and introduction to synthetic drugs began with Methylone, known by the street name “Molly.” Distributed and consumed under the false assumption that it was pure MDMA, a popular but expensive synthetic type of drug that yielded a euphoric high. Because Molly has amphetamine style properties which generated a stronger speed-like euphoric high, users falsely believed it was a more “pure” drug.

In the latter part of 2014, a new synthetic drug a-PVP, known on the streets as FLAKKA, ravaged South Florida communities. Broward County was the epicenter of this new epidemic. The drug took a strong hold on our communities.

When that drug first arrived there was tremendous confusion. The drug distributors were not completely familiar with what they were selling. Drug users did not know what the appropriate dosage was. Law enforcement did not know exactly what the drug was. In fact, street drug test kits used to identify illicit substances in the field were fooled as well. Flakka generated false-positives on field test kits for cocaine, heroin and amphetamines creating the assumption that the drug was a combination of all the drugs.

Flakka in its most common form looks a lot like crystal methamphetamine and cocaine, and it mirrors symptoms similar to those of crystal meth. It was manufactured in labs in China and smuggled into the United States or sold over the internet; the drug also resembles rock candy but sometimes comes in powder form. It can be injected, smoked in an e-cigarette or joint, or poured into capsules and ingested. The drug basically looks like what they want it to look like and is consumed based on user preference. It was very inexpensive; about $1,500 for a kilogram compared to a kilogram of cocaine that can be $30,000 and flakka was at least 10x more potent. Additionally, when the drug use began, Flakka was not illegal. It required emergency scheduling with minimal penalties to prohibit the substance. On the street, dosages would cost $3-5. The Broward Sheriff’s Office described the drug as “five-dollar insanity.”

Its effects turned people into violent zombies with superhuman strength. Its users flooded local hospitals, jails and morgues. During the time flakka was prevalent, there were multiple overdose calls every day. In fact, oftentimes we had repeat calls that were referred to as two-a-days meaning, one individual would overdose, be hospitalized, get released, and overdose again during the same shift.

Among the side effects of flakka are kidney failure, anxiety, extreme paranoia, psychosis and severe hallucinations. When the dosage is high, flakka causes “excited delirium,” also called as “superman effect” because of the superhuman strength that the addict exhibits. The excited delirium stage is accompanied by very high body temperature of 105 degrees fahrenheit and higher, forcing the user to shed clothes and go naked.
Individuals experiencing excited delirium are uncontrollable; they go from 0 to 100 very, very quickly. The effects produce strength that makes them feel superhuman. Users in this state did not experience pain. This is of great concern to police officers responding to emergency calls because basic police techniques used to subdue suspects sometimes involve inflicting some pain to force compliance. In the excited delirium condition, it would take multiple paramedics and police officers to subdue just one person. A person in an excited delirium will be very calm in one moment and then in the next moment become very violent. In one case in particular, it took six cops to subdue a 105-pound female.

Some flakka users report that they are fleeing monsters. In one such incident, a user who tried to kick in the glass door at the police station; in a more serious incident, a user impaled himself atop the security fence at a police station. In other kinds of incidents, a man ran naked through traffic during rush hour; a woman who was high on the drug jumped naked through a closed window. Some incidents posed not only danger to the users but also posed imminent danger to the lives of others. In one case, a user who had stripped naked, climbed up on a roof and waived his gun in the air while threatening suicide. In another incident, a mother who was high abandoned her one-year-old baby in a supermarket.

Once we got the user to the hospital, there was no way to tell what drug was used – there was no drug test for flakka. Flakka only could be tested at the medical examiner’s office by toxicology staff. Medical professionals were forced to diagnose the user by the behavior and symptoms. Compounding the problem is the fact that there was no detoxification process known for flakka. Medical professionals could not just flush the system or prescribe a remedy. Because the hospitals were treating multiple cases every night, the hospitals were over capacity. The staff was confused, drained, and overwhelmed. The treatment protocol used by paramedics and hospital staff was to stabilize the patient by pumping them with powerful antipsychotic medications, such as Haldol - which would knock the patient out. In most cases, once he or she awoke they would be released from the hospital. Rehabilitation treatment had yet to be established.

Flakka overdoses were not typical law enforcement emergencies, rather they were medical emergencies that also needed a law enforcement response. Unfortunately these “victims” posed tremendous threat to the safety of themselves and others and subduing them was not easy. This often resulted in extremely violent encounters. First responders were basically learning on the fly, how to better recognize flakka’s symptoms and how to safely respond. The truth on the matter was severe force was used on individuals experiencing a medical emergency – these people were not criminals and not going to jail. To try to prevent this problem, law enforcement representatives went on a mission to educate the population, visiting schools, parks, religious institutions, association meetings and various cities in the county to speak with public about the dangers of flakka.

The fight against synthetic drugs will not end with flakka. There are synthetic drugs which mimic the effects of LSD, such as NBOMe and the powerful synthetic opioid Fentanyl. Although the side effects of Fentanyl do not commonly include psychotic episodes, severe overdoses and deaths have increased by over 200%. The potency of these drugs is so great that
accidental overdose and cross-contamination pose great danger to first responders. Most recently two drug detection canines overdosed on synthetic drugs while sniffing/searching for drugs.

Flakka and fentanyl have shown us the devastation synthetic drugs can produce, but the sad part is there will be more. These synthetic drugs which mimic the effects of other illicit drugs are inexpensive and easy to get. There are also thousands of variations that could be made to the molecular structure of each substance to skirt our laws and change the potency and effects of the drug. For the drug distributor the penalties are so little and the profits so great that frankly for a criminal—“the juice is worth the squeeze.” It is incumbent upon us to develop stiff penalties for those who involve themselves with synthetic drugs.

Thank you.