LYCOMING COUNTY
OFFICE OF DISTRICT ATTORNEY

ERIC R. LINHARDT
DISTRICT ATTORNEY
KENNETH A. OSOKOW
FIRST ASSISTANT DISTRICT ATTORNEY

LYCOMING COUNTY COURTHOUSE
48 WEST THIRD STREET • WILLIAMSPORT, PA 17701
TELEPHONE: (570) 327-2456 • FAX (570) 327-2324
WWW.LYCO.ORG

PATRICIA B. MARTIN
ADULT VICTIM WITNESS COORDINATOR
TROY D. SELLERS
JUVENILE VICTIM WITNESS COORDINATOR

CENTER FOR RURAL PENNSYLVANIA
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HEROIN CRISIS FACING PENNSYLVANIA

Statement of Lycoming County District Attorney Eric R. Linhardt

The United States is in the grips of one of the worst heroin epidemics in its history, due in part to a flood of cheap doses of the drug, which can be had for as little as $4.00 apiece. Heroin is highly available in more than 3 times the number of communities as it was just seven years ago.

Estimates on the number of U.S. heroin addicts range from 300,000 to 500,000, up about 75% from five years ago. And while that is just a minor portion of the nearly 24 million Americans that abuse drugs overall, heroin abuse is growing faster than all others. The heroin epidemic is a full-blown health crisis that cuts across geographic, social, racial and economic boundaries.

All told, heroin and related opioid pain pills have killed more than 125,000 people in the last 10 years and federal data indicates that another 75,000 pain pill abusers will turn to heroin annually.

It is impossible to understand the heroin surge without understanding the drug's link to prescription painkillers, including OxyContin, Vicodin and Percocet. The drugs

are heroin's chemical sibling, all containing compounds derived from or similar to opium, one of the world's most dangerous drugs.

As Joseph Rannazzisi, Deputy Assistant Administrator of the Drug Enforcement Administration said during a U.S. Senate hearing on the topic, "Heroin is just a symptom of the prescription drug problem."

From 1999 to 2010, the sale of opioid painkillers increased 300%, according to the Centers for Disease Control and Prevention. The drugs are now prescribed to 12 million Americans a year.

According to the latest survey data from the United States Department of Health and Human Services, approximately 7 million Americans misuse or abuse prescription drugs. In 2010, 2.4 million Americans aged 12 or older illicitly used prescription drugs for the first time and most of those users started with opioid pain relievers, such as oxycodone or hydrocodone. Opioid pain relievers are powerful narcotics which, in the last decade, have contributed to a dramatic increase in the number of drug related deaths. In 2009, more than 15,500 people died in the United States by overdosing on those drugs, nearly 4 times the number who died in 1999. Today, the number of overdose deaths from opioid pain relievers surpasses the number of deaths from heroin and cocaine combined.

With the reformulation of prescription opioids to make them harder to abuse and new regulations aimed at curbing prescribing the drugs, addicts are turning to heroin by the tens of thousands. People are going to go where the drugs are and, right now, the cheapest and easiest way to keep addiction going is through heroin.

Mexico met the new demand with a new supply of cheap heroin. More than half of all heroin in the United States now comes from Mexico – a huge change from previous

decades when most of the drug originated in Asia. And it is cheaper and easier to use than ever. Mexican heroin sells for $4.00 -$10.00 per dose, compared with $40.00-$80.00 for an 80 milligram opioid pain pill.

But more than that, new powder heroin can be snorted as well as injected, removing a psychological barrier for some users and introducing a new generation to the highly addictive drug.

The National Institute on Drug Abuse indicates that 80% of recent heroin addicts switched from opioid pain pills. And 3.6 % of the nation's 2.1 million opioid pill addicts have turned to heroin since 2007; a percentage that is likely to grow.

Sources of prescription drugs used for illicit purposes include "pill mills", or illegal pain clinics; prescription fraud; pharmacy theft; illegal online pharmacies; and "doctor shopping". The biggest source, however, is friends and family. 70% of people who abused or misused prescription drugs got them from a friend or relative, either for free; by purchasing them; or stealing them. Because most people do not properly dispose of leftover prescription drugs, or secure medications they are still using, home medicine cabinets often serve as repositories for expired and unused pills.

These realities demand action.

The challenge in addressing prescription drug abuse is implementing a comprehensive and coordinated strategy that restricts access to prescription drugs for illicit use, but ensures access for those who legitimately need them. Developing an effective strategy will require balancing the needs and concerns of patients, public health, law enforcement, and the medical community.

A comprehensive and effective strategy requires action in five major areas: education & prevention; treatment; monitoring; proper disposal; and enforcement.

While I will not address each of these areas today, I would like to say this:

First, Discussions about the importance of treatment in addressing this epidemic are meaningless unless Pennsylvania's treatment options are fully funded.

Second, we need to pass expanded prescription drug monitoring legislation. Pennsylvania physicians, pharmacists and law enforcement currently lack an important tool which could help us better deal with patients who are doctor shopping and physicians who are abusing their prescribing and dispensing privileges.

Unfortunately, Pennsylvania's most current prescription drug monitoring program only collects data on Schedule II narcotics such as OxyContin, Percocet and fentanyl. There is no means to track other highly addictive Schedule III, IV and V controlled substances like Vicodin, Xanax and Suboxone.

I agree with our State Attorney General who recently wrote in an opinion piece for the Harrisburg Patriot that those who suggest that law enforcement should be required to obtain probable cause before accessing the database ignore the fact that prescription drug monitoring programs are designed to be a proactive tool in the fight against prescription drug abuse. A probable cause standard would render prescription drug monitoring programs useless because once law enforcement has probable cause, a search or arrest warrant could be obtained independent of the information in the database, leaving little need to access the database.

Thoughtfully expanding Pennsylvania's prescription drug database will allow both Pennsylvania's physician's and Pennsylvania's law enforcement officers to help combat prescription drug abuse, while protecting the privacy rights of our citizens.

Third, I support Senate Bill 1164, putting Naloxone into the hands of our police, firefighters and first responders. As opiate overdoses have soared, more police departments are looking to equip their officers and other first responders with Naloxone instead of waiting for paramedics to arrive. Police are often the first to arrive on scene and those early minutes can be the key to saving a life. Naloxone is a fast-acting, non-addictive drug administered as a nasal spray or injection which stops overdoses in progress.

Nineteen states have already passed laws that allow Naloxone to be carried by police. Law Enforcement has a responsibility to protect the public and save lives. Pennsylvania law enforcement is asking for the right to be equipped with the tools necessary to do so.

The fact is, putting Naloxone in the hands of first responders will save lives. For parents who fear the loss of their children from overdose, Naloxone offers a second chance at life, and one more day to fight the addiction.

Lastly, I want to address enforcement. While education, prevention, treatment, monitoring and proper disposal are all essential aspects of a successful effort to confront and combat this crisis, so too are adequate funding for our law enforcement officers, and tougher sentences for major drug crimes and trafficking involving heroin.

Eighty percent of all crimes we are asked to deal with are drug related. Yet in a county of over 100,000 people, I have only 12 officers assigned as full time narcotic

officers. I could use three times that many. We need to do a better job finding the monies to fund our County Drug Task Forces.

With regard to tougher sentences for heroin traffickers, you should know that under our current sentencing guidelines, a heroin trafficker without a significant criminal record faces a sentence of only 3 to 12 months at county work release. Not only does such a sentence not give the public any reasonable reprieve from the drug dealing activity, such light sentences act as no deterrent to a drug dealer to do anything other than go right back to drug dealing as soon as they get out.

The argument that drug dealing is not a crime of violence is a myth. Violent crimes are often a by-product of drug trafficking. While it may not have been the case 15 years ago, today there is not a drug dealer who is *not* carrying a firearm or who does not have ready access to a firearm. Nearly all of our county's homicides and shootings are drug related.

Yet in the face of this crisis, many argue that we have too many drug traffickers in state and federal prisons, that we need to reward state sentenced drug traffickers with good time credits and early release, and that we should revisit mandatory sentencing including school zone drug mandatories. As legislators, you can choose to do all of these things if you wish, just know that you will not do any of them without significant and substantial harm to public safety.