



PUBLIC HEARING HEROIN AND OPIOID ADDICTION TREATMENT AND RECOVERY

Testimony of Jack Whelan, District Attorney
Delaware County, Pennsylvania

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48 E. Market Street | York, PA 17401

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Good Morning, Senator Yaw,

My name is Jack Whelan. I am the District Attorney for Delaware County, Pennsylvania. In November 2011, I was elected as District Attorney and took office in January 2012, for a four-year term. From 1986-1991, I served as a Delaware County Assistant District Attorney, as a trial team leader. During that time, I prosecuted many defendants for capital offenses as well as for other felonies and misdemeanors. As a practicing attorney for 25 years, I led the firm of Whelan, Doyle & Pressman LLC in the area of civil litigation, municipal representation and decedent estates. Before becoming District Attorney, I served as Chairman of Delaware County Council, which oversees the county government operations that serve the 560,000 residents of Delaware County. I was first elected to a four-year term on County Council in 2005, was re-elected to a second four-year term in 2009 and took the oath of office in January 2010.

As Council Chairman, I partnered with the District Attorney's Office on many crime prevention initiatives, such as the Senior Exploitation Unit and the Safe Schools Summit. In 2010, I helped establish the Delaware County Veterans Justice Initiative with the goal of establishing a Veterans Treatment Court to address the post-service needs of veterans who land in the criminal justice system. In November 2014, I was appointed co-chair of the Pennsylvania Department of Drug & Alcohol Naloxone Law Enforcement Advisory Group (LEAG). I also served as a member of the House Resolution 659 Opioid Addiction Advisory Committee. Currently I am chairman of the Delaware County Heroin Task Force, which has been the driving force behind several opioid prevention and awareness initiatives.

I want to thank Chairman Yaw and members of the board for organizing this hearing on the important issue of Treatment and Recovery Support.

Although the third smallest county by geographical area in the Commonwealth, Delaware County remains the fifth most populous county in the state with a population of more than 560,000. Delaware County can be described as a microcosm of the changing economic and human fabric which makes up most of the country. Delaware County is comprised of working class and middle class communities, along with a section of upper class neighborhoods.

Delaware County has 42 separate municipal police departments with the western part of the county covered by the Pennsylvania State Police. We work with our partners in law enforcement every day on public safety initiatives, including the rise in drug related violence in the county. Each year, the District Attorney's Office prosecutes approximately 10,000 cases, with the majority being drug-related offenses.

Three years ago, our Medical Examiner, Dr. Richard Hellman, reported that he was seeing an alarming number of heroin-related deaths in Delaware County. In 2007, he reported 19 heroin fatalities in Delaware County. In just five years, that number rose to 61 fatalities in 2011. Over the past five years, we have lost more than 350 people to heroin. All ages. Good kids from good families. That's more than we lost to car accidents and gun violence.

Out of concern for our residents, especially our young people, the District Attorney's Office partnered with Delaware County Council to form a Heroin Task Force in September, 2012. Members of the Task Force represent government, law enforcement, the business community, treatment providers, parents and educators. The mission is simple, to reduce the number of heroin-related deaths and its devastating impact on families and whole communities.

In three years this Task Force has made many accomplishments. But we have also learned that there is still a great deal of work that needs to be done. As the father of four children and someone who is involved in my community, I can honestly say I was stunned by the magnitude of the heroin epidemic facing our community. I became impassioned to do everything possible to save the lives of those we were needlessly losing to this deadly drug.

What we quickly learned is that heroin abuse is inextricably linked to prescription drug abuse. In fact, according to the Centers for Disease Control, more people now die from an overdose of prescription drugs than die from an overdose of cocaine, heroin or other illicit drugs.

Surprisingly, these drugs are being prescribed every day to our young people, for a dental extraction, for a sports injury or aches and pains. Kids and their parents think these drugs are safe because a doctor prescribed them and a pharmacist provided them. While medications do help people when used the right way, we are all surprisingly naive about their dangers, which can be fatal. Over a period of time, changes in the brain caused by repeated drug abuse affect a person's self-control and ability to make sound decisions.

It became clear that there needed to be a more, hard-hitting education at the school level with companion programs for parents. We started a program called "Realities of Prescription Drugs and Heroin Abuse" and later formed a Narcotics Overdose and Prevention & Education (NOPE) Task Force to provide additional outreach to our schools. Over the past year, the NOPE Task Force has reached more than 10,000 individuals in Delaware County through community education, family support and purposeful advocacy.

According to the CDC, 70 percent of those who abuse prescription drugs report that they get them out of the medicine cabinet of a family member or friend. We used part of a federal grant to purchase and install Medicine Drop boxes in Delaware County police departments and at the Government Center to give people a safe, anonymous way to dispose of expired and unused prescription drugs. We also purchased a mobile drug drop box that is available to residents at community events including our first ever Prescription Drug Prevention Day held in May 2015. In two years, we have collected and destroyed more than 7,000 pounds of potentially harmful and deadly drugs.

Through the Heroin Task Force we have learned that addiction knows no boundaries. It impacts all ages, all types of people, and happens in all 49 municipalities in Delaware County, not just the most urban or inner-ring neighborhoods. Through the Task Force, we have met mothers, fathers, educators, treatment specialists and others who tried to help people overcome addiction. Some of these families did everything right and still lost their child to addiction.

On January 14, 2014, I attended a HIDTA (High Intensity Drug Trafficking Areas) Regional Heroin Symposium in Annapolis, Maryland with our Chief of Detectives, Joe Ryan. At the conference, Lt. Patrick Glynn of Quincy, Massachusetts, provided a presentation on his police department's implementation of a Naloxone Program. We learned that naloxone also known as Narcan counteracts the effects of heroin, OxyContin and other powerful painkillers, and has been routinely used by ambulance crews and emergency rooms in the U.S. for decades. Police in Quincy, Mass., began carrying naloxone in late 2010, through a state-wide program, and as a result, saved nearly 200 people from a drug overdose.

Driving back from Annapolis to Delaware County, I felt a sense of urgency and obligation to get this life saving drug into the hands of every Delaware County police officer as soon as possible. In Delaware County, we know that when help is called, police officers are often first to arrive at the scene, and those early minutes can be the key to saving a life.

However, I quickly learned that at that time, Pennsylvania state law prohibited unauthorized individuals from administering prescription drugs including police officers. Police officers in Delaware County were not legally permitted to carry the drug.

After further researching naloxone and other state run programs, and consulting with the County's Senior Medical Advisor and also our medical examiner, we learned that naloxone has been effectively reversing overdoses for decades with no negative medical side effects. In an effort to launch a pilot naloxone program in Delaware County, we reached out to the state and received a response from Gary Tennis, Secretary of the PA Department of Drug and Alcohol. We learned that others in law enforcement and public health, including Secretary Tennis himself, supported the concept of law enforcement carrying naloxone.

It became clear that we needed to do everything possible to support a change in state legislation so Delaware County police officers could carry naloxone, and be fully prepared for if this did happen.

In the months leading up to the change in legislation, Secretary Tennis helped us navigate the issue, train our police, and create a standing order in preparation for the program.

On March 6, 2014, we held a press conference with Delaware County Council, and stood on the steps of the Delaware County Medical Examiner's Office with Delaware County police chiefs, to pledge our support for legislation that would change state law and permit police officers in Pennsylvania to carry and administer naloxone. In response to Delaware County's call to action, Gov. Tom Corbett signed David's Law in September 2014. When the law went into effect on November 29, 2014, Delaware County was ready, with the purchase of 900 doses of nasal naloxone, putting two doses in every Delaware County police vehicle.

Almost instantaneously, Ridley Township Patrolman Shawn McGee, who you will hear from soon, became the first law enforcement officer in Pennsylvania to administer naloxone under David's Law. He considers the opioid overdose reversal antidote another tool to perform the job he's sworn to do. We consider him a hero.

Since the law went into effect nearly nine months ago, police in Delaware County have made 81 saves with naloxone.

From a law enforcement perspective, we have not seen any drawbacks to using naloxone, nor have we encountered an issue that could not be resolved. If administered into someone who is not on opioids, naloxone has no effect — in other words, it is completely safe and cannot be abused by addicts. While some argue the drug creates a "security blanket" or a crutch for addicts. Regardless of the circumstances, we have a duty to save a life. In Delaware County, out of the 81 lives saved, there have only been two repeat utilizations of naloxone on the same person.

In addition to providing Pennsylvanians with access to naloxone under certain protocols, David's Law provides limited immunity to those who report a drug overdose to authorities. In Delaware County, if someone calls for help when an individual is overdosing, they are immune from prosecution. We believe the Good Samaritan portion of the legislation will also save lives.

While my perspective focuses on law enforcement strategies, I will tell you that the resources devoted to drug treatment and recovery are inadequate in this state.

One of our judges, the Honorable Frank Hazel, has indicated that the key to success in our Drug Treatment Court is treatment. In Delaware County, the Office of Behavioral Health provides drug and alcohol programs for the uninsured or under-insured. In the fiscal year 2013-2014, we had to make up a 20 percent difference in revenue versus expenses to treat people. In Delaware County, we spent \$6,434,995 on drug and alcohol treatment, and that is only for county-funded services. That does not include services covered by insurance, which families tell us is also grossly inadequate.

What we have learned from our addicts in recovery, who have graduated from Delaware County's Treatment Court, is that the introduction into prescription drug abuse is clean and easy. There is no denying the obvious nexus between the rise in availability and abuse of prescription drugs, such as oxycodone, and the rise in heroin addiction. There is an ever increasing demand of heroin because users are already addicted opiate abusers.

What we have learned from two Delaware County prosecutions of doctors who were running pill mills is that the heroin addiction is developed from prescription drug abuse. Heroin is not the first drug of abuse for a heroin addict. In one case of a pill mill shut down, we learned that each patient was receiving approximately 120-130 pills per visit. The doctor, and sole practitioner, was prescribing narcotics to approximately 20-30 patients per day. That equates to approximately 2400-3900 pills per day -- 9600-156,000 per week - that were prescribed by one doctor.

Our law enforcement officers, county and local, have reported that opiate abuse has been found in the young and the middle aged, all races and socioeconomic status. Much of the public, including our children, do not appreciate the danger that narcotic prescription drugs pose. Eventually, after abusing narcotic pharmaceuticals for a period of time, the user's body has developed a physical dependence and the user is addicted. Once addicted, the addict realizes that heroin can bring about the same or similar high and the cost is cheaper. We say, to our youth, you are either addicted or dead.

Delaware County has a population of more than 560,000 residents. Treatment data shows that most individuals in treatment are white males ages 25-34. We also know that court-ordered treatment is often a result of an arrest and/or conviction. By the time these individuals have entered the criminal justice system, either as a juvenile or adult, the addiction is much more severe and a lifetime battle for sobriety begins.

Using our limited resources to deploy undercover narcotics officers and utilize techniques normally employed to search out illicit street drug trafficking will not allow us to attack this issue at its core. Giving law enforcement and state licensing boards the authority and access to investigate unscrupulous doctors, pharmacists and patients would prove to be the most efficient way of ferreting out what appears to be the limitless supply of diverted oxycodone on the street.

Today, law enforcement faces the same obstacles on a routine basis. A grieving parent, an annoyed neighbor, a concerned citizen will contact law enforcement to provide information in usually one of two of the following formats: a doctor who is prescribing an otherwise healthy young adult oxycodone on a monthly basis with no apparent need for the medicine; a neighbor who lives near the doctor's office reports that the foot traffic to the doctor's office begins at 8:00 a.m. and remains constant until evening closing hours, with patients who appear strung out.

Another example from Delaware County, within the past year, is when we learned that a young adult male died from a fatal overdose of prescribed oxycodone – written by a doctor who continued to prescribe oxycodone to a patient, even after the patient was hospitalized for a non-fatal overdose and that same doctor was notified of the prior overdose by the treating hospital prior to the patient's release.

Our concern is that administrative agencies and law enforcement agencies do not have the tools or the access to conduct such investigations. Drug enforcement has entered a new frontier and the legal system is trailing behind.

While legislation will not solve every problem with heroin, stricter laws, particularly against drug dealers, and adequate funding for education in our schools, prevention programs and mental health and substance abuse treatment will go a long way to reduce usage.