



Pennsylvania Attorney General Josh Shapiro

Testimony before the Center for Rural Pennsylvania

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Introduction

Chairman Yaw and members of the Board, I am Josh Shapiro, Attorney General for the Commonwealth of Pennsylvania. Thank you for inviting me to speak with you today about my office's efforts to combat the growing heroin and opioid crisis.

The opioid epidemic is a national health and safety crisis, one that is hitting Pennsylvania particularly hard. In 2016, over 4,600 Pennsylvanians suffered fatal overdoses, a 37 percent increase from the year before. Pennsylvania ranked sixth out of all 50 states in overdoses per capita in 2015, the last year for which full data is available. Overdose is now the number one accidental killer in Pennsylvania, surpassing car accidents. This epidemic, which claims an average of 13 lives per day in our Commonwealth, is driven by prescription opioid pain medications, heroin, and dangerous synthetic drugs like fentanyl.

This crisis has hit Pennsylvania's rural communities particularly hard. Fulton, Washington, Greene, Fayette, Lawrence, and Butler Counties were all among those with the highest rates of overdose in the entire state. These and other rural areas have seen the number of overdose deaths skyrocket in just the past year. Union County saw a 250 percent increase in overdose deaths from 2015 to 2016. Perry and Snyder Counties each had a 200 percent increase. Adams county saw a 300 percent increase. In fact, the 18 counties with the largest year-over-year overdose death increases were all rural counties.

Law enforcement is on the front lines of responding to this crisis. As Pennsylvania's Attorney General, the opioid crisis is my number one priority—not because I want it to be, but because it has to be.

That's why I have made a point of visiting as many Pennsylvania communities as possible. Already, I have been to 37 counties, listening to people who have been deeply affected by this crisis. I have found that rural communities face unique difficulties due to a general lack of established resources in these areas, which have not previously been affected by drug issues anywhere near this scale.

We need to go beyond the tough-on-crime approach of the past, and use every tool in our toolkit to combat this epidemic. We need to try innovative approaches and see what works, but we are also compelled to act now, because the human toll of this epidemic is simply too much to bear.

Targeted, collaborative criminal enforcement

Most Pennsylvanians suffering from addiction ultimately turn to heroin and other street drugs because of their low cost. OAG's approach to criminal enforcement relies on targeted enforcement in close collaboration with other law enforcement agencies at all levels of government, targeting the flow of illegal drugs into our communities and the diversion of legal medications into illicit markets. We are making a conscious break from the past by prioritizing our enforcement efforts on the criminals benefitting from this

illicit trade, rather than those who are grappling with the illness of addiction, and being strategic in deploying our limited resources. Police forces in rural communities are no stranger to this tension, as their relatively small staffs must cover enormous geographical areas.

Collaborative criminal enforcement

Cooperation with local law enforcement agencies is the bedrock of our collaborative efforts. These are truly partnerships of equals. Local law enforcement brings their resources and close understanding of their communities; in turn, OAG brings knowledge of statewide trends, sophisticated technical resources, and centralized coordination. Our state-local task forces embed agents across the state to work with county detectives, state troopers, and local police to target major drug operations within and across jurisdictions. OAG drug strike force attorneys collaborate with local district attorneys to prosecute these cases. Last year, these task forces combined to make 1,373 arrests.

Nowhere have we been more successful than in Blair County. This year alone, my office has partnered with local law enforcement to conduct five major drug sweeps there, including sweeps with 35, 37, and 49 arrests. To date my office has assisted with 211 drug-related arrests in Blair County.

OAG also works closely with my fellow state attorneys general to shut down interstate drug trafficking pipelines. For instance, OAG worked with New York Attorney General Eric Schneiderman's office to close a drug pipeline running from the Catskill Mountains in New York into Pike County in Pennsylvania. We have also worked with West Virginia Attorney General Patrick Morrisey's staff to address cross-border traffic into Pennsylvania counties like Greene, Fayette, and Washington. And we have even worked with Michigan Attorney General Bill Schuette's office to close off a pipeline that crosses Lake Erie from Michigan into our Commonwealth.

To combat the inflows from overseas, OAG works closely with our federal partners, particularly the FBI, DEA, and Homeland Security. OAG agents are embedded with these agencies to assist with on drug and other investigations by helping to target drug trafficking organizations creating the most harm to Pennsylvanians.

Targeted enforcement

To reduce the supply of heroin and illegal opioids, OAG is focusing its enforcement efforts on those who move high volumes of drug product. To do so, we are using intelligence-gathering and data-sharing to identify major supply corridors and strategically deploy resources.

While these corridors often line up with major highways, such as Interstate 79 connecting Pittsburgh and Crawford County, there are some routes which are unintuitive at first glance. For example, Philadelphia is the primary source for the Lycoming County area even though the Wilkes-Barre/Scranton area, which is also a significant source for much of the region, is far closer geographically.

Similarly, New York City naturally feeds Pike and Wayne Counties; more surprising, though, is the fact that Mercer, Lawrence, and Venango Counties are affected not just by Cleveland and Akron in neighboring Ohio, but by Detroit and Chicago via Lake Erie.

By better understanding these corridors and strategically attacking those who utilize them, law enforcement is better able to close off these routes and reduce the sheer volume of drugs in our communities.

Combatting fentanyl through deterrence

Deterrence does play a role in our strategy, particularly when it comes to fentanyl. This drug is deadly: it can cause adverse symptoms just by contact with the skin, and accidental inhalation can cause overdose. It can be sold by itself or added to heroin and other drugs. But when users take fentanyl without knowing, the risk of overdose skyrockets. It is also a major risk to law enforcement and other first responders who may inadvertently come into contact with it.

Fentanyl and fentanyl-related substances (such as carfentanil, which is 5,000 times as strong as fentanyl) were relatively rare as recently as 2013. However, their prevalence has skyrocketed since then; according to DEA data, fentanyl was found in less than 1,000 drug seizures in 2013. In 2014, that number nearly quintupled to over 4,600 seizures. By 2015, it was found in over 14,000 seizures, and in 2016 was well over 30,000. Fentanyl was the most-frequently reported drug found in overdose deaths across large swaths of rural Pennsylvania, including: Huntington, Mifflin, Centre, and Clinton Counties; Wyoming, Columbia, Carbon, and Schuylkill Counties; and nearly every county in Western Pennsylvania.

To deter dealers from trafficking this exceptionally deadly drug, OAG has charged dealers with Drug Delivery Resulting in Death – a third-degree felony that can result in sentences up to 40 years in prison – in select cases. Through the first half of 2017, OAG has employed this charge seven times, focusing on cases involving non-addict dealers and prioritizing those who may be lacing their product with fentanyl or other dangerous additives.

Recovery-oriented methods

The science is clear that those suffering from substance use disorder do not use drugs because they want to, but because drugs have become a physical necessity like food and water. Society at large is beginning to understand the need to prioritize treatment, because arresting someone does not cure them of their disease. The fact that we refer to today's drug crisis as an "epidemic," a distinctly medical term, is a subtle but important step towards treating those suffering from addiction as victims rather than criminals.

Treatment is an incredibly efficient and effective crime-prevention measure: every dollar spent on treatment saves three dollars on crime reduction. For every 100 patients receiving methadone treatment, there are twelve fewer robberies, 57 fewer break-

and-enters, and 56 fewer auto thefts. A year of treatment costs an average of \$4,000, compared to over \$22,000 for a year of incarceration, making it a fiscally responsible strategy as well. Our agents and prosecutors are prioritizing arrests and prosecution of dealers and those involved in the illegal diversion of prescription drugs, not those who suffer from substance use disorder. We recognize that even low-level dealers who sell small quantities of drugs to make enough money to satisfy their own addictions are better served with treatment than incarceration.

Unfortunately, there is a glaring lack of available treatment in Pennsylvania's rural areas. Thirty-four percent of rural Pennsylvanians live in "medically underserved areas." This was a large part of why Pennsylvania's Department of Human Services received a \$3 million federal grant in 2016 to double rural Pennsylvanians' access to medication-assisted treatments. Senator Yaw has been a constant advocate regarding the need for more specialty trained medical professionals and treatment options.

Addressing prescription drug diversion

Sadly, there are doctors, nurses, pharmacists, and other medical professionals who abuse their access to prescription narcotics by "diverting" them from legal to illegal uses. Diversion can take many forms, from writing fraudulent prescriptions to outright theft. Diversion cases are a new area of focus for OAG and for law enforcement generally. This is due to the unique circumstances of the opioid epidemic. Eighty percent of people who are addicted to heroin started out by using prescription opioid painkillers. Past drug addiction crises had no such legal source to fuel them.

In response, OAG is amplifying our diversion efforts. We have created a new unit focused on diversion cases, with 28 dedicated agents. Our Medicaid Fraud and Insurance Fraud sections are also focusing on diversion, when it is connected to their primary areas of enforcement. This new focus has already paid dividends. OAG has drastically increased its diversion arrests, from 106 in the first nine months of 2016 to 150 in the first nine months of 2017.

Leveraging the prescription drug monitoring program to combat diversion

In 2014, Pennsylvania enacted its prescription drug monitoring program (PDMP), with notable support from Senator Yaw, Representatives Everett and Kavulich, and of course Governor Wolf. This statewide system requires prescribers (usually doctors) and dispensers (usually pharmacists) to check a patient's history before writing or filling a prescription, as well as to upload new prescriptions for each patient. With the appropriate safeguards on privacy in place, Pennsylvania's PDMP has created a vital check on over-prescription, and is now a key tool in law enforcement's effort to crack down on diversion.

Thanks to the PDMP, it is now more difficult for patients to doctor shop or illegally obtain more prescription drugs than they were prescribed. It also makes it nearly impossible to fill the same script at multiple pharmacies.

Data in the PDMP can be used for law enforcement purposes in limited circumstances. Pursuant to a valid court order, OAG can access the data to identify individuals who are illegally obtaining, prescribing, or dispensing opioid medication. OAG has used this access to forge new partnerships with federal, state and local law enforcement partners with whom we share data in appropriate situations.

The next evolution is to make these systems interoperable across states. Until state PDMPs can talk to one another effectively, people will still be able to cross state lines to game the system. This is particularly important in rural areas of our state, many of which border New York, Ohio, Maryland, and West Virginia.

Community-based prevention

The dangers of over-prescription extend beyond the original patient to whom drugs are prescribed. Studies indicate that 60 percent of patients who are prescribed opioids end up with leftover pills when their treatment is over. These leftover pills often end up contributing to the addiction of others: over 70 percent of people who misuse prescription opioids get them from friends' or relatives' medicine cabinets. Reducing the number of prescriptions will help keep these drugs out of our medicine cabinets in the first place, but we also need solutions for those who already have them lying around before their long-forgotten prescriptions lead to another person's addiction.

Unused pills must be disposed of properly. Throwing them in the garbage or flushing them down the toilet are bad options, as doing so will cause the pills' chemicals to seep into our soil and water supplies, which in turn damages our crops, our livestock, and our health. Pills must be neutralized before they are thrown away. OAG has two programs to help people across Pennsylvania safely dispose of their unused medications—opioids or otherwise.

Prescription drug take-back boxes

The Prescription Drug Take-Back Box Program is a partnership between my office, the National Guard, the Pennsylvania Commission on Crime and Delinquency, and the Pennsylvania District Attorneys Association. Leveraging resources from all of these agencies, we have installed drug disposal boxes at locations throughout the Commonwealth. As of June 2017, there were 586 take-back boxes across the Commonwealth's 67 counties, with each county having at least one. Anyone can simply drop their unused medications into the secure boxes, which are later emptied by professional staff who ensure that the drugs are properly and safely disposed of. In 2016, 26 tons of unused medications were disposed of in these drop boxes. In just the first nine months of 2017, we have collected over 33 tons.

Increasing the number and availability of take-back boxes and increasing public awareness of not only the existence of the boxes, but their responsibility to properly dispose of their unused medications, are both important steps that OAG plans to take as we continually improve our response to this epidemic.

Drug disposal pouches

Due to their limited availability, not every community has access to a take-back box. This is especially true in rural communities. For example, there is only one take-back box in each of Juniata and Sullivan Counties, and only two boxes in each of Cameron, Forest, Fulton, Huntingdon, Perry, Somerset, Susquehanna, Wayne, and Wyoming Counties. In these areas, the nearest take-back box can be over 15 miles away. People who do not live near a take-back box still need options for safely disposing of their unused medications. In response, OAG launched a new Drug Disposal Pouch Initiative in 2017. The program is distributing 300,000 safe drug disposal pouches to pharmacies and palliative care facilities in 17 counties that are underserved by the Take-Back Box Program.

Under OAG's program, pouches can be obtained by anyone, even without a prescription, for free at participating pharmacies. They are also automatically given to anyone with an acute (30 days or less) prescription for schedule II narcotics (a category which includes the most dangerous opioid medications). Additionally, hospice and homecare workers will distribute pouches to patients; this is an area of particular need, given that family members are left with unwanted medications after a loved one passes away. All told, these bags can take 1.35 million pills out of our communities.

To study the effectiveness of this program, OAG has partnered with the Pennsylvania Medical Society and researchers at the University of Pittsburgh Medical School. If it proves effective, OAG will seek to improve upon and expand the program.

In-home hospice care

Hospice care providers have been especially grateful for the convenience of these drug disposal pouches. Current DEA regulations restrict how hospice care workers can dispose of unused medications. In-home hospice care providers, in fact, cannot dispose of a deceased patient's unused medication; they can only help direct the family in disposing of those drugs.

In Pennsylvania, an estimated 66,000 people receive hospice care each year. My office's drug disposal pouch program has made disposing of unused medications easier for families and hospice care workers alike. These workers can now provide disposal bags to families upon admission to hospice care. In partnership with the Pennsylvania Homecare Association, my office distributed 50,000 bags to 96 hospices across the Commonwealth. We hope to expand and grow this program, but it will take additional funding to do so.

Enhancing public education efforts

OAG's public outreach team is working to help every Pennsylvanian understand the dangers of opioid addiction. Our Office of Public Engagement has given dozens of presentations across the Commonwealth, connecting with thousands of people – from school-age children through seniors. The office is also partnering with public health and

communications experts to update its educational materials and curriculum, to make sure they are relevant to the current crisis and resonate with our target audiences.

Our office is also undertaking a major campus safety initiative that is seeking solutions specific to campus environments by hosting collaborative roundtable discussions on sexual assault, alcohol abuse, opioid addiction, and mental health treatment. Input and participation is being sought from campus administrators, local law enforcement, campus police, social service providers, students, survivors, and other stakeholders. Our goal is to create a set of recommendations for colleges and their communities to implement to reduce the impact of all of these issues on students and their communities.

Reducing the Availability of Prescription Opioids

The root cause of this crisis is the wide availability and over-prescription of powerful opioid medications. Eighty percent of people who are addicted to heroin started out by using prescription opioid painkillers. If there was ever truly a gateway drug, it is prescription opioids like OxyContin and Percocet. It is critical that we reduce the availability of these powerful medications that all too often are abused, and lead to addiction.

Holding opioid manufacturers accountable

Americans report the same levels of pain now as we did in 1999. Yet sales of prescription opioids *quadrupled* from 1999 to 2014. In 2015, U.S. doctors wrote over 300 million pain prescriptions. The wide availability of these powerful opioid medications is one of the leading drivers of this epidemic. Because of their unique civil enforcement and consumer protection authority, state attorneys general are taking the lead in holding drug manufacturers responsible for their role in this crisis.

Over the last few years, widespread allegations have arisen that drug manufacturers and distributors may have engaged in illegal sales and marketing practices, similar to the tobacco industry in the last century, that have inflated sales to the detriment of public health. To investigate these allegations and pursue any claims that may arise from this effort in the most effective way possible, OAG is leading a bipartisan coalition of 41 state attorneys general in three separate multi-state investigations. If this coalition finds that manufacturers and distributors deliberately oversold the use and effectiveness of these drugs, undersold the dangers, or otherwise misled the public to boost their profits, then they must be held accountable.

Even if no wrongdoing is found, this investigation sends a clear warning signal to the entire industry that boosting profits by creating unnecessary opioid sales will not be tolerated. This signal will hopefully discourage any future illegal behavior, and cause manufacturers to market their drugs even more carefully than they already do to help reduce unnecessary prescriptions.

Recommendations for state policy

Although there are many policy changes that would be beneficial in combatting this crisis, the following suggestions could be among the most impactful.

First, to help prevent excess prescription drugs from being the cause of more and more addictions across the state, we should explore expanding the drug pouch program that my office established earlier this year. The only reason that we were unable to implement this program in every pharmacy across the commonwealth was a lack of funding to purchase more drug disposal pouches. This can be an excellent way to invest in the health and safety of every single Pennsylvania community.

Second, law enforcement needs better tools to stop doctors, nurses, pharmacists, and others who illegally divert prescription opioids to the black market. Right now, my office has extremely limited access to the PDMP. The legislature could greatly expand this access so that we can aggressively pursue those who are poisoning our communities with these drugs.

Third, we need to increase the resources available to local law enforcement to combat the illegal drug trade in rural areas. According to the Pennsylvania State Police, 1,287 of the 2,561 municipalities in Pennsylvania have no local police force. Cameron, Forest, Fulton, Juniata, Potter, Sullivan, Susquehanna and Wyoming Counties are each covered entirely by the state police. Our state police are stretched too thin to fully combat this crisis. My office's state-local task forces have been very successful in rural areas, and having additional funding to devote more resources to these task forces specifically in rural areas would go a long way towards filling that gap.

Fourth, we need more treatment options for those who do fall victim to addiction. The Commonwealth can and should dedicate additional funding so that counties can fund effective local treatment programs to serve their citizens in need. Just as rural communities are challenged by limited resources to police vast geographic areas, they are equally resource-challenged when it comes to treatment. We know addiction itself is a disease, not a crime, and access to treatment is critical to addressing this crisis, and treatment availability is a particular concern in rural communities.

Finally, we should increase the number and quality of drug courts across the Commonwealth. Drug courts serve the aims of both criminal justice and addiction recovery, and have been proven effective time and again. Not every county has a drug court, and only a handful have accredited drug courts. These courts are inexpensive ways to help people break free from the cycle of addiction and reduce criminal behavior.

Conclusion

Thank you Chairman Yaw and all the members of the Board for holding this hearing. The heroin and opioids crisis is my office's top priority and I appreciate your focus on it. I look forward to answering any questions you may have.