Prescription Drugs and Heroin

Webinar Transcript

Laurie: Good afternoon everyone, and welcome to today's webinar “Prescription Drugs and Heroin,” hosted by Quality Insights Quality Innovation Network. We will get started with today's program in just a few moments, but first, I'd like to review a few housekeeping items. All participants entered today's webinar in a listen only mode. Should you have a question during today's presentation, we ask that you please type it into either the chat or the Q and A box to the right of your screen.

And we will answer all questions at the end of the presentation. This program is being recorded. The recording and slides you see today will be available soon on the My Quality Insights website in the care coordination and medication safety section. Following the conclusion of today's webinar, you'll be asked to complete a very brief evaluation. We thank you in advance for your completion of the evaluation, as it helps us know how we did, and how to shape future programs.

At this time, I would like to turn the program over to today's presenter, Michael Noone. Who is a First Assistant District Attorney in the Chester County District Attorney's office, in Pennsylvania. Michael.

Michael Noone: Thank you Laurie, I appreciate that. Good afternoon everyone. As Laurie said, my name is Mike Noone, I am the First Assistant in the Chester County District Attorney's office, which is suburban Philadelphia, for those of you who are not familiar with Pennsylvania and when Laurie hands over the slides to me, I'm going to start to work you through the approach that we are taking to what is an epidemic across America.

The struggle that all of us are facing when it comes to dealing with the prescription drug and heroin epidemic in America is unlike anything that we've really ever faced at any point in our nations history. It's a problem that touches us from all sides of society. It's a law enforcement issue. It's the number one law enforcement issue in America right now, in my opinion and the opinion of many experts in the field. It's obviously a terrible public health epidemic that we're dealing with.

And it's really, it's a public policy issue. But, at the end of the day, it's something that is affecting so many families. It's affecting families, probably like yourselves. Or your friends. Or your loved ones. Every single person who is struggling with addiction is someone who had a hope for a full and complete life. And they never decided to ruin their lives by saying "Today's the day I'm going to go out and become addicted to drugs." But it's very important for us to understand how did we get here? What can we do to address it? And what is a path forward?

So, I'm going to talk to you today a little bit about some general information. So that we can understand how we did get here. Some specific information about Chester County and Pennsylvania as a whole. Some of the things that we're doing here, which might be good models for your communities. And hopefully a path forward to deal with getting out of the darkness of this epidemic. And with that, let me provide you, again, a little bit more context.

Chester County is one of the suburban Philadelphia counties in Pennsylvania. And we're very fortunate. This is one of the more affluent counties in the entire country. We are routinely the wealthiest county in Pennsylvania. We're routinely the healthiest county. And often our communities are ranked among the top 25 or 50 places to live in America. But we are not immune to this. We are not immune to the death and the despair that is associated with this epidemic.

So there are lessons that we can all learn from each other, to hopefully work through this problem. And to the extent anything is helpful for you in your communities. Please, take any ideas that you might be able to apply to your community going forward. Because this is the kind of problem that we are not going to get out of without a team effort. A collective team effort. So, let's start with some basic background information, so that we can understand the full scope of the problem that we're dealing with as a nation.

The number one cause of accidental death in America is now drug overdoses. It used to historically be car crashes. Car crashes up until very recently were the number one cause of accidental death in America. But now ... it's important to understand not just why drug overdose has become the number one cause, but perhaps why motor vehicle crashes are no longer the number one cause. And let's think about, over the course of our collective lives, how driving in America has become safer. Well, driving in America is safer now, because DUI laws are enforced more strictly.

Seat belts are worn more regularly. Driver safety is taught in schools and taken more seriously. When I was a young kid, if you had a seatbelt, you probably didn't wear it. The cars were not as safely designed as they are now. The roads themselves, frankly, were not as safely designed as they are now. And I think it's instructive for all of us to not only look at the fact that accidental overdoses have passed car crashes. But why are cars, and why is driving safer in America? It's safer because we've taken a multi-disciplinary approach to a problem to make it safer.

It's that same approach to the epidemic of drug overdoses in America that we need to apply to make that less of a problem. We need to take our collective expertize. We need to apply it from a law enforcement perspective. From a public health perspective. From an education perspective. From a community standpoint. From an awareness standpoint. And it's through that collective effort that hopefully we can start to find a way out of the epidemic that we're

dealing with. To understand the full scope of the problem, in 2016 there were 63,000 deaths in America, because of accidental drug overdoses.

And, prescription drug deaths, prescription drugs, rather, cause more deaths than illegal drugs. So, let's make sure that we all understand what it is I'm talking about when I say prescription drugs. I'm talking about drugs that you would get from a doctor, as opposed to the illegal street drugs. As opposed to heroin. As opposed to cocaine. As opposed to methamphetamines. And the kinds of drugs that you would see on a street level. And then, specifically within the world of prescription drugs, opioids are the most common prescription drug death.

Now, let's make sure, again, that we understand the terms that we're talking about. Prescription drugs that are opioids are high powered pain medicines. These are medicines that were designed primarily for late stage cancer, post surgical pain relief. These are incredibly powerful medicines that do serve a legitimate purpose. But, when they are not used carefully and in accordance with doctors prescriptions, they can be deadly and dangerous. And those prescription drugs are effectively the same thing from you body's standpoint as heroin. Those prescription opioids and heroin, chemically, inside your brain, create the same response.

That connection between opioids and heroin is why you will always hear opioids and heroin mentioned in the same breath. That your body's chemistry does not recognize a substantial difference between how you respond to an opioid pain pill, like a Vicodin or an Oxycodone, as opposed to heroin. Now, here in Chester County, we have been struggling with this issue for the better part of the last four or five years, really, when it started to hit this area very hard. At that time, we had developed a task force. Again, going to the point that we're never going be able to see our way through this unless we approach it from a team perspective.

And the task force is chaired by me as the First Assistant in the District Attorney's office, basically I'm a prosecutor. My day job is to try cases to juries. So, for the next 45 minutes or so, you're my jury on a telephone. But, it's also chaired by our county's Director of Drug and Alcohol, and our county's Director of Health. Because this is an issue that needs to be addressed from a public health standpoint. That needs to be addressed from a drug and alcohol counseling and treatment standpoint. So that we can make sure that the people who need help can get that help. So that we can prevent future addicts. We can prevent people from falling into the despair of addiction.

And then from a law enforcement standpoint, so we can hold those people who would profit off of other's heartache and despair and addiction, hold them accountable. Jails were built for people who profit off of other peoples' addiction. People who push this poison in our community. But I'm not naïve enough to think that we can arrest our way out of this. Now, that's the executive leadership of the taskforce. But the taskforce here in Chester County

has between 50 and 75 constituent members. And those are medical providers, those are community groups. Those are survivor organizations. Those are church groups. They're the prison system. They're the court system. The adult probation system.

And we have quarterly meetings with that larger task force to make sure that we understand the problem we're dealing with. Do presentations to educate people about various topics related to this problem. And, we establish goals that we can move forward. And we can have achievable, measurable goals. So, for example, last year, one of our goals was to have a better sense of data. It's not just how many people have passed away as a result of accidental overdose. We need to get a better sense of how many people's lives were saved. Who otherwise could have been fatalities. Another thing we did last year was set up a county website.

A one-stop shop for people to understand various aspects to this problem. So that if there's a mother or father who wants to know what is an opioid? What does that mean? That they can go to a website a find that. That website, by the way, is www.stopodchestco.org. But if there's someone who needs to get access to treatment, they can go there. If there's someone who wants a presentation by our taskforce in their community group, we can do the presentation that they request in that area. And, that's a big part of this as well. I appreciate that all of you are taking time out of your day to hopefully learn some things about this issue.

And we know ... a lot of people know a little bit about it, but if we all went out to our local grocery store and asked people, "What does this really look like? And how did we get here?" I'm willing to bet eight out of ten people, probably don't have a good sense about what exactly is the scope of the epidemic, and how did we get here. And if we don't understand the scope, and how we got here, well, we're not going to be able to understand how to get out of it. So, let's move on to some specific Pennsylvania statistics at this point. I do recognize that there are people joining us from outside the Commonwealth of Pennsylvania, but, again, this is something that is touching all states across the United States.

Pennsylvania now is fourth, nationally, in drug related deaths per 100,000. So, for every 100,000 people, about 38 people die as a result of an accidental overdose in the State of Pennsylvania. In the most recent 12 month period, that's 5,400 Pennsylvanians who died. In a 12 month period. If you think about those numbers, and you found out that something was killing our citizens at that rate, we would be up in arms over this, as a country, as a community. We would be outraged that that many fellow Americans, and fellow citizens have died as a result of something like this.

And yet, perhaps not all of the attention that this epidemic deserves is being paid to it. And so that's why I encourage everyone to really raise awareness. To raise awareness of this problem. And to hopefully reduce some of the stigma of

talking about this problem. Because it's only through talking about it, and becoming educated about it, that we will be able to prevent future addiction, and help those who are struggling with addiction to get out of the despair of their addiction, and live meaningful, full lives. Because, as the counties Director of Drug and Alcohol always likes to say, "Recovery does happen."

Every day people do successfully recover from this. And it's incumbent upon all of us to educate ourselves, our friends and our families, so that we understand that. So that our loved ones don't become victims of this. But also so that those who want the help, and need the help, can find a path forward. American pill distribution is something that's very important. Because, in order to understand the causal connection, we really need to understand how people get into this kind of addiction to begin. And the entry point is not someone going to the bad part of town, walking down the dark alley, and buying drugs from a drug dealer.

That's not the way we deal with this now. That's not the way people become addicted to these powerful medicines. Generally they get them through prescriptions from doctors. In 2016, there were 6.2 billion hydrocodone pills in America. That's Vicodin. That's just one of the class of powerful opioids. Another one you may have heard of, were Percocet. 5 billion tablets of Percocet were distributed in the United States of America in 2016. What this does is, it floods the market. It becomes an economic analysis, really, when you understand the causal connection to this.

In 1992 there were only 112 million prescriptions for opioids. That shot up in 2012 to a high of 282 million prescriptions. There are only about 330 million Americans. In 2016 there were still 236 million prescriptions. You can see that this becomes a situation where supply and demand are a critical part. We had a perfect storm where these powerful pain pills hit the market. And these powerful pain pills were presented as, in many ways, the magic bullet. The non-addictive magic bullet that can help people with all kinds of pain. Well, we found out too late, that they were highly addictive. And highly dangerous.

However, the supply is there. This slide is very telling. In 1998, Oxycodone, again, just one of the class of opioid pain pills, there 11.5 tons produced world wide. Well, in 2013 that shot to 138 tons. And over 90% of that world wide consumption was here in the United States of America. Now, there's a slide of a doctor there. I'm not here to vilify doctors. Let me be clear about that. Doctors, frankly, were not prepared for this, because they were not really educated about this when they were in medical school. They didn't really understand the full scope of the problem when it was hitting. Like I said, these pills were presented as magic bullets in many ways.

And now, doctors and the medical community are very actively involved in turning the tide. Doctors get into a very hard job because they want to help people. And I'm proud to say, here in Chester County, that the County Medical Society is actively engaged in making sure people are aware of this. And doing what they can to not prescribe as many pills, and to help us get out of the

problem that we're in. But it's very important for communities to engage in this kind of discussion with their medical doctors. We have hospitals, nurses, pharmacists. All of them are actively represented in our task force. And they can help spread the message to other physicians and other health care providers.

Going to the other side of that economic analysis, it's not just supply, but it's also demand. In the United States, 70% of the population is on some kind of prescription drug. The number one prescription drug in America is still antibiotics. You have have a strep throat, or an infection, you get an antibiotic, and you feel better. But, number two and number three are antidepressants, and opioids. We are a nation in pain. And we are a nation in physical and emotional pain that often turns to pills. That combined with the incredible increase in production of the pain pills, and the opioids, that are the entry point for this particular kind of addiction, is how we have gotten to this point.

So, these couple of slides have demonstrated the increase in those pills, the increase in the demand for those pills. Because we are a country that looks to some kind of medicine, some kind of pill, to address the problems that we are dealing with. And you can start to see how, over the past, really 10 to 15 years, we had a perfect storm that resulted in the epidemic that we have now. Some specific information about other drugs you may have heard of, and how they are kind of prioritized by law enforcement. Here in Southeastern Pennsylvania, and I call it Southeastern Pennsylvania because we all collectively work together.

Law enforcement is the ultimate team endeavor. And so this is for the Greater Philadelphia area. The number one and two threats are heroin and prescription drugs. Again, in your mind, remember that the prescription pain pills become heroin addictions. Because the body's reaction to that is something ... you body does not know the difference between. Cocaine and crack cocaine are third and fourth in terms of the local threat level. And this is based upon what law enforcement knows as far as drug trafficking organizations, and the kinds of things they're pushing through our community. Violent crime associated with that in our community. Number of arrests associated with these kinds of drugs in our community.

And then, fifth on that list is marijuana. That's not to say that things like methamphetamine, and ecstasy and other drugs are not still out there. They are. But in terms of what we're seeing the most off. And what we're seeing in the criminal justice system as far as both people who are selling as drug dealers, and also people who are committing other crimes to fuel their drug addiction, heroin and prescription drugs are by far the number one and two threat in our area. This is not the first time in our nations history that we've had spikes in heroin.

We've seen spikes, and I'm going to not go back 1,000 years, because heroin's been around for over 1a thousand years. There are opium dens and things like that that have been around for a very, very long time. But let's talk about what

is probably our collective lifetimes. We've seen spikes in heroin in the 1970s. Normally if we were all in the same room at the same time, I'd ask if anybody had any ideas to what that spike was a result of. That spike was actually a result of the Vietnam War. Soldiers who were in Vietnam saw terrible things. And they were exposed to heroin that was often referred to as Black Tar heroin. Back in the 1970s. It was predominantly produced in South East Asia. And it was not nearly as pure as what we have now.

We've had other spikes. We had a spike in the 1990s. That spike was predominantly a reaction to popular culture. There was a lot of ... there were movies that glamorized heroin. Pulp Fiction was an example of a movie that glamorized heroin. But we also had heroin chic models who were pushed out and popularized in culture at that time. So we've seen spikes before. And now we this massive epidemic that we're dealing with that really started in the 2010s. But the important things about this slide is not so much the years where heroin was popular. But there are gaps in between. There were downturns in the popularity of heroin in America.

One of those gaps is the period between the 70s and the 90s. That's 1980s. Question is why. Why was there a drop in the popularity of heroin in the 1980s? Well, it was predominantly because that was the decade when drug trafficking organizations set up shop in America's cities, and flooded the United States of America with cocaine and crack cocaine. So that's when drug trafficking organizations, predominantly from South America and Mexico, set up shop in our cities. And set up logistical networks to flood the market with cocaine and crack cocaine. Those logistical networks still exist. Just like if you were to go to your local convenience store and get a gallon of milk. That cow is not in the parking lot for the convenience store.

Well, the heroin isn't being grown in your neighborhood. It's not being grown in those opium ... poppy seeds in your neighborhood. It's being produced somewhere else, and it's being brought to your community through a logistical network that, frankly, rivals any other kind of business. Just like you get products to market through legitimate businesses, drug dealing organizations get their heroin and other illegal drugs to the market through illegitimate ways in the same manner. Here in Philadelphia, we have an international airport. An international sea port. Access to multiple interstate highways. We're a two hour drive away from New York. A two hour drive away from Baltimore, Washington DC.

We are in an area where we can access a lot of people very quickly. That makes this area great for legitimate businesses. It's one of the reasons why Amazon is thinking about locating one of its corporate headquarters in this area. But is also makes it great for illegitimate businesses. And those international drug trafficking organizations recognize that. And they set up shop in places like this. Places like Atlanta, Chicago, Los Angeles. Places around the United States, where they can get their product in, and then distribute their product to consumers in logistical networks that were set up in the 1980s.

Now again, looking back to the beginning of the presentation, the consumer was given a prescription pill that they thought would maybe save their life, or lower their pain. Or, maybe they were a young student in high school. And they thought, "Hey, I'm going to take this pill that I found in Moms medicine cabinet, that she got after her wisdom teeth were pulled. Because it's from a doctor. It can't hurt me. It's in my own house. It's in my Moms medicine cabinet." Or my grandmothers medicine cabinet. Or my dads nightstand. It can't be that bad. And then they take that and then they become addicted. Because that one pill, makes whatever pain they were feeling go away.

Whether it's physical or emotional pain. But then the next pill they think is going to make them feel better. And then the pill after that they think is going to make them feel better. And sadly, what it does, is it hooks them into the throes of addiction, and then they're struggling, often for a lifetime, to get out of that addiction. And it's that end consumer who the drug trafficking organizations are marketing their product too. So, it's the combination of those pills, and then heroin. Let's move forward to another period of time where we see a gap here.

In the 1990s there was a downturn from the 90s to this current epidemic. The reason for that downturn was actually AIDS. The heroin of the 1990s was not very pure. And need to be injected intravenously. When AIDS hit, it hit very hard in the homosexual community, and in the intravenous drug using community. And people were scared to death. Well, now, today's heroin, is so pure that you don't need to inject it. You can smoke it, you can snort it. You can consume it in ways that do not require you tying off your arm and sticking a needle into a vein. I often say that today's heroin, compared to the heroin of the 1970s is like comparing a 1975 Dodge Dart to a 2018 Ferrari.

They're both cars, but one is a hell of a lot different than the other one. So, this historical trend and spikes combined with reasons for decline shows us a little bit, and provides a little bit of a historical context as to what does this mean compared to years past? And, frankly, I don't see international drug trafficking organizations ravaging America with cocaine and crack cocaine, or the AIDS epidemic. We can't look to those to save us from the epidemic we're dealing with now. We need to make sure we apply our collective intelligence and our collective efforts from all of our different disciplines to this problem to see a path forward.

Now, I talked a little bit about how you go from prescription drugs to heroin. The idea being, again, from a chemical standpoint, your body doesn't really know the difference. But let's also look at it from an economic standpoint. It's important to understand the economics of drug dealing whenever you consider it. Before we do that, I want to show you a couple of pictures. These slides are actually photographs that I took myself in an area of the city of Philadelphia called Kensington. Kensington's often referred to as Ground Zero for heroin in the United States, on the East Coast, at least.

This is what was a very working class community. About two miles from where the Liberty Bell and Independence Hall is. These pictures might be hard to see, but the stuff on the ground there, those are needles, and those are needle wrappers, and those are syringes. When I walked through that area with law enforcement about a year or so ago, it was like walking on a beach, but replace the sea shells with needles and syringes. This is an area of the city, along these railroad tracks. And what used to be a hard working, blue collar part of the city. Where people would then eventually just go to score and get high, and take the drugs back to their area.

Or just shoot up right there, and literally pass out in piles of trash and debris. Now, the city has since cleaned up that particular one mile stretch of the train tracks that went through Kensington. But, that has just pushed the addicts into the neighborhoods in that area. And this is an extreme example of what has happened in one part of the city of Philadelphia, but we don't need to go to that area to buy heroin. All of us can go into our communities and buy heroin. So, it is in your neighborhoods. It is in your schools. It is in your counties, it's in your communities.

And it's important to realize that this danger is real. This danger is there. And what are the risk factors as far as getting into those dangers? Now, when we talk about using heroin, or how you get from pills to heroin. I already mentioned a number of times that the chemical reaction is the same, but the economic side of things is a little different. So, if you had access to pills, the average American when they get them, they get them essentially for free. Maybe they pay the co-pay at the pharmacy for them, but they're not buying them from a drug dealer. Well, if that prescription runs out, or you're no longer able to steal it from your family member, or your neighbor or your loved one, and their prescription runs out, you then become someone who may want to buy it on the street.

And on the street, those pills are going to go for $20 to $30 per pill. A good baseline is to think about it in terms of $1 per milligram. So, for example, a Perc 30, that's a 30 milligram Percocet pill, is going to cost you about $30. Well, if you're popping 6, 10, or more of those pills throughout the course of the day, because your addiction has gotten so severe that you're just seeking those pills to avoid becoming dope sick. To avoid the withdrawal. You're going to have a very expensive daily habit. And you've run out of your prescription.

So now what do you do? Where do you turn? Well, the next slide shows where you turn. That $20 to $30 per pill habit, now becomes a $5 to $10 per heroin dose habit. So, you have the cheapest and most powerful heroin that this country's ever seen, and you can fuel your addiction for less than it cost to go to the movies tonight. That's one of the reasons why there's that transition point from pills to heroin. It's not just the chemical reaction in the brain. It's also the economic analysis that this cheap, powerful, pure, illegal substance, is in our communities. And that's another aspect to why these things go hand in hand.

Obviously, the other problem with heroin is that you don't know what you're getting. That could be cut with something from baking soda, all the way up to fentanyl. Which is a very powerful synthetic drug which I will talk about shortly. And obviously all of this is illegal. So, this is where people intersect with the criminal justice system. Because they are either committing crimes to get the money to fuel their addiction. Breaking into cars. Breaking into homes. Or, they're getting caught up in the criminal justice system because they are in possession of drugs themselves. I talked a little bit already about how Philadelphia is one of the epicenters for this problem in the United States.

And again, it is the cheapest and purest heroin that we've seen here in Philadelphia. And Philadelphia had historically been the city where heroin had a very strong presence. Here in Chester county, we are about a 45 minute drive outside the city. We're about 30 miles west of Philadelphia. In 2015 we had 74 drug overdose deaths. In '16 that went up to 106. And in 2017 it went up to 144 accidental drug overdose deaths. So you see we've had a steady increase over just the past three years. And each one of those numbers represent someone who had a life. Someone who had loved ones. Someone's son, daughter, brother, sister, husband, wife.

Someone who had hopes and had dreams. And whose hopes and dreams were cut short by the scourge of this epidemic we are dealing with. Let's compare Chester county to the other counties here in the Philadelphia region. This city of Philadelphia in 2016 had approximately 900 overdose deaths. For comparison, the city of Philadelphia averaged about 330 to 340 homicides over the past couple of years. Per year. So you could see, they have almost three times as many overdose deaths as they do homicides. These other counties that are in this region, also have seen significant increases. Montgomery County, Delaware County, and Bucks County are suburban Philadelphia counties that actually border the city. We don't border the city. That might be part of the reason why our number is a little bit lower.

But, all of us in this metropolitan area are struggling with it. Now, lets talk a little bit about fentanyl. Fentanyl is something that you may have heard of. It is a synthetic drug. It is up to 50 times more potent than heroin. And it is cheaper and easier to produce. If you are the head of an international drug trafficking organization, and you're producing heroin, ultimately you are in the business of being a farmer. Because heroin is produced by poppy seeds. And those poppy seeds are often grown in places like the mountains of Mexico or Afghanistan. They're hard places to grow crops, to process those crops. And then turn those crops into heroin.

Fentanyl, however, can be made by combining chemicals. Chemicals that are often acquired more cheaply on the black market, often from China. And, if you have a pharmaceutical grade laboratory, where you can produce heroin, it's not that hard to transition over to the chemical components to produce fentanyl. So you can see synthetic fake fentanyl that is produced by drug trafficking organizations and pushed into the American market. Fentanyl is a drug that has

a legitimate medical purpose, when it's produced legitimately and prescribed by doctors.

And it is a very high end pain medicine. Used for surgeries. Used for end stage cancer. But when people are combining it with heroin, you can see that we are now actually seeing even more dangerous versions of the drug out there. And you might think to yourself, "Well, why is it that people are ... why would people combine it with something that's even more powerful?" The scary thing is, that the drugs that are actually killing people, the batches that are killing people on the street, become the most attractive batch to the user. Because the body builds up a tolerance to the drug. So, we've actually seen people who say, "I'm seeking fentanyl." Because they think that's the high that they can finally get back to that original first hit.

Because they're always chasing that first hit. That's when they felt good. They eventually then just get to the point where they're trying to avoid getting dope sick, and they can never seize that original high. So they want something that's stronger and more powerful. Even though it might kill them. It becomes the most attractive drug on the street for them. And 95% of Pennsylvania counties have now reported fentanyl hitting their county. Like I said, fentanyl is 75 to 100 times more powerful than morphine. It's synthetic, which makes it cheaper and easier. And here in Chester County, in 2017, it's present in 72% of the accidental overdose deaths.

As opposed to 43% in 2016. So this is the next wave of what is hitting our community. Let's talk about some of the things that we need to do to address this problem and try and establish a path forward. There is a component for law enforcement. This is an example of a drug trafficking organization that we took off here in Chester County that had direct connections to a drug trafficking organization in Mexico. And this was bringing in illegal drugs and pushing that poison in our streets. There is a role for law enforcement, and there is a role for prosecutors in this. We do need to make sure that the individuals who are selling these drugs are held accountable for that.

But I'm not naïve to believe that there aren't people who would fill that void as soon as someone who deals drugs in our neighborhood is arrested. I recognize that, and people will continue to try and do that. But we need to continue to be vigilant, and make sure that we can hold these drug dealers accountable. Now, it's a separate issue for the addicts who are struggling with it. And I'm going to speak about some of the things the criminal justice system can do to help them in a moment. One of the other aspects to this is not just raising general awareness, but making sure we educate our children. N.O.P.E is the Narcotics Overdose Prevention and Education Program.

It was started in FLaurieda, it now exists up here in Southeastern Pennsylvania in a number of counties, and its got some other locations around the country. And this is a powerful program where middle school students, high school students, and their parents have separate presentations where people are

educated about the problem. People hear from parents who lost loved ones. And students are encouraged to be the hero, and try and save their friend and seek help. And I've been to presentations where you walk into a high school auditorium filled with a few hundred students, and you see pictures of the senior year picture, or the school picture of all the deceased children. And the kids are stone-cold quiet as they listen to these stories.

And it's incredibly important for all of us to get into our schools. Talk to our kids. Because it's the kind of thing that you need to talk to them as early as possible. Whenever you think "Maybe it's too early to talk to my kids about it." It's not. It's not too early to talk to them. Because you want to make sure that they know about these dangers and they are aware of the risks and they can make good decisions before they're faced with that moment of whether or not to try drugs. Another aspect to this is removing some of the drugs from the supply side of things. So we have prescription drug disposal boxes in our county.

And these are set up at police departments. Probably about 23 of the spread throughout the county. So that people who have prescription drugs in their home can safely dispose of them. Every prescription drug that is dropped off at one of these disposal boxes is safely destroyed by law enforcement, so it doesn't get into the water table. It doesn't pollute our waters. And it's no longer that dangerous pill bottle that's sitting in mom or dads medicine cabinet. Those pill bottles are just as dangerous as loaded guns. And if they end up in the hands of children, that can be another entry point for addiction. Over the years we've been doing this, as you can see from the slide, for four years. And the numbers have shot up. In terms of the amount of drugs we've collected.

Now, this does not mean it's all prescription drugs and opioids that are in there. I'm sure that we probably have some cholesterol medicine, and various other medicines that people disposed of. But a significant portion of these are going to be prescription opioids. So, although not all 10,000 pounds of pills that we collected last year, just in our county, are prescription pain pills. A significant portion of them are. And again, think about how small a pill is. And how little it weighs. The idea that here in just one county in suburban Philadelphia we've collected 10,000 pounds of those medicines in one year. That shows you just how prevalent these drugs are in our communities.

Good Samaritan Law is something that's here in Pennsylvania, and this is a law that was designed so that if you and I are both drug users. And I overdose. Normally if you had drugs on you, you might run away. And leave me to die. This is a law that's designed so that you call 911. You wait for me. You provide accurate information to the first responders. And they come and save my life. If you have a small amount of drugs on you, we're not going to put you in jail, or prosecute you for that. We want you to stay and save a life. Because every life saved is an opportunity for recovery. Now, if you're my drug dealer, and you have a significant amount of drugs on you. Well, then in that case you are not immune from prosecution.

But this is a law designed to try to encourage people to seek help. Call 911 and save a life. Another thing that saves lives is Narcan. Narcan is a medicine that blocks the opioid receptor in the brain. Basically pulling the individual out of the overdose at that point. And overdose is essentially someone stops breathing. Narcan is a drug that is carried by first responders. Every single police officer in Chester County carries this in their police car. All EMS providers carry it. And in the State of Pennsylvania, every citizen has a standing prescription for Narcan. The Physician General for the Commonwealth of Pennsylvania ordered a standing order. So, all you need to do is go to your local pharmacy in Pennsylvania and say you want Narcan. Because perhaps you have a son or daughter who is struggling with addiction and you're worried that one day you're going to walk in and they're going to be overdosing in their room.

Well, you want this life saving drug there. Because it's a nasal administered drug. You basically spray it up the persons nose. And if they are experiencing an overdose, as a result of an opioid, it will block that opioid. It will bring them out of the overdose, and first responders can then get them to the hospital. Where hopefully we can get them the access to recovery so they can then get out of their addiction. You do hear stories about people being saved from overdoses on more than one occasion. I was at a meeting just last night where a paramedic talked about this past weekend, they had to save the same person twice with Narcan. Those are still peoples lives. And police and first responders are going to save those lives.

And every time you save a life, that might be the time that that person seeks help and can get out of their addiction. But every single life saved has value. Every single life saved has meaning. And every single life saved can be a chance at recovery. So far in just the past two years, we've had over 230 lives saved through the use of Narcan in our county alone. Drug Court. This is a powerful program that the criminal justice system uses to help those who are addicts develop life skills to get out of their addiction. So, let's say, for example, someone has a non violent offense like a theft. And they did it because they were fueling their addiction. Well, that non violent offender, who has a drug addiction, can go into drug court. Where they're going to be intensely supervised by the court, and by a probation officer, and a support team.

So that they can learn how to deal with their addiction. They can learn healthy habits. They can hopefully get out of their addiction. And if they are able to complete this intensive program, which could last from one to two years. At the end of that program they can have their record wiped clean. This is powerful when you go to the drug court graduations. Because one of the things they do is they provide the person who graduates, with a picture. And it's their mug shot. So when you see someone now who's had a year or two clean, and has seen the other side of their addiction. And you compare it to the mug shot, where they were in the depths of their addiction. It's powerful. And this is a program that we've had here in our county for 25 years, actually. And it saved countless lives.

The other aspect to this is prescription drug guidelines. Changing the way doctors prescribe drugs. And, so for example, this little guy with his arm in a sling, there are a lot of young folks who are athletes, who maybe suffer a sports injury. And as a result of that sports injury they get a months supply of opioids. Well, they shouldn't be getting those pills. Those are powerful pills that are very likely to be abused by those individuals. And those kids can recover from the injuries that they had. This is not what these pills are designed for. And so, by modifying how we prescribe medicines, and how we dispense these medicines. That allows us to limit the supply, which will hopefully help us get out of this epidemic that we're dealing with.

Some other examples of dealing with that are, for example, if you're under the age of 21, do you even get prescription pills? If you're going to get a prescription for opioids, maybe you only need a week's supply as opposed to a month's supply. If you had your wisdom teeth pulled, you don't necessarily need to have a month's supply of Vicodin. Maybe you just need a week. Or, if you are going to be on these prescription pills for over 60 days, or for a long period of time, mandatory counseling. These are some examples of ways that the medical community has begun to change the way they approach pain. Change the way they address pain. And move forward from this. I saw one of the comments, and in a moment here I'm going to open it up to more comments and questions.

But one of the comments that came up while we were doing this was the idea that pain became the fifth vital sign at around the time that all of these economic issues and all of these prescription drugs were being produced. That's accurate. We were really in the heart of a perfect storm. The number of pills produced world wide increased dramatically. But really, here in the United States, 90% of them were consumed. We had the false information that these were non-addictive pills that could be magic bullets in many ways. We had an increase in the role of pain in terms of payment for medical care providers and the value that was associated with people who were receiving medical treatment.

And then, you combine that with 70% of the United States population being on some kind of prescription, and you can see how all those forces came together over the past 10 to 15 years, where we are now dealing with the consequences of that. You're dealing with a nation that is struggling with an unprecedented epidemic of prescription pain pills and heroin. And if we don't take our collective expertise, and approach that problem in a team, multi disciplinary environment, we're not going to be able to successfully get ourselves out of it. It's so profound that life expectancy in the United States actually dropped for the first time.

It's a problem that has a magnitude that really cannot be overstated. So I thank all of you for taking the time out of your schedules to learn a little bit more about it from the perspective of one prosecutor here in suburban Philadelphia. And to hear a little bit about how we're approaching it here in Chester County. And I encourage all of you to do what you can in your communities to raise awareness of this issue. Talk to your family about this issue. But also bring your

expertise. Whatever specific knowledge and expertise you have, to a multi disciplinary approach to this problem in your community. Because if each one of us does what we can in our community, then we will start to turn the tide.

And we will prevent people from falling into the depths of this addiction. And see our way forward so that we can get out of the epidemic that we're struggling with every day. Thank you all very much. And at this point I'm going to open it up for any questions anyone might have.

Laurie: Yes, thank you so much Michael. At this time we will move into the Q and A portion of the session. If you have asked a question during the session we will address it now. But if you have something that comes to mind, please type it into the chat or the Q and A box on the right of your screen. We will answer as many questions as time permits. We have already had a bunch of questions submitted. So I'll go ahead and start addressing those to Mike. The first question is "Why is it so difficult to shut down these drug distribution networks? And what can you tell us about what has worked or not worked in your area?"

Michael Noone: That's an excellent question. It's hard to shut these organizations down because they are often complex international, frankly, businesses. That require a very unique approach. So, for example, the drug dealer on the street, you know, they have no connection to whomever is running the drug operation. Often times in another country. But they're getting their products through different phases. So, the drug dealer on the street might get it from a more regional distributor. The regional distributor's getting it from somebody else higher up on the food chain. And frankly, these drug organizations are ruled by violence.

It has become popular now to say that drug dealing is not a violent crime. That's not true at all. Drug dealers rule their territories, rule their businesses at the point of a gun. Violence is absolutely part of drug dealing. And it's important for law enforcement to be able to get accurate information. So, for example, if we arrest someone who is dealing drugs in a school. Well, in order to incentivize that person to cooperate with law enforcement, and hold whoever they get their drugs from, accountable. We need to be able to have a hammer over their head, frankly. So, the idea of mandatory minimum jail sentences, in Pennsylvania not that long ago the Appeals Courts removed mandatory minimum jail sentences from prosecutors.

We are no longer able to say if you are caught selling a certain amount of drugs, you're going to go to jail for a certain number of years. So, we used to have a situation where, say you were selling 15 grams of heroin, you could be potentially looking at, depending upon your record, maybe three years in jail. Well, if you were in that situation, I'm just using hypothetical numbers there. If you were looking at three years in jail, now maybe, you know what, I'm going to cooperate with the police, I'm going to tell them where I get my drugs from, and we can use that information and move up the chain. That's a law enforcement tool that we can use to try and take down drug organizations. Well, when they removed those mandatory minimums from our tool kit. Now that same person

can come into court, pitch to the judge why they should get a break, and a judge can sentence them to just a couple of months in jail, or maybe less.

Maybe just a couple of weeks in jail. Well, now all of a sudden, that person is not going to give us the information we need. They're not going to cooperate with law enforcement. So, in many ways, law enforcement has lost the ability to really effectively go after these drug dealers, so that we can move up the chain to prosecute the higher people in the organization. It's very hard to get someone who makes money, and is scared of their drug dealer, because they know that's someone who's got access to violence. They rule their organization through violence. If that person who got caught by the cops isn't going to go to jail very long, they're sure as heck not going to cooperate with the cops.

So that's one of the reasons why it's tough. But it's a fight that law enforcement fights every day. And we'll continue to do it.

Laurie: All right. The next question asks "Has the city of Philadelphia increased the amount of methadone clinics to help the recovery process for addicts?"

Michael Noone: There is a shortage of beds in the city of Philadelphia. So there's a shortage of beds for people who need help in rehab. In terms of methadone clinics, I'm not sure right now the number of methadone clinics. For those of you who may not know, methadone is one of the drugs that can be used to help people who are dealing with addiction. Medication assisted treatment is the idea that other medicines can be used to help people who are struggling with addiction. The tide has sort of turned there, and I think most experts now agree that medication assisted treatment has a role in helping people who are struggling with addiction. It used to be that people thought, well, you're just subbing one addiction for another.

Now I think people realize that just like if you have heart disease, you need to eat better. You need to exercise more. But you might need to take cholesterol medicine. Well, if you're someone who struggles with addiction, yes, you do need to change the way you view things. You need to have support groups. But you also might need a medicine to help you get out of that addiction. And methadone is one of those examples. So, in terms of whether or not the city of Philadelphia has actually increased the number, I don't have the answer to that. I can tell you that there's still a shortage of treatment facilities, really nationwide. But medication assisted treatment is something that most of the experts who do provide treatment for people struggling with addiction, recognize now as a component for helping people get out of addiction.

Laurie: A next question asks "What grade does the N.O.P.E Program begin presentations within the public school system?"

Michael Noone: So, they do middle school, which is generally sixth, seventh, and eight grade, as one group. They do high school, nine through twelve, as another group. And

then they do the parents, generally in the evening. And usually you'll have them within the same day or two. So, the middle schoolers will have a presentation, then later on the high schoolers, and then the parents. What we've seen, frankly, is that the students are a captive audience. The school says they need to be there, they're there. But often times the parents are not. And sometimes the attendance for the parents is very low. And the folks who are there, in many ways you're preaching to the choir.

They're either already actively engaged in what's going on with their kids, or maybe they have children who are struggling with addiction, and they know the dangers of it. So, really, the way to get to the parents, is something that is constantly being worked on. Because all of us have busy lives right now. And everybody has a lot of demands, especially when they have children who are school aged. But it's very important for parents to become educated about this, because if the parents don't understand what it is that's going on in their homes, and what's going on in their schools, and what the risks are, well, unfortunately the time that they could have spent one evening to learn about it, that would have been a much better use of their time than coming home and finding one of their children died as a result of an overdose.

And sadly, we have seen that far too many times.

Laurie: "Do you have any statistics on the percentage of addicts that actually stay clean?"

Michael Noone: I don't have a statistic that I can share with you right now. But I can tell you that anecdotally, it is a really hard habit to kick. Particularly heroin. Heroin is a hell of a drug. And the problem is that it's that first initial response that usually is the best response. And people are chasing that initial high, and ultimately your body builds up a tolerance to it. So, even in situations where an individual does decided that they're going to go into treatment, and they maybe get clean for a month or two. Sometimes when they relapse, which is not unusual, they now ... their tolerance has dropped. So, their tolerance of their maybe, five bag a day habit, has dropped after that month when they were clean.

And they go back and use at the same level they had used before they got clean. And that's what kills them. Because then their tolerance dropped, and they thought they could use at the same level they were using before, and then they overdose and die. I think I heard a statistic once that sometimes it takes upwards of 12 attempts at rehab before it really latches on with a higher success rate. So, I don't have a specific number. But it's extremely difficult. And often times, people need to change the people, places and things. You know, people who are dealing with these addictions need to change the people they associate with. They often need to move out of the places where they are.

And they need to stop doing the things they were doing. Because if they don't change those things, they're going to fall right back into their pattern of human behavior. And anyone who's ever tried to lose a little bit of weight, or quit

smoking, or go to the gym more, knows just how hard it is to change human behavior.

Laurie: "If someone is already addicted, should the prescription being taken account as a new addiction?"

Michael Noone: If someone already is addicted, or has a history, frankly, of addiction, or maybe has a family history of addiction. That's absolutely something a doctor should know. You know, doctors, when you go to visit your family doctor, they ask you all kind of things. They ask you do you have a family history of diabetes, or heart disease, or cancer, or anything else. But do they ask you, "Do you have a family history of addiction?" It's important. To have that conversation with your doctor, because you might be in a situation where you're going to get access to pills. And you don't want to have access to things that are potentially going to put your life in danger.

So, it's important to have open communication with doctors. And going forward, we do see doctors who understand this more. Frankly, until this recent generation, doctors received very little training on addiction, the science of addiction, and the treatment of addiction when they were in medical school. And we're talking measuring it in hours. Not even classes. So, doctors are a little bit behind the eight ball when it comes to understanding the dynamics of addiction. But that is something that is improving. But I would encourage anyone who goes to their doctor to be open and honest about this. Because, often times, the people who are struggling with these addictions, got pills that they thought were going to help them. And they didn't realize how dangerous they were.

Laurie: Okay. One of our providers in Louisiana is asking how she could find out what is being done in regards to opioid abuse in Louisiana and in particular Baton Rouge.

Michael Noone: Well, I would encourage you to get in touch with the folks who run local government there. And I know they're parishes in Louisiana, not counties. But I would reach out to your local prosecutors office. I would reach out to your local department of drug and alcohol treatment. Or your local department of health. Find out, is this something that they're working on? And if not, why not? Find out if they have a task force that's designed to address this. I would, perhaps reach out to your health care providers in that areas.

If there is a hospital in that community, I'm sure that they should have someone on staff who can address this. Either a social worker, or someone in the administration of the hospital. But I think I would start with local government. Local government, here in Chester County, is taking a pro-active role of coming together to make sure that we have our collective expertize, and then use that to grow this task force in the community. So that we have it at a grass roots level. So it's a combination of private, public, and government. And we're all trying to work together to come up with new initiatives to address this problem

here. And I think it's a good model that would apply for communities, counties and parishes across the country.

Laurie: Alright, we have just a couple more questions, we'll try and squeeze these in real quick. "Is the standing prescription for Narcan paid for by a specific funding source? Or does the individual have to pay the cost?"

Michael Noone: I believe that the individual has to pay the cost, but their insurance may cover that. If I recall correctly. Narcan also, this is another example of the economics of things, Narcan comes in a couple of different versions. They're all generally nasal inhalers. But some of them are a little fancier than others. Some might also walk you through ... they actually have commands that walk you through the process of doing it. Like an EpiPen. So, some of them are a little bit more expensive than others, but I believe that they are generally covered by people's insurance. Although that is not an area that I'm as much of an expert on by any stretch of the imagination.

Laurie: And "Do you know if anything is being done to hold the drug companies responsible for paying for treatment? They began this epidemic with their "Pain is the fifth vital sign" campaign for pure greed. Now the cartels are in on the action, furthering the epidemic they started."

Michael Noone: Yes, there is a movement across the county, both through county governments, local governments, State Attorney Generals offices, where there is litigation against the manufactures and distributors of these powerful pain medicines. It's very similar to what we saw with big tobacco. And I use smoking as an example of another way that we've changed behavior in America. People smoke a lot less now than they did when I was a kid. And that's partly because cigarettes are taxed more, you can't smoke in restaurants as much. They're not advertised on television. They're not popularized as much. But the other aspect to that is, big tobacco litigation that existed 15, 20 years ago.

You are seeing a similar model now, where states and municipal governments are bonding together to sue these large manufacturers and distributors of opioids, and that's an ongoing process. Ultimately, we're probably going to see large judgements, or perhaps settlements from these companies. And the money from those settlements and judgements will be partially used to fund efforts to deal with the epidemic that we're dealing with.

Laurie: Alright. Well, thank you so much Michael. That's an excellent presentation, and addressing a lot of the questions we had. There were a couple we didn't get to, but we do need to wrap up. And for those who did not get their questions answered today, we will forward those on to Mike, and we will get answers for you. So, thank you for joining us today. I just wanted to remind you that when you close out of today's session, you will be automatically directed to a very brief evaluation. We ask that you please just take a quick moment to complete it. We greatly appreciate your feedback and comments.

So thank again, thank you Mike, and thank you everybody for attending today. Have a great rest of the day. And this session is now concluded. Thank you.

Michael Noone: Thank you all very much.

This material was prepared by Quality Insights, the Medicare Quality Innovation Network-Quality Improvement Organization for West Virginia, Pennsylvania, Delaware, New Jersey and Louisiana under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. Publication number QI-C3-050318a