

BEFORE THE HOUSE HUMAN SERVICES COMMITTEE

January 28, 2014

Mr. Chairmen and Members of the Committee,

I thank you on behalf of the Pennsylvania State Coroners Association for this opportunity to discuss the issue of prescription drug overdose and my thoughts on House Resolution No. 544. Many well-qualified individuals will testify concerning what the Center for Disease Control called a "U.S. Epidemic". In their Morbidity and Mortality Weekly (MMWR) report. The CDC points out that in 2007, approximately 27,000 unintentional drug overdose deaths occurred in the United States, one death every 19 minutes. (1) That figure is still on an upward curve. And in 2010 the CDC reports that:

- Among the 25 to 64 age groups, drug overdose caused more deaths than motor vehicle crashes.
- Sixty percent of the drug overdose deaths were related to pharmaceuticals.
- Of those prescription drug overdose deaths, the clear majority (75%) involved opioid pain relievers of which 30% also involved benzodiazepines.
- And one last statistic, between 1999 – 2010 deaths from prescription painkiller overdoses among women increased 400% compared to 265% for men.

I am Graham Hetrick and I have been the Coroner for Dauphin County, Pennsylvania since January of 1990. My office is right here in this capitol city. It is

my job as a medical legal death investigator to determine two aspects of death; **cause and manner**. The cause of death is the actual mechanism causing life to cease in the human body. The manner is the exploration of the reason for the cause. For example one could have a cause of death by multiple drug toxicity but the manner could range from homicide, suicide or accidental. In statistical analysis one must remember that some decisions of the characterization of manner of death are the result of subjective analysis and the limitations of scene investigation. There has always been the fine line between accidental and suicidal multiple drug overdoses. In either case the combination of opioid prescription drugs in combination with others such as methadone, benzodiazepines, etc. have been on the rise since my beginnings as a coroner. Over the years I have certified the cause and manner of death for approximately 12,000 certified cases.

I tell you this because I want you to understand that my view of this “epidemic” is a view from the body bag. It is the street view. It is the view where I must sit with families that never knew their deceased child had a drug dependency and now lies on my autopsy table. It is a hard story and a very complex story. It is a story of a modern, wealthy free society that is, in extraordinary numbers, trying to anesthetize themselves from either physical or emotional pain or maybe both. The CDC’s January 12, 2013 MMWR points out that since 2003 the deaths resulting from opioid analgesics have outpaced the deaths from cocaine and heroin combined. That figure just deals with abuse that ends in death. The MMWR points out that for every one death, 9 persons are admitted for treatment of prescription opioid abuse. It is further noted that; “distribution through the pharmaceutical supply chain

was the equivalent of 96 mg of morphine per person in 1997 and approximately 700 mg per person in 2007. This is an increase of >600 %.”

In 2006 while doing graduate work for a Master of Science in psychology I did a study of death in my own coroner’s office. I was looking at the increase of unattended drug overdoses and wanted a profile on what drugs were involved in mixed drug overdoses, the profiles of who were dying from the overdoses, and possible information as to where they obtained the drugs of common abuse. Interesting patterns appeared that mimicked the national patterns and yet may be surprising to those not familiar with multiple prescription drug overdose.

My study, as well as the PSCA Study which is attached to my testimony, and the observations of the CDC show that the abusers have a definite profile;

- Mainly non-Hispanic white males ages 20-64 years. My own study showing the average age to be 41.37 years.(2)
- The CDC indicated that individuals getting opioids from a source other than prescription or for other than medical reasons, those using prescription for long terms, and those using higher prescribed dosages were those greatest at risk for death by overdose.
- The use of heroin is most often combined with prescription drugs or multi-drug toxicity.

From an antidotal standpoint, I and many police and county districts attorneys believe over the past approximately five years the average age of prescription drug abusers has dropped significantly. Children and young adults are abusing prescription drugs at horrendous rates. This adds a totally new and complex

feature to the problem. Preadolescents still have developing myelination in the frontal cortex of the brain and I am not aware of any extensive studies, which address this process and multiple drug abuse, or any other drug abuse for that matter. This brings me to my thoughts on the reading the Resolution 544.

I believe that more must be done concerning the problem of prescription drug abuse in Pennsylvania. Like most government resolutions it establishes a fund. The funding source in this resolution seems to be solely the Pharmaceutical companies; since the companies make "enormous profits". It is true that pharmaceutical companies do make handsome profits but I think that laying the blame solely at the feet of the pharmaceutical manufactures is in error.

Pharmaceutical companies must look at these increasing numbers in opioid use not just as better sales figures but also if the opioids are used in the best interest of society. They need to be part of the solution. Drug abuse is a complex process and much has to do with the general state of our society, the increase the use of opioids as analgesics for common pains in an outpatient setting, many times with little or no supervision. We are a society that wants a pill for every occasion. I do believe that pharmaceutical companies should be at the table. They should help fund at least some of the process but by what method, I am not qualified to say. I don't think they are opposed to efforts to reduce abuse and I believe that better data will be obtained with their input. I also believe that others such as law enforcement should be at the table to discuss issues of bringing drug suppliers to justice when multiple drugs contribute to the cause of death. Recently Northeast and Montgomery County successfully prosecuted "pill pushers" for the unlawful deaths of two individuals. I

believe in Montgomery County the prosecution tied the Doctor in question to the unlawful practice of medicine.

I am a believer that all journeys start with the first step and the PSCA wishes to commend this Committee and the Members of the General Assembly on the steps that you have initiated to begin to establish the parameters of this problem. In 2010 the Department of Drug and Alcohol Programs was established (Act 50). In 2012 the Methadone Task Force was established to gather information on drug deaths involving methadone as the primary or a contributing factor in the death. Coroners were specifically made a member of the Task Force and all 67 counties have been filing reports on those deaths with the Department. The first annual report from the Task Force with recommendations for further actions will be filed soon with the General Assembly.

As an extension of the work on methadone, the Department has established a drug task force to consider all drug deaths. Coroners will begin this month to provide information to the Department.

Another piece of legislation which is extremely important in this battle is the Pharmaceutical Accountability Monitoring Program. That will require prescription drugs authorized by every physician, hospital and pharmacy to be reported. It is hoped that it will become law this year.

Finally, prescription opioid drug abuse is a journey. In many of the cases I have seen and especially in the young, this journey leads to heroin. Heroin is cheaper (\$4 -\$5 per bag) and when the cost of or the supply of prescription opioids is too high (an Oxycodone pill can cost \$80) many take the next step to heroin.

Indications are that heroin abuse is also on the rise. When I was finishing my master's thesis a mother came to me to talk about her daughter's death from heroin. She was a good student, a good kid that most likely went down this path of first abusing prescription drugs and then finally using heroin. She tried to escape the lure of opiates but wasn't strong enough. Just a week or two before her death she wrote this poem to her younger sister, warning her about the dangers of drug abuse.

Heroin

By Natalie Cribari

Through poison-tainted veins, I feel
A warmth that soothes, but is surreal
It's funny how we became acquainted
He made me quiver, I almost fainted.
He seemed so cool, so calm, and sweet
He swept me off my virgin feet.
We fell in love, or so I thought
My soul, not my love, is what he sought.
He hid his identity with a comforting mask,
Only to disguise his horrid task.
With every kiss, he sucked me dry.
His soft caress was all a lie.
He came inside me: just a little prick
It made me lightheaded, and a little bit sick
He abused me raw, 'til my arms were sore

My cheekbones were visible

But I craved him more.

He made me chase him

And steal, lie and cheat

He wore down my body

Until I fell in defeat.

He cackled at my pain

His full destruction of me

But I am too dope sick

That this I can't see.

Still, I begged and I pleaded

For him to return

An ongoing cycle

Why didn't I learn?

So at night I fell asleep

With him by my side

But woke up with no one

"He promised!" (He lied)

So today, again, I make it

My priority, my chore,

To find him in vain

And again be his whore.

His passion I want

I crave, and I need

The rush that I get

Fill that indeed

I may never make it

But to you, I dare say

If he should strut by, look the other way

He'll charm you and flirt

With his deadly advances

He'll shower you with false promises

And convincing romances

He could come upon you, any old day

With a twinkle in his eye,

And his look that could sway.

This is your warnin', so dalin' take heed

What he does offer you, you surely don't

Need:

A handful of problems, a life that is dark

In no time he'll have you,

And your gravestone he'll mark.

References

- (1) CDC Grand Rounds: Prescription Drug Overdoses-a U.S. Epidemic, January 13, 2012/61(01);1—13, Morbidity and Mortality Weekly Report (MMWR) (<http://www.cdc.gov/mmwr/preview/mmwrhtml/mmt10a3htm>)
- (Hetrick, G, 2006) A study of Unattended Drug Deaths in Dauphin County, Pennsylvania.

Pennsylvania State Coroners Association



Heroin Overdose Death Statistics

2009 – 2013

INTRODUCTION

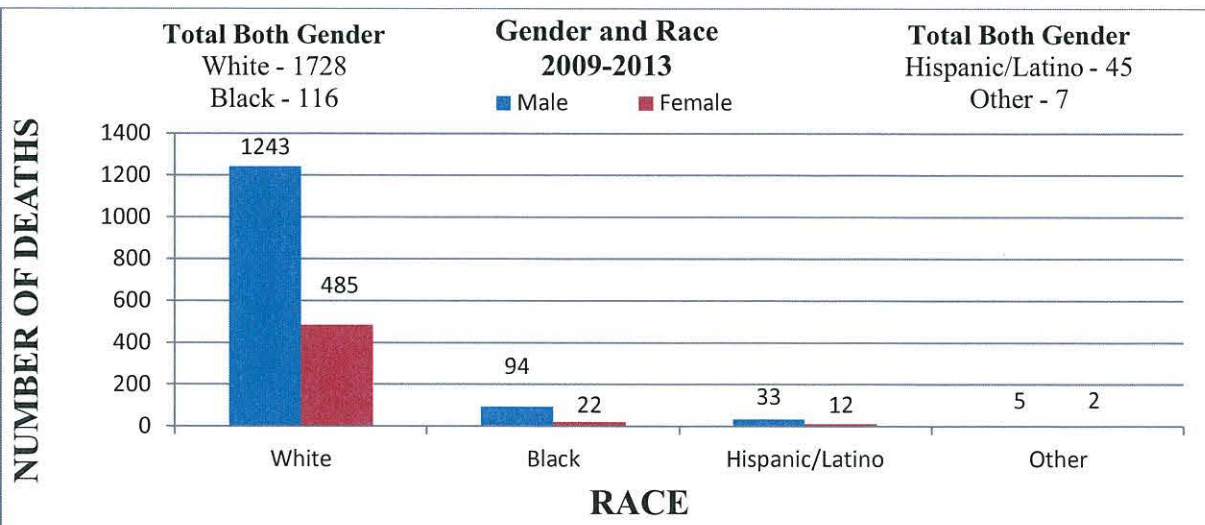
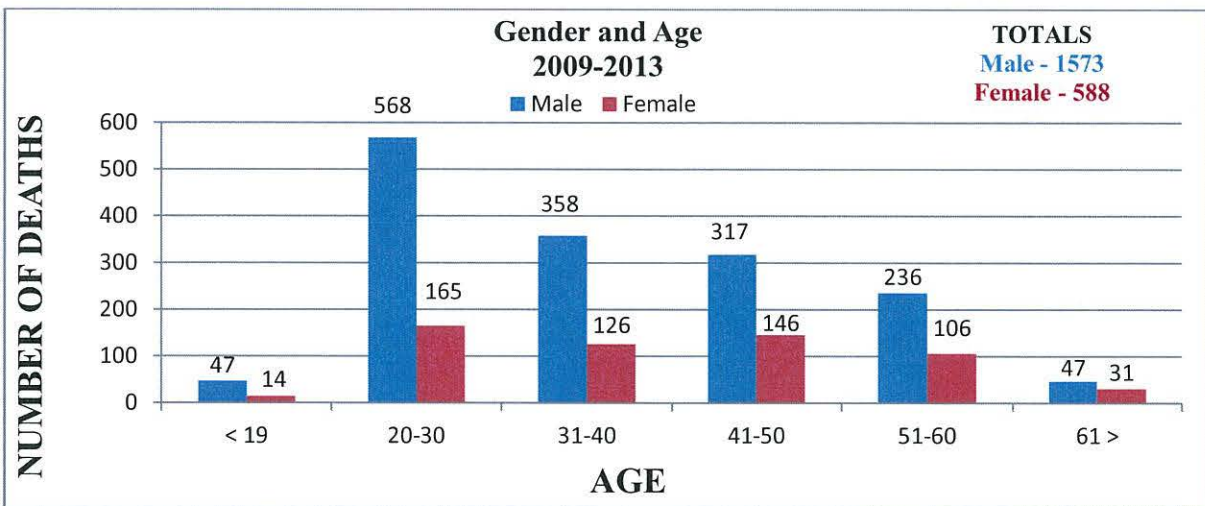
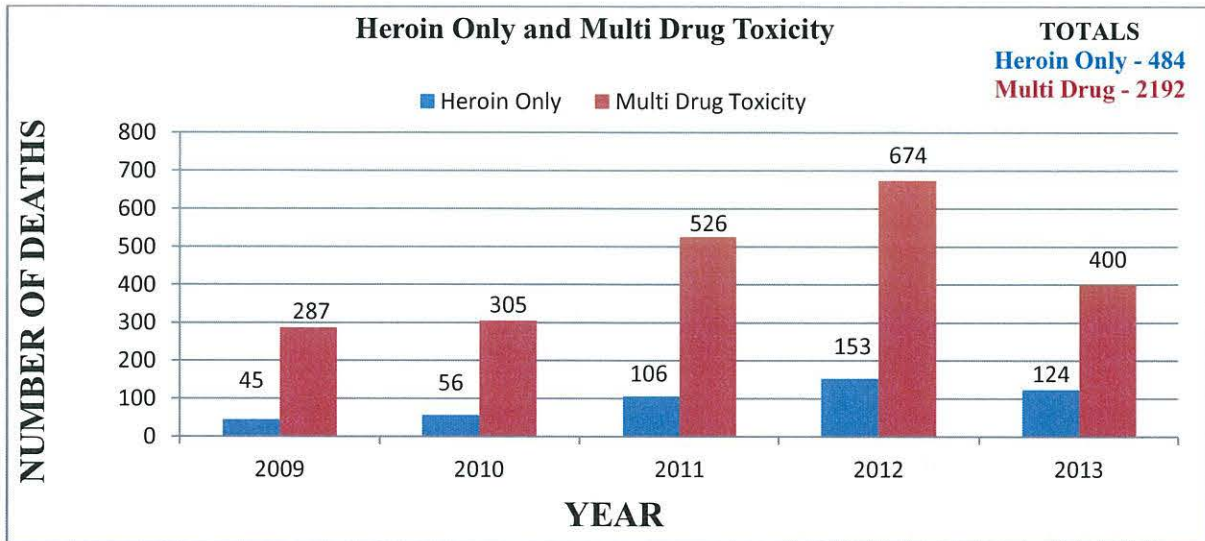
- **Source of the data is through the Pennsylvania State Coroners Association and the Coroners/Medical Examiners of the providing counties. Forty counties provided data for this study.**
- **Data provided is from 2009 through 2013, unless otherwise indicated.**
- **2013 data is complete only through June to August depending on that county's provided statistics.**
- **MULTI DRUG TOXICITY, refers to the combination of Heroin and one or more other opiates, illicit drugs, or prescription drugs found through toxicology. The most common substances found along with Heroin are the following:**
- **Alprazolam, Citalopram, Mirtazapine, Primidone, Cocaine, Phentermine, Hydrocodone, Ethanol/Alcohol, Codeine, Diazepam, Temazepam, Trazadone, Chlordiazepoxide, Venlafaxine, Amitriptyline, Oxycodone, Clonazepam, Nordiazepam, Methadone, Doxepin, Lamotrigine, Flurazepam, Fentanyl, Tramadol, Sertraline, Oxymorphone, Cyclobenzaprine, Morphine, Prozac, Marijuana/THC.**
- **Data from various years and demographics may be missing or flawed from certain counties which will alter the outcome of various totals to a certain degree.**
- **Data obtained by Pennsylvania Coroners Association Solicitor Susan M. Shanaman.**
- **Report generated by Westmoreland County Deputy Coroner Joshua C. Zappone.**

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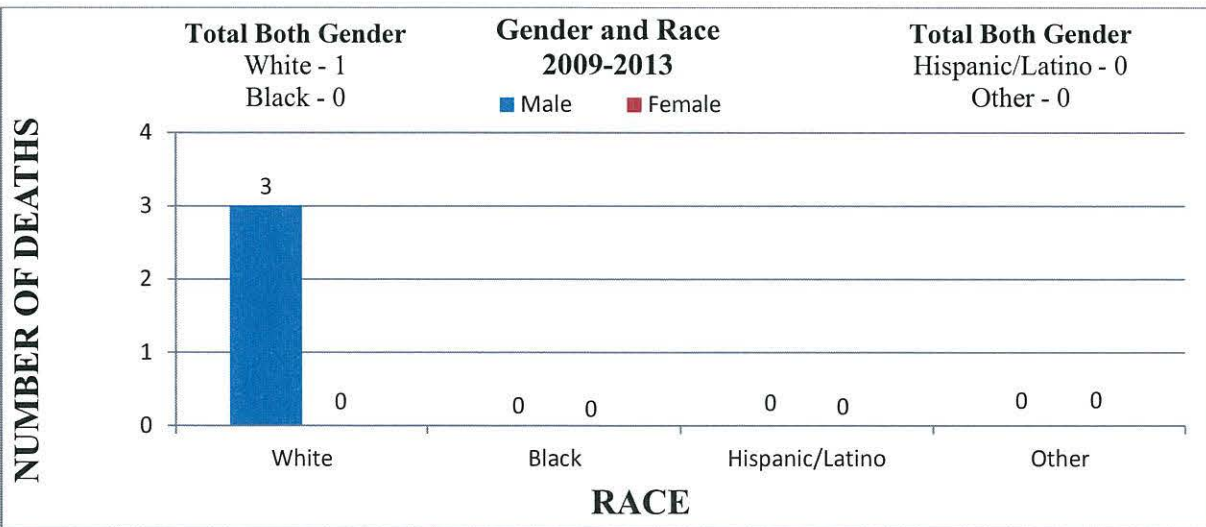
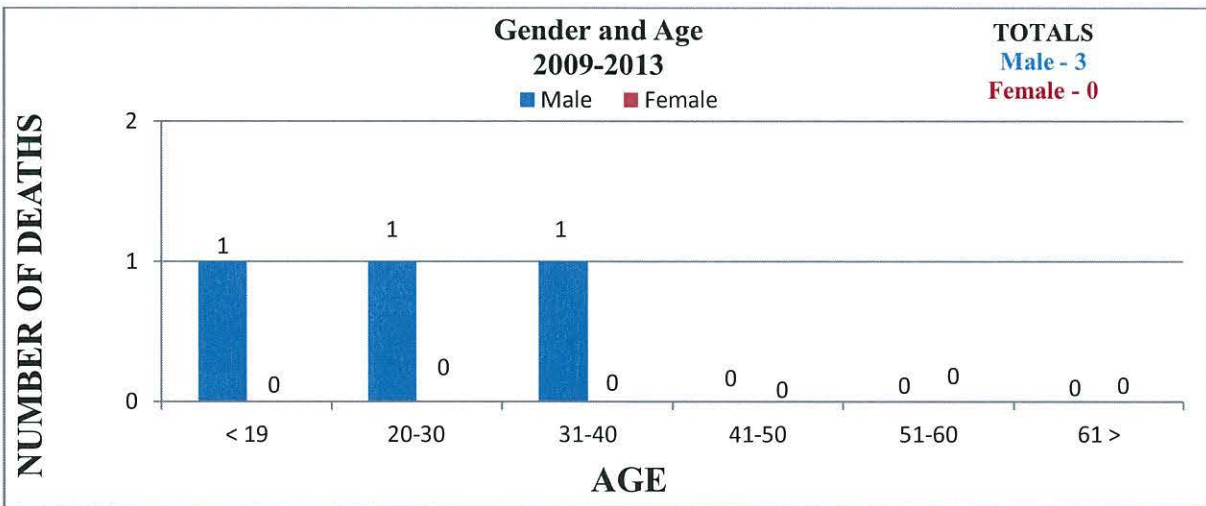
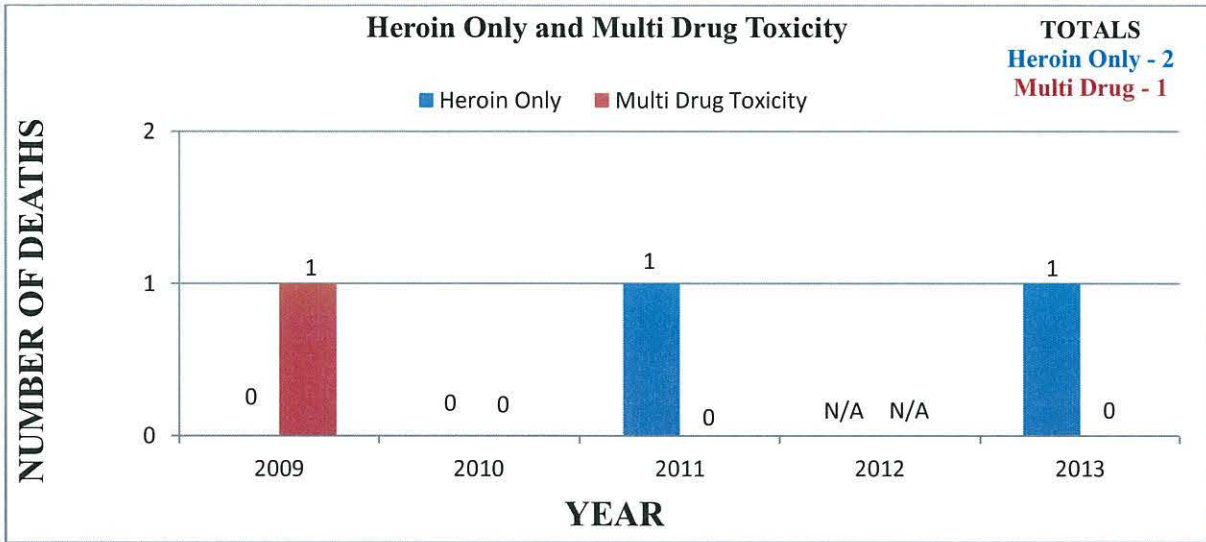
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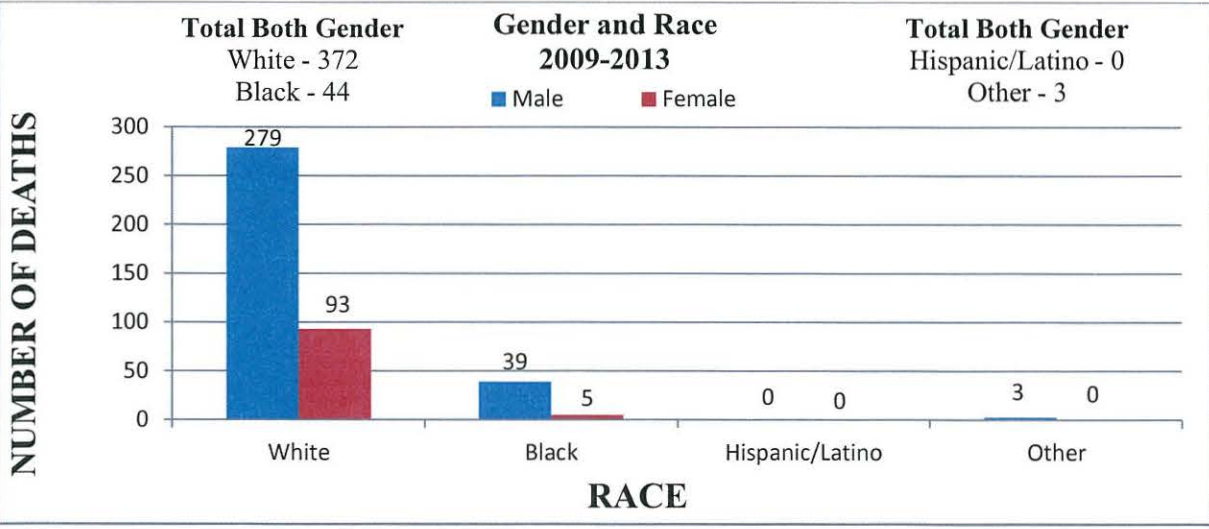
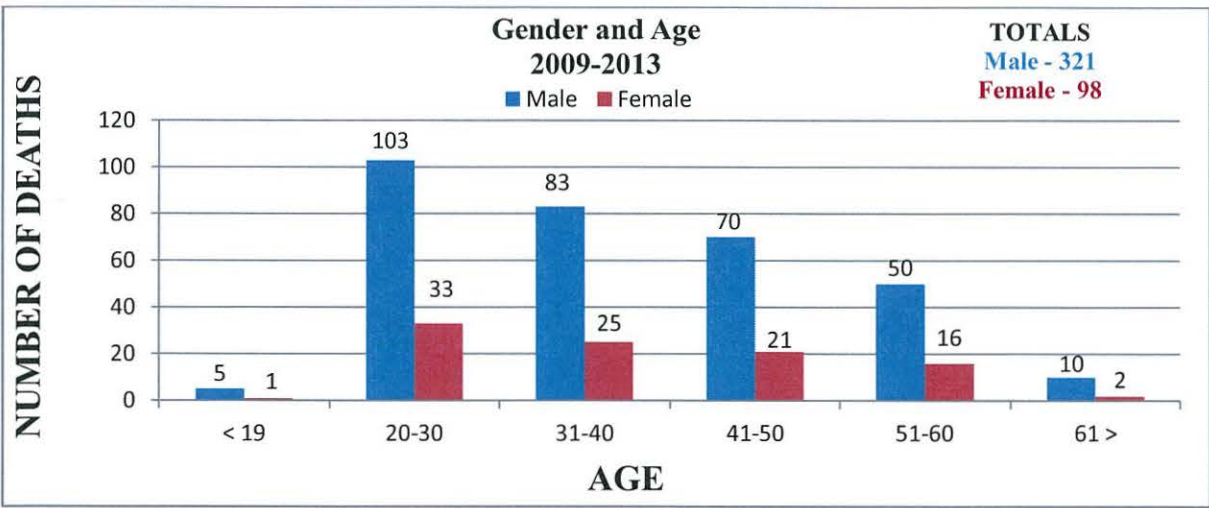
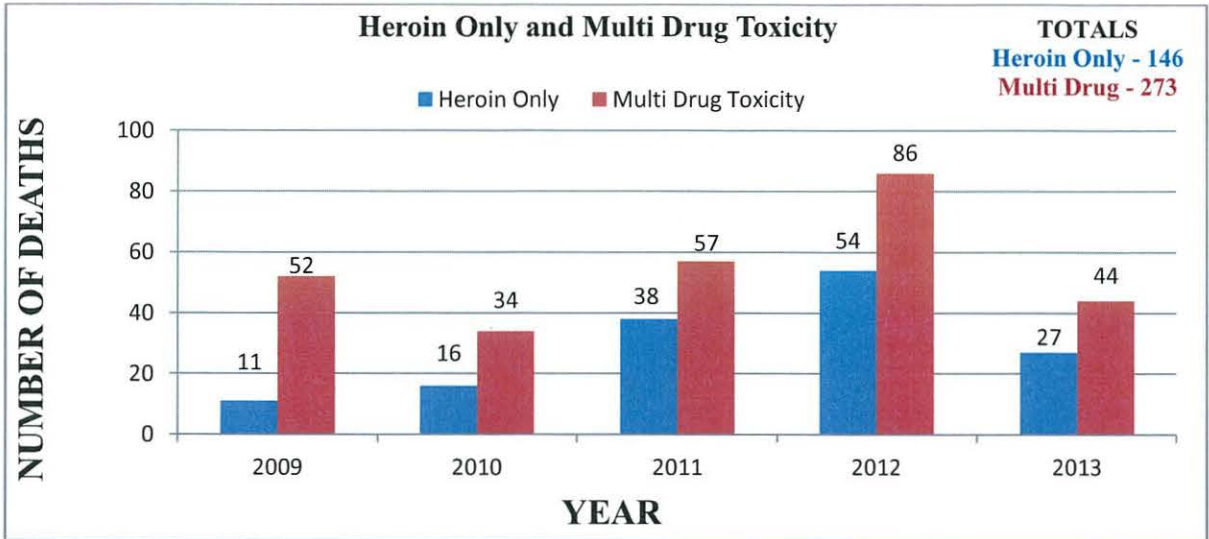
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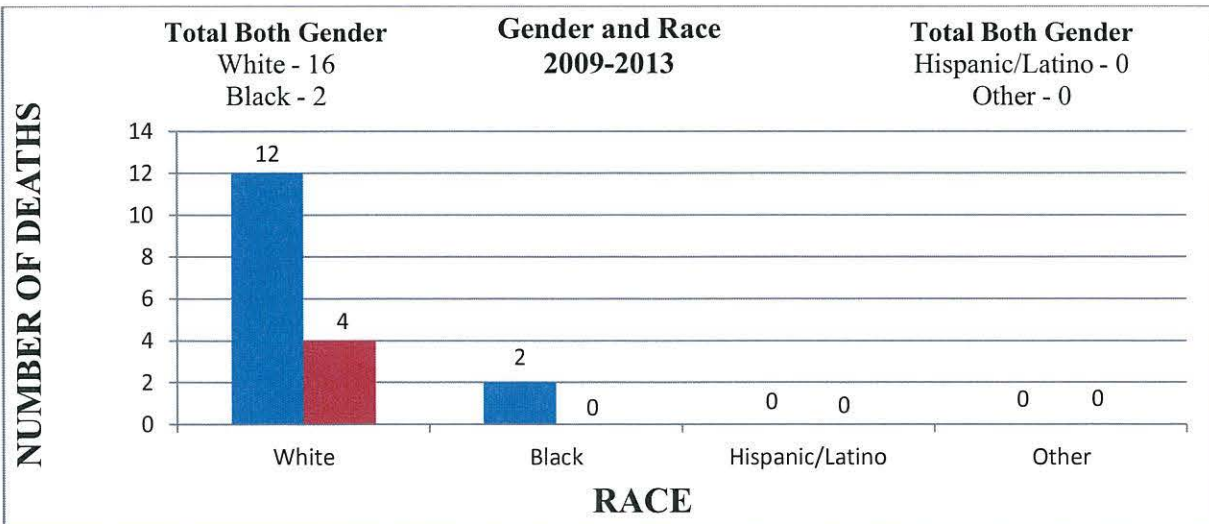
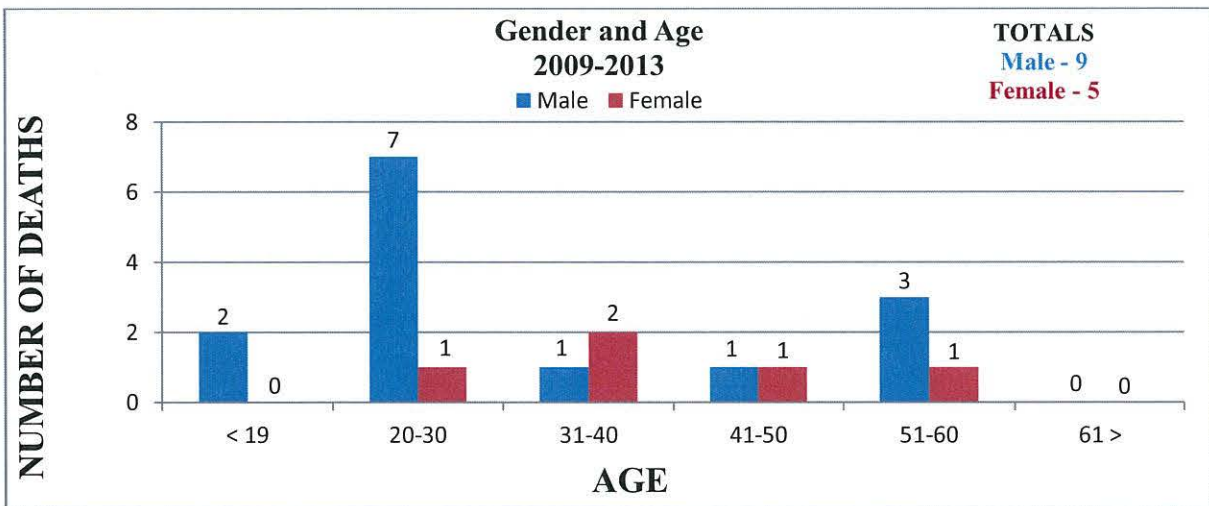
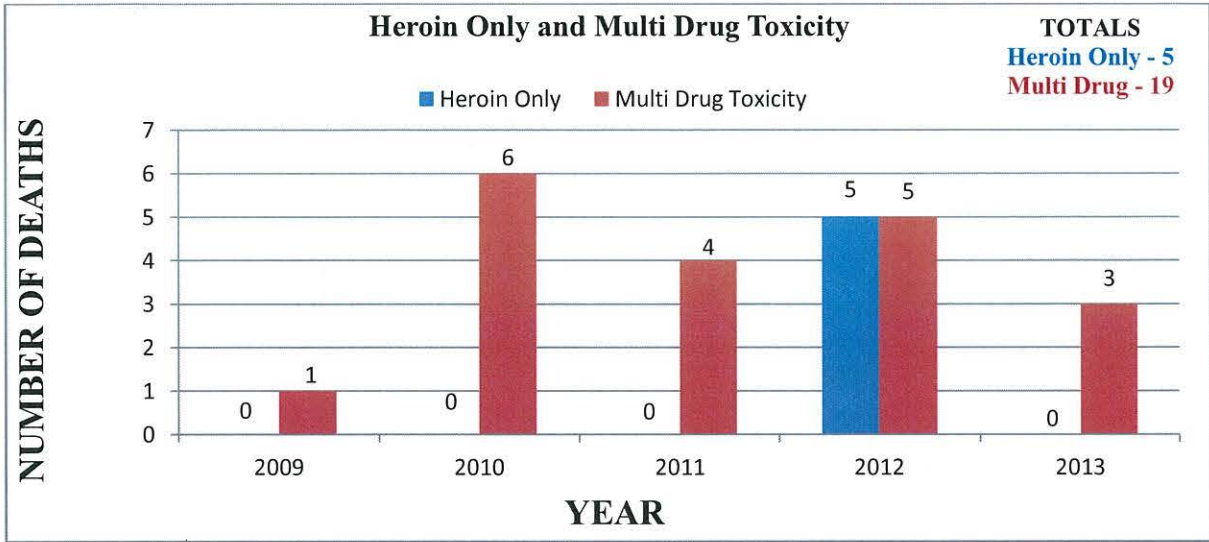
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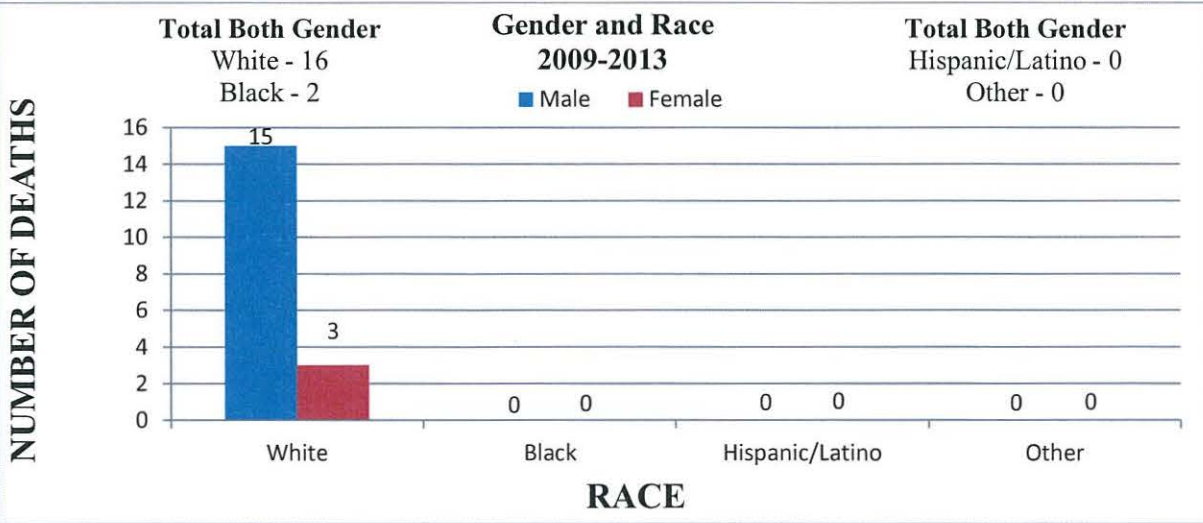
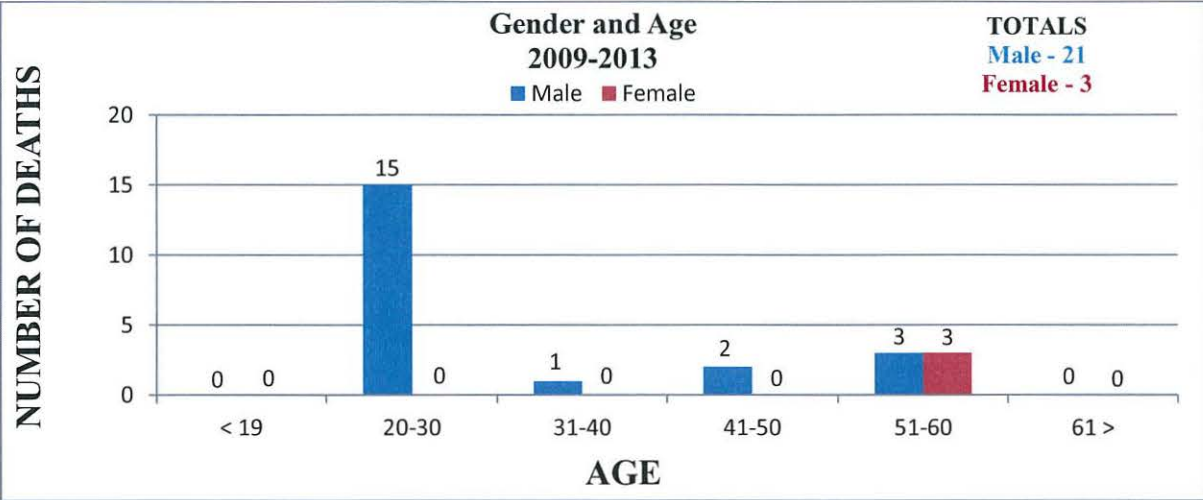
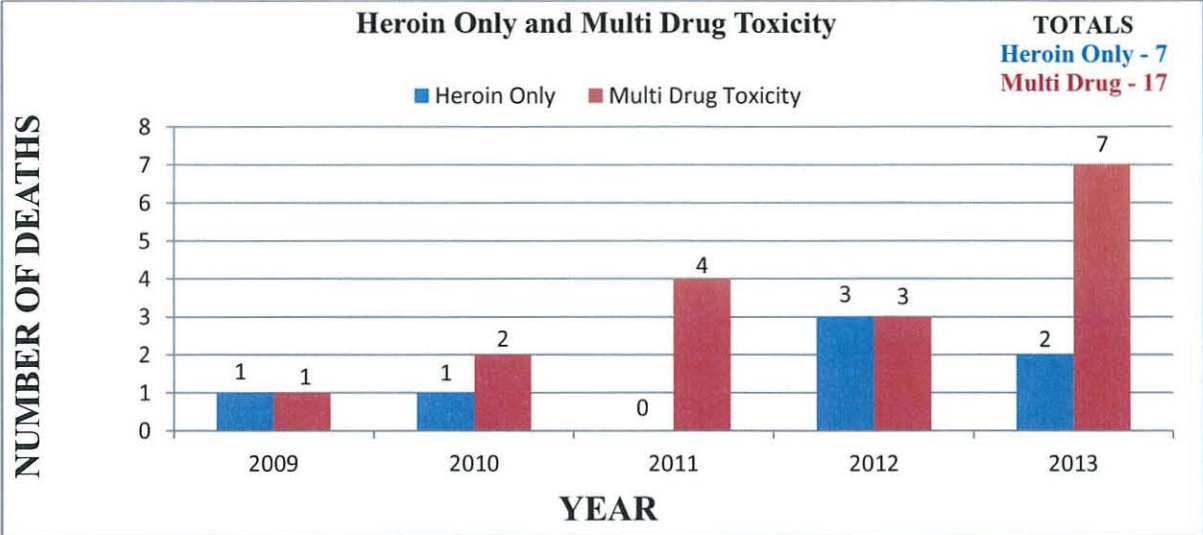
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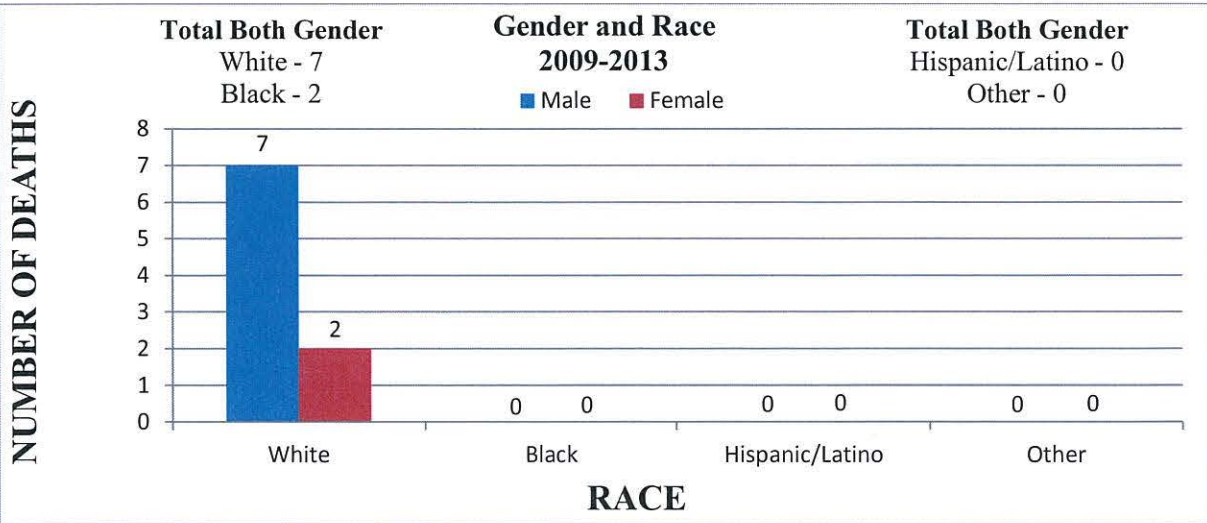
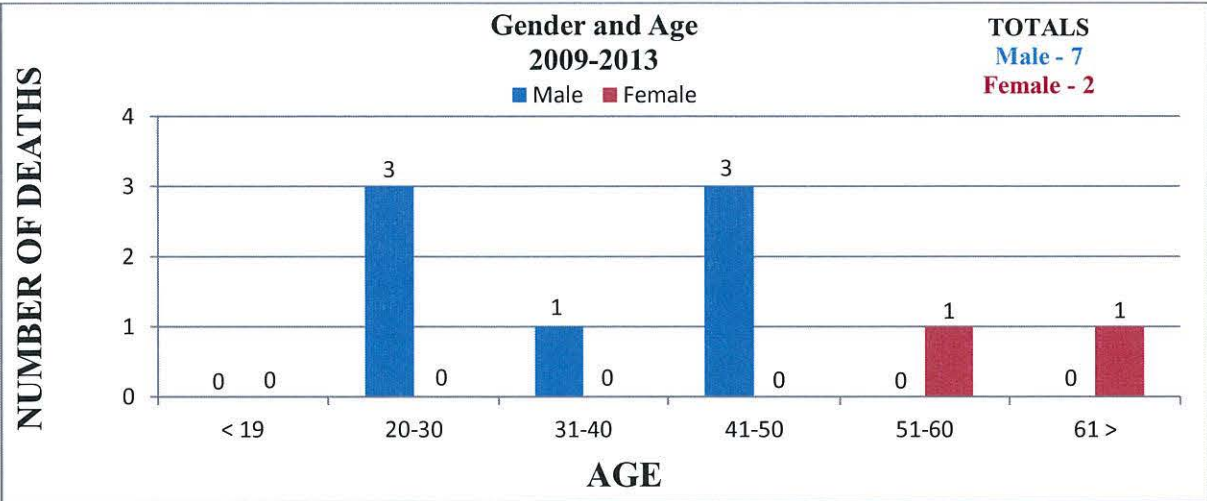
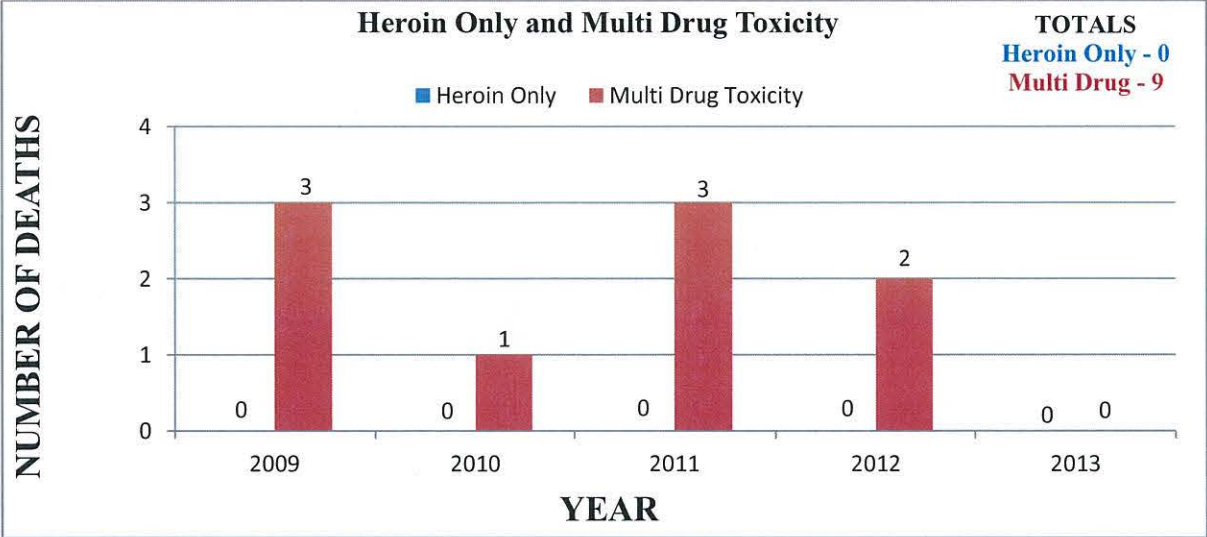
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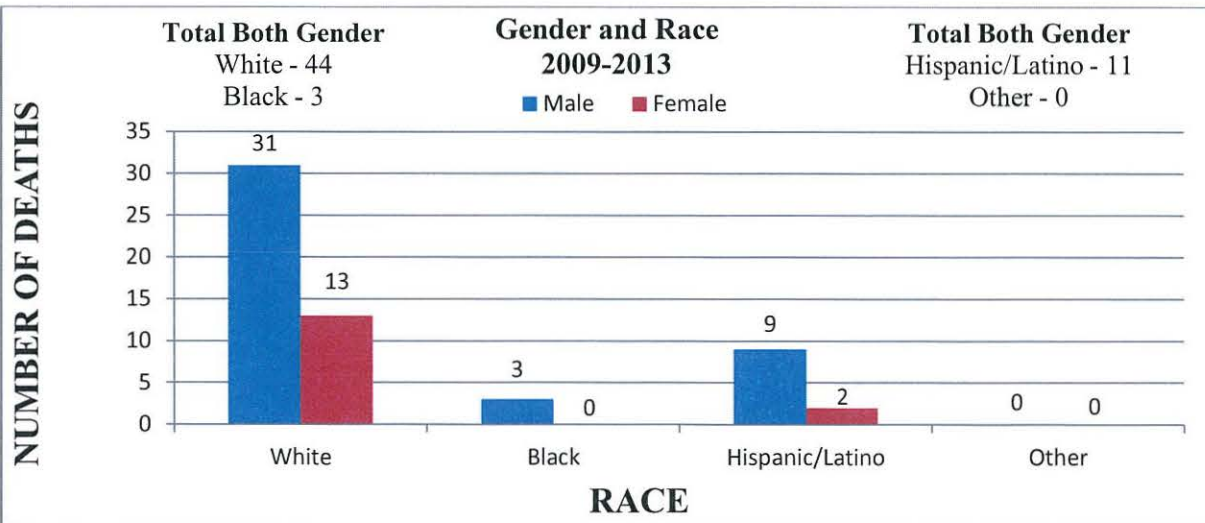
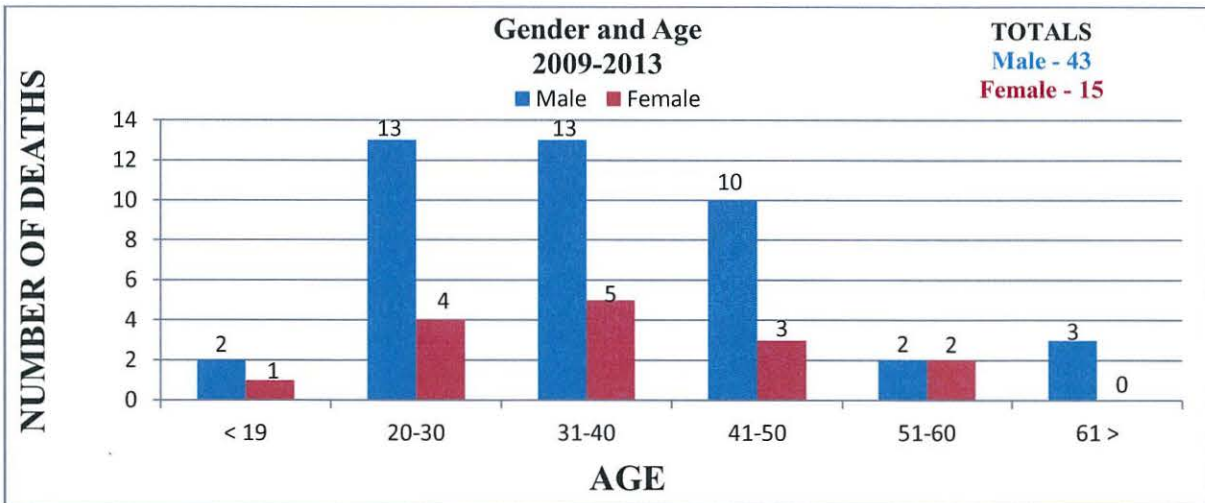
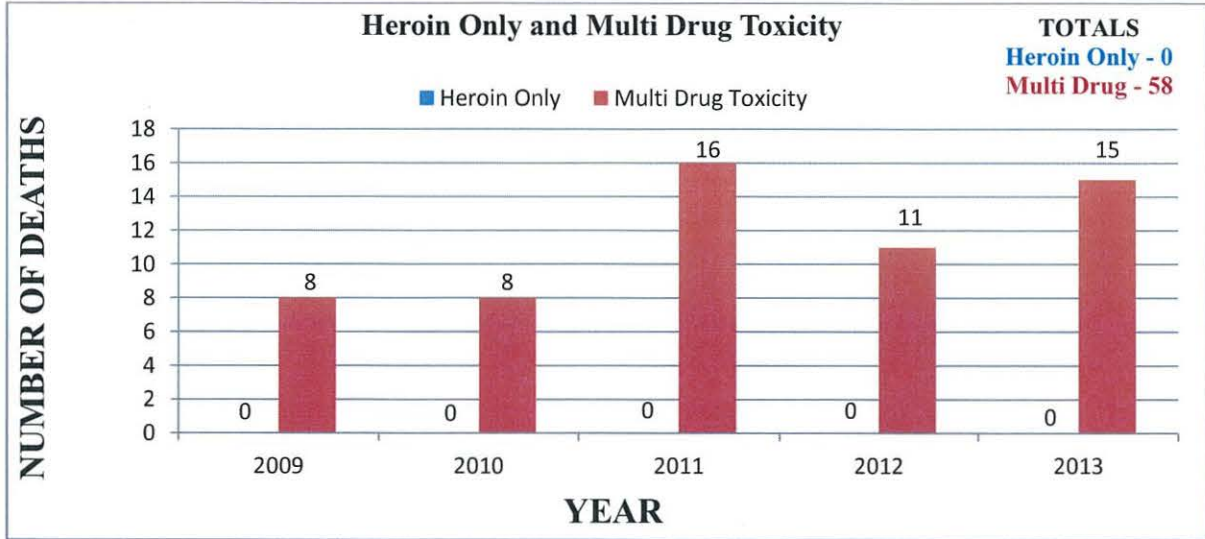
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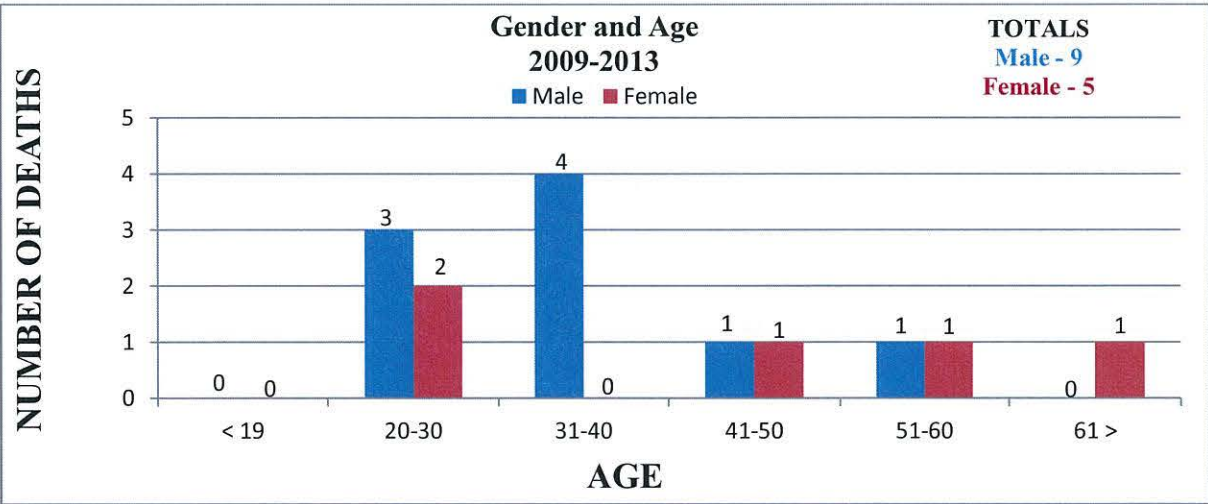
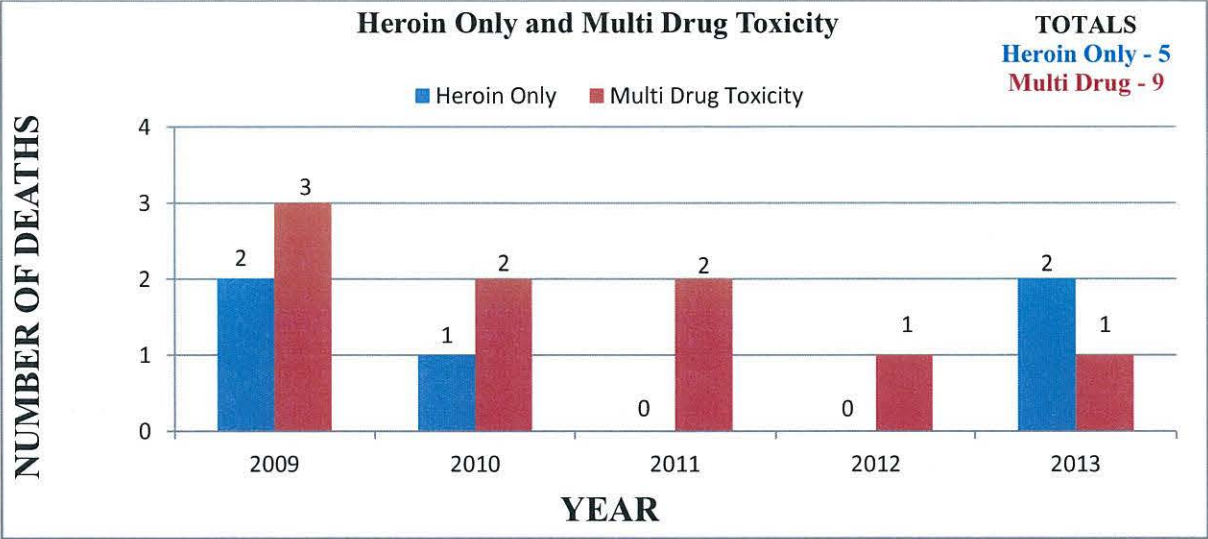
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Berks County



Blair County

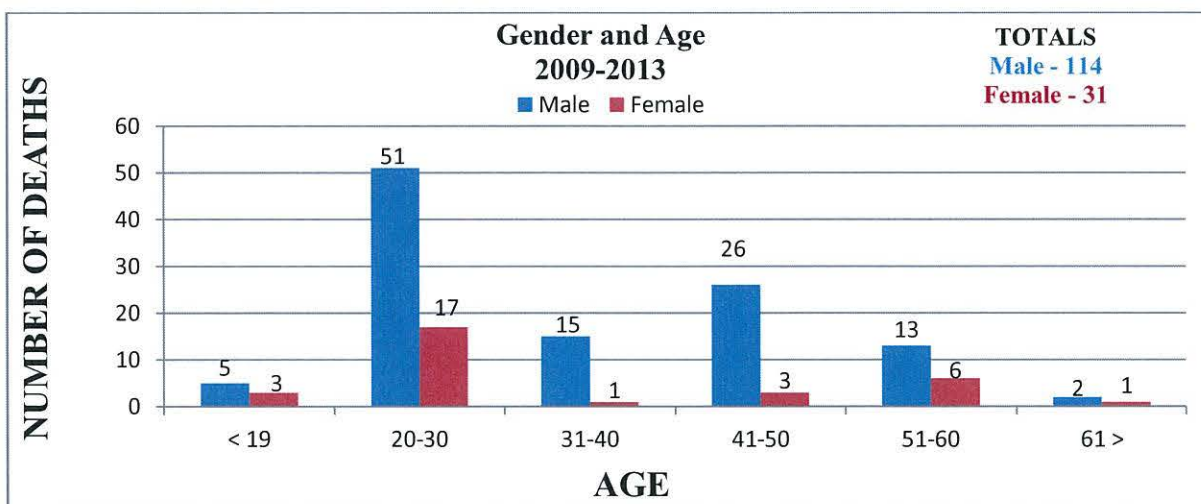
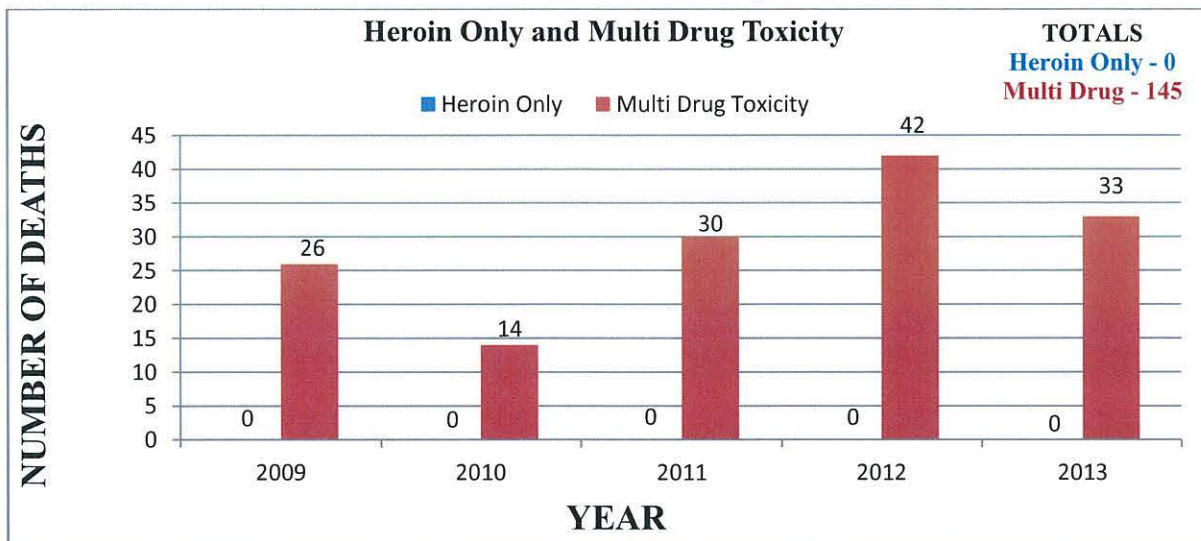


Race data was not provided by Blair County.

Bradford County

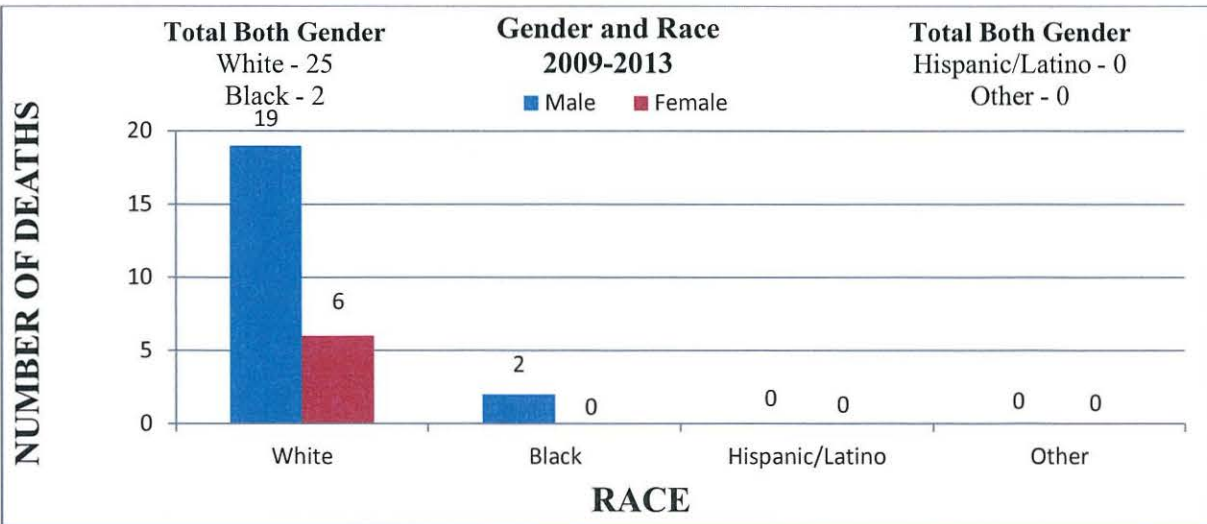
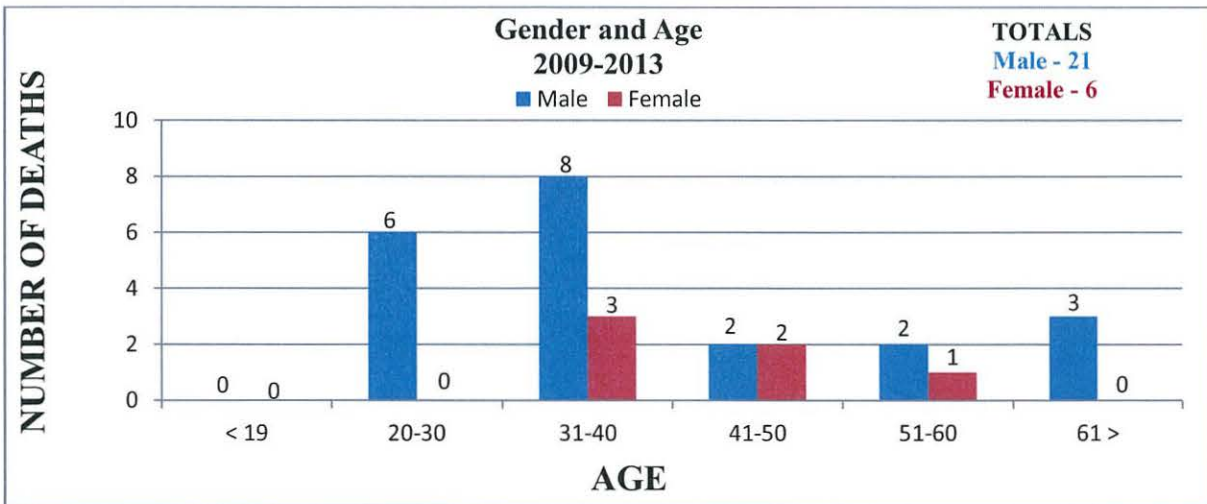
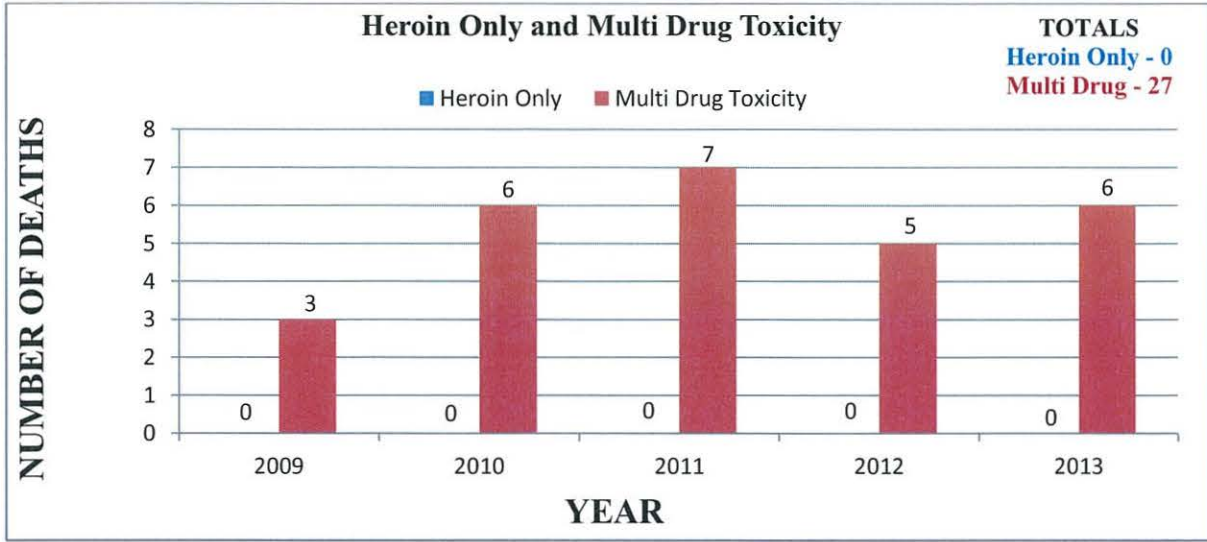
- There were no heroin related deaths reported by Bradford County between the years of 2009 - 2013.

Bucks County



Race data was not provided by Bucks County.

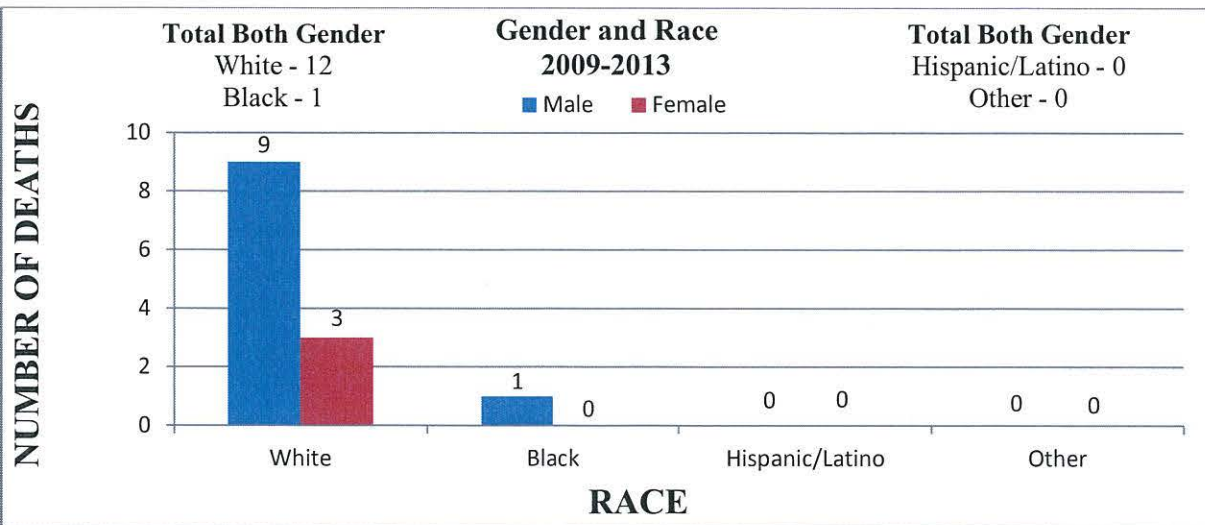
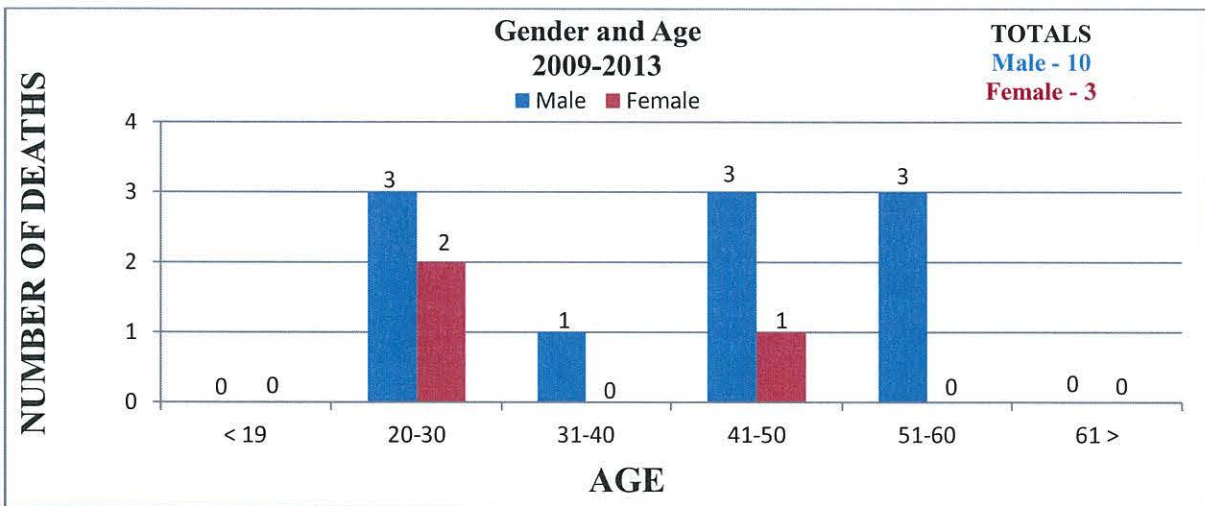
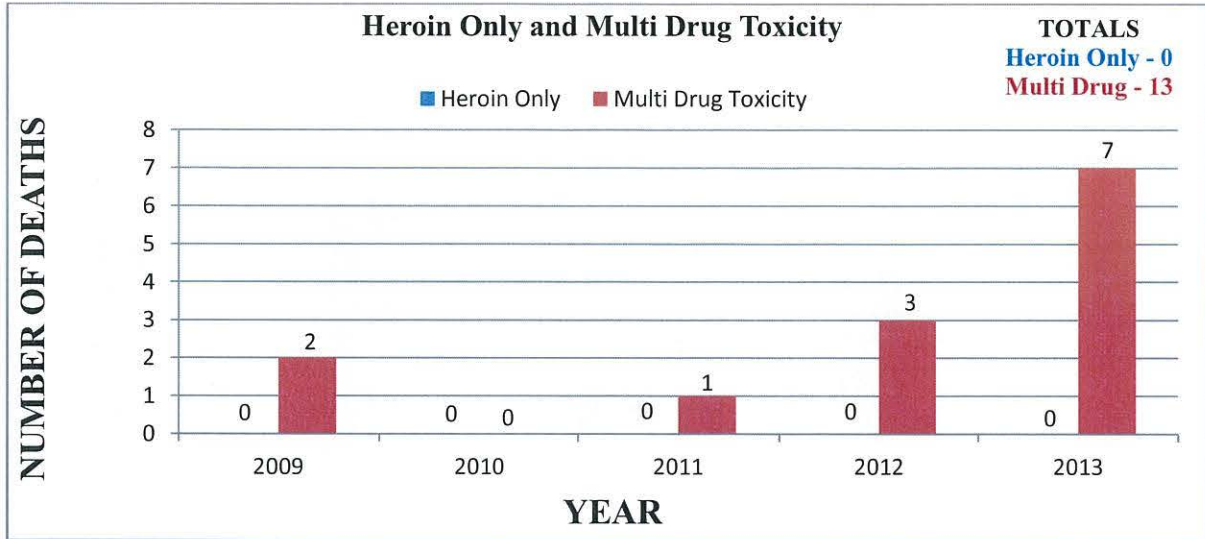
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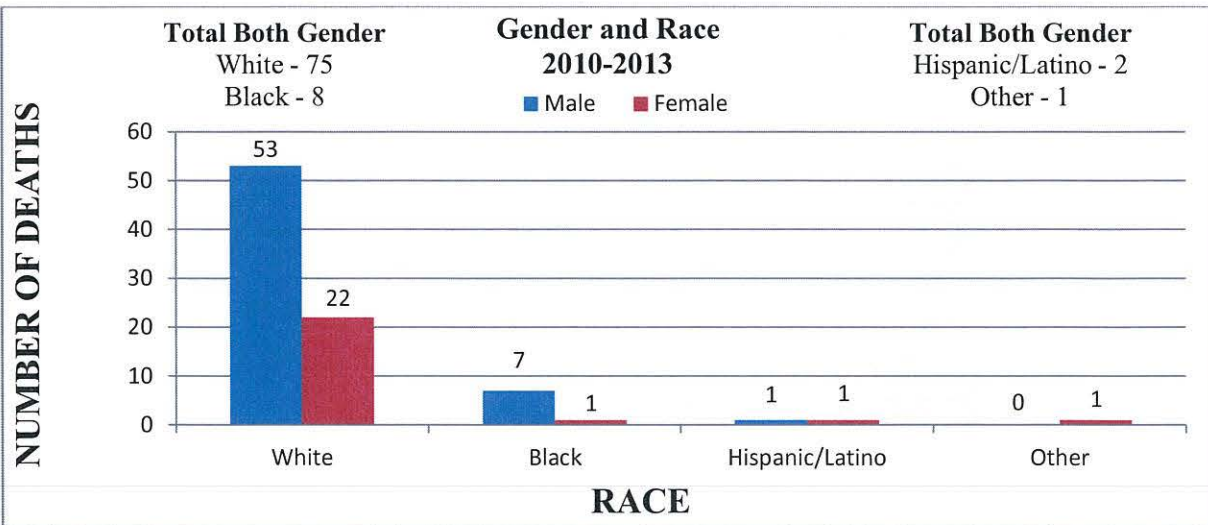
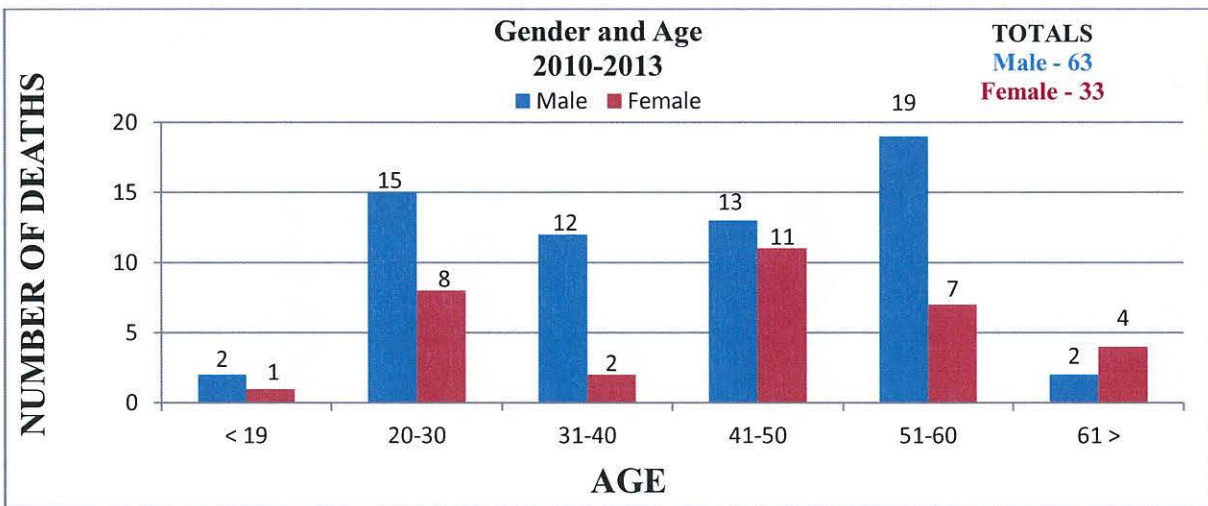
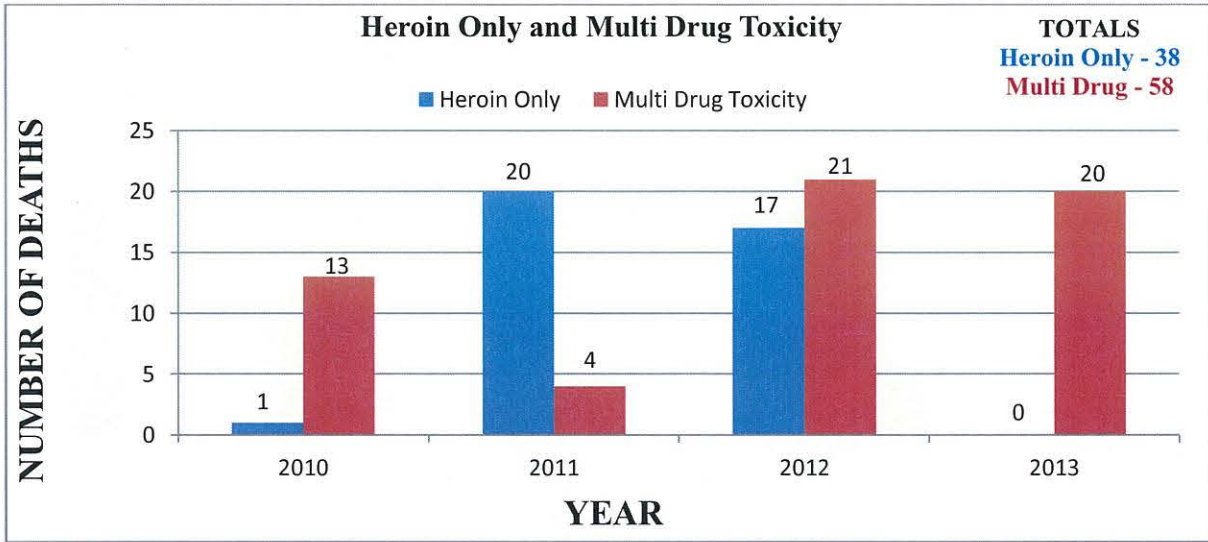
Cambria County

- Cambria County reported they had approximately 10 – 15 heroin related deaths between the years 2009 – 2013. No further information was able to be obtained.

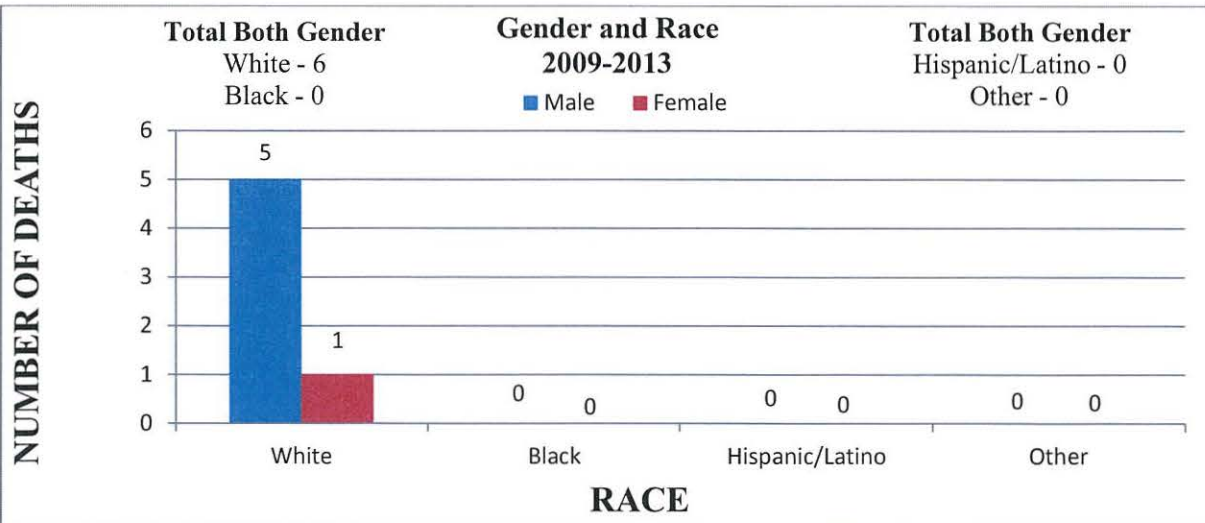
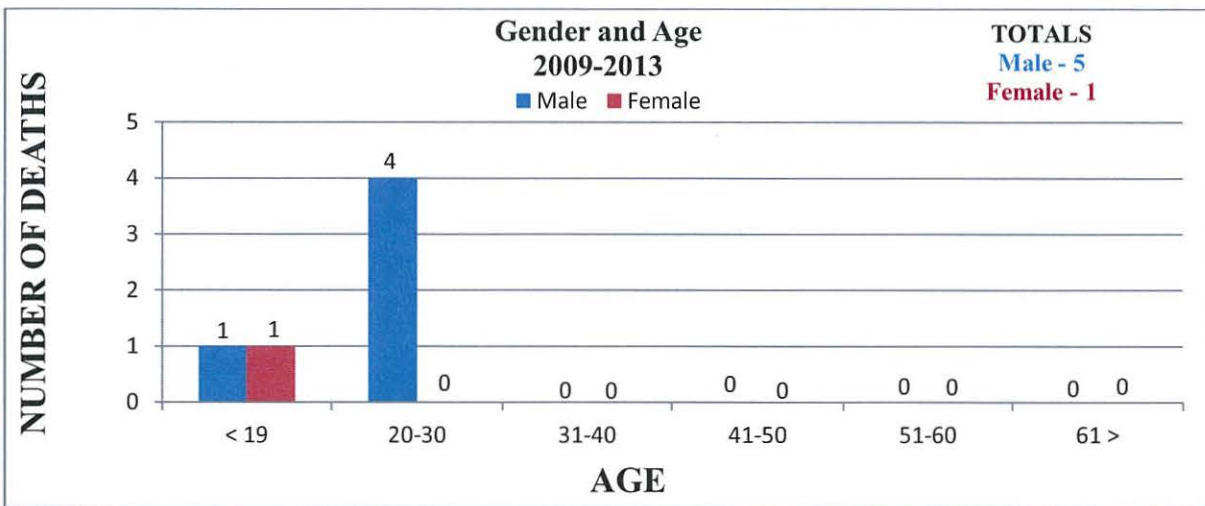
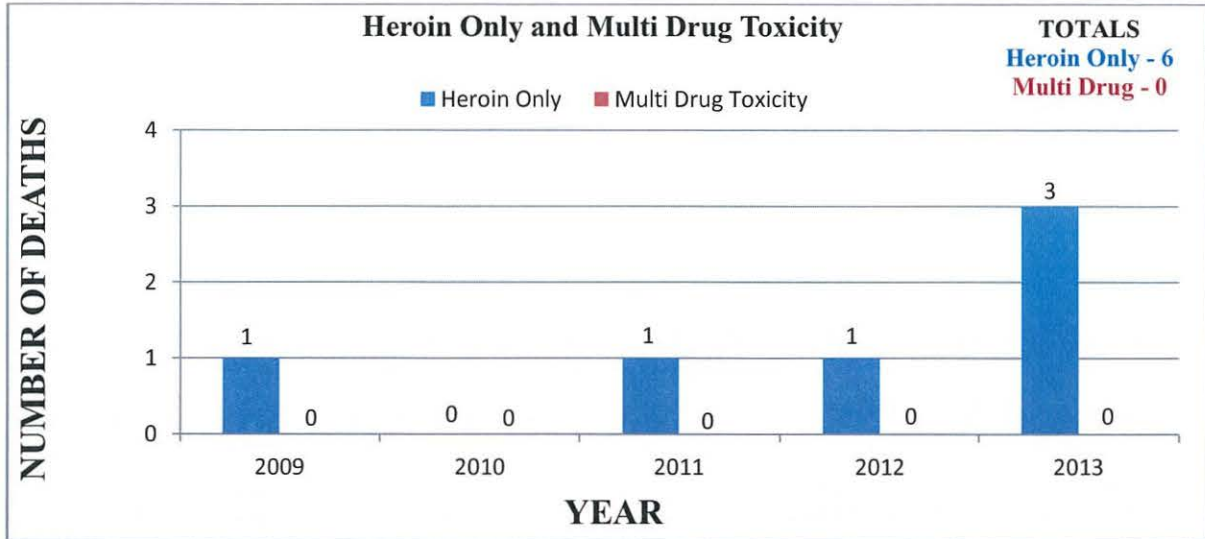
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Chester County



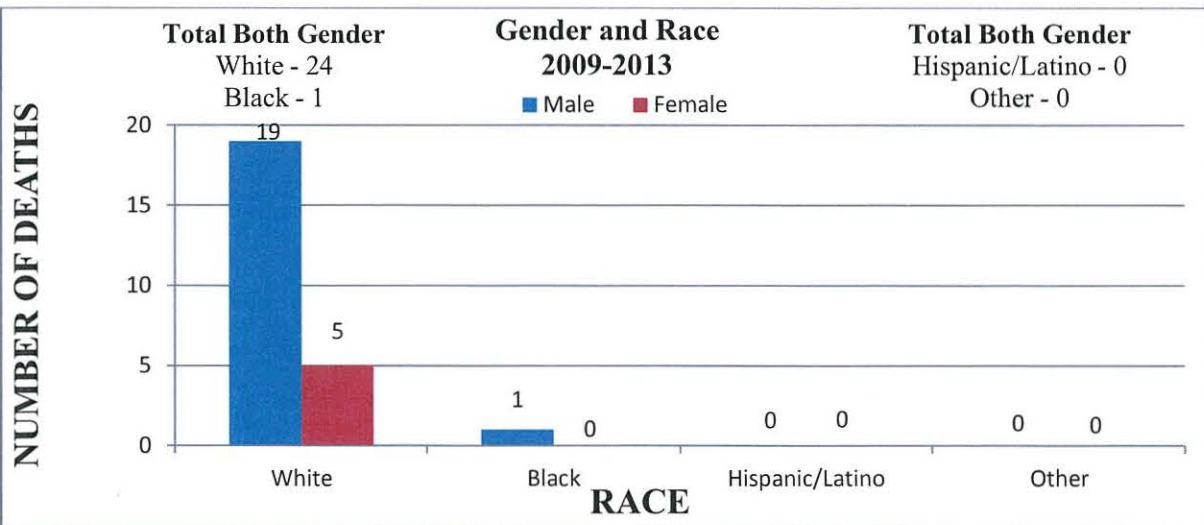
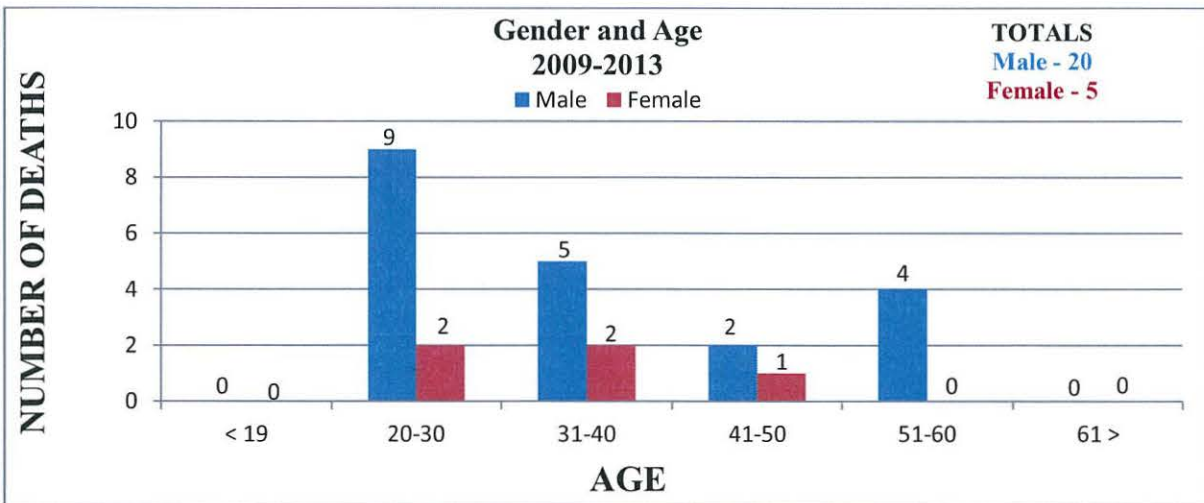
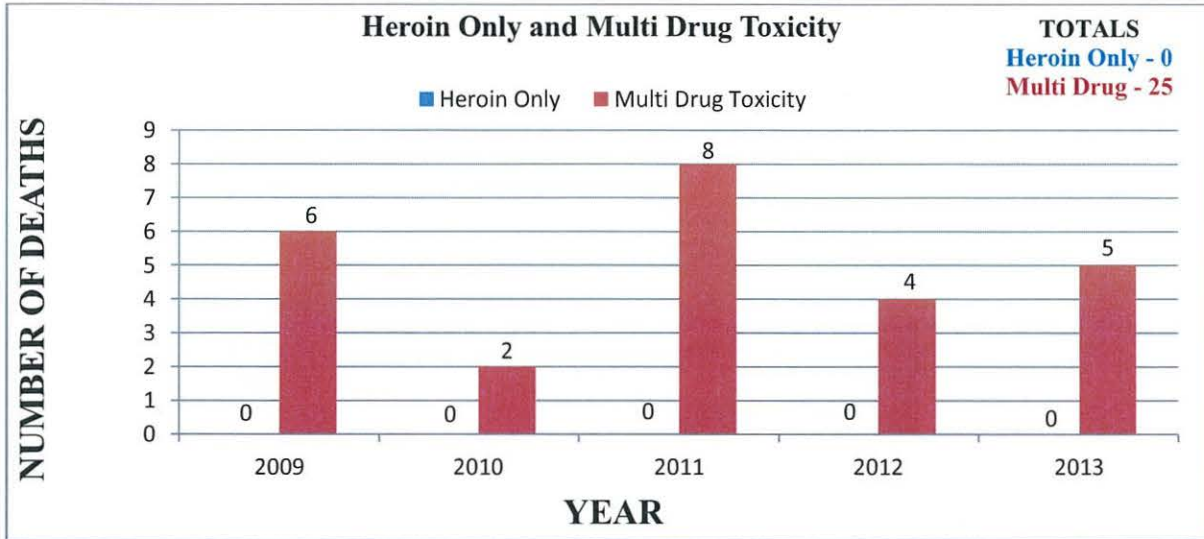
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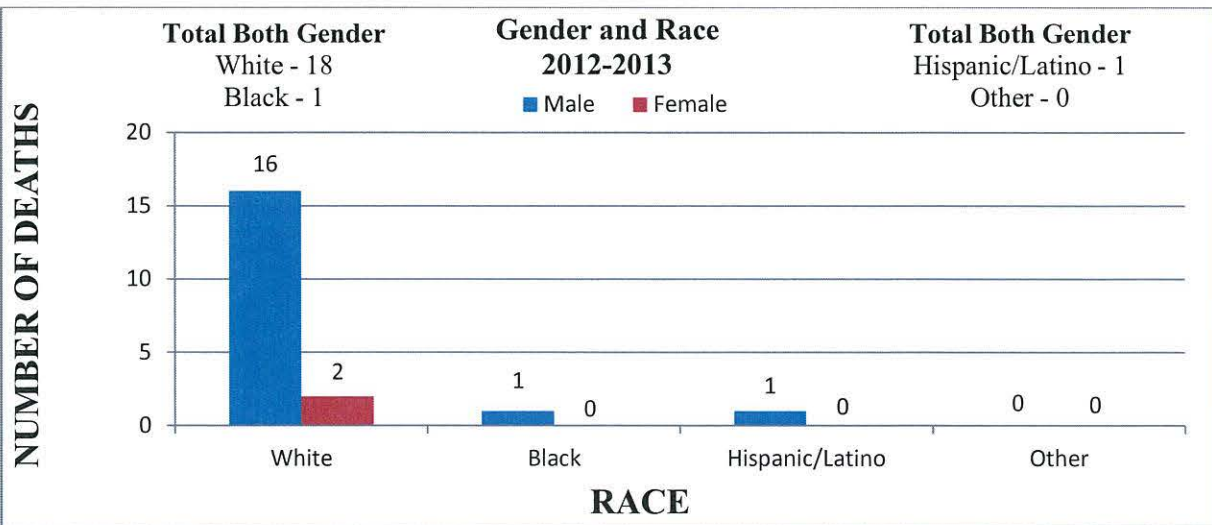
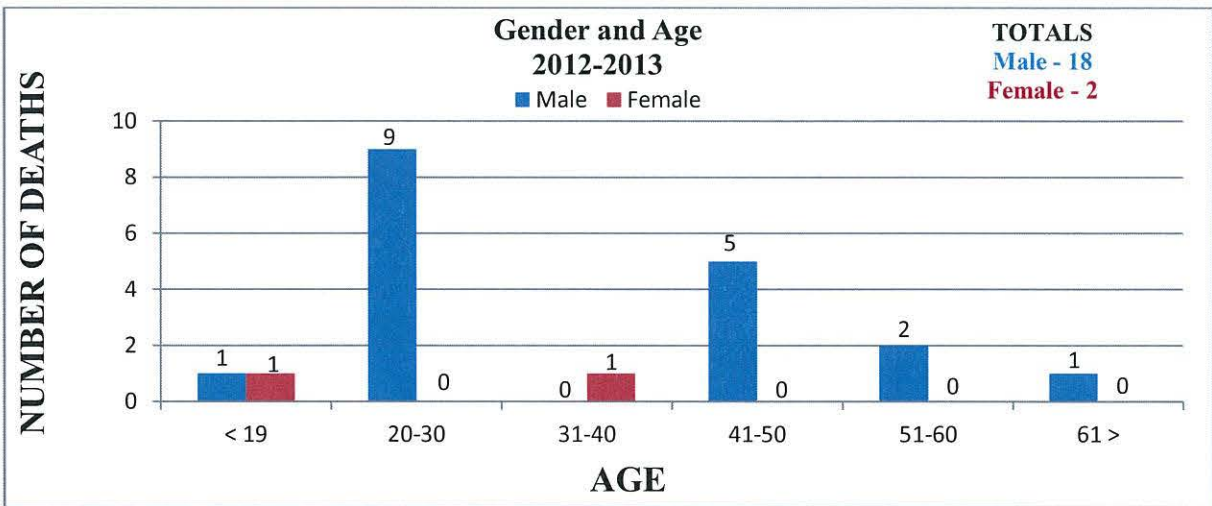
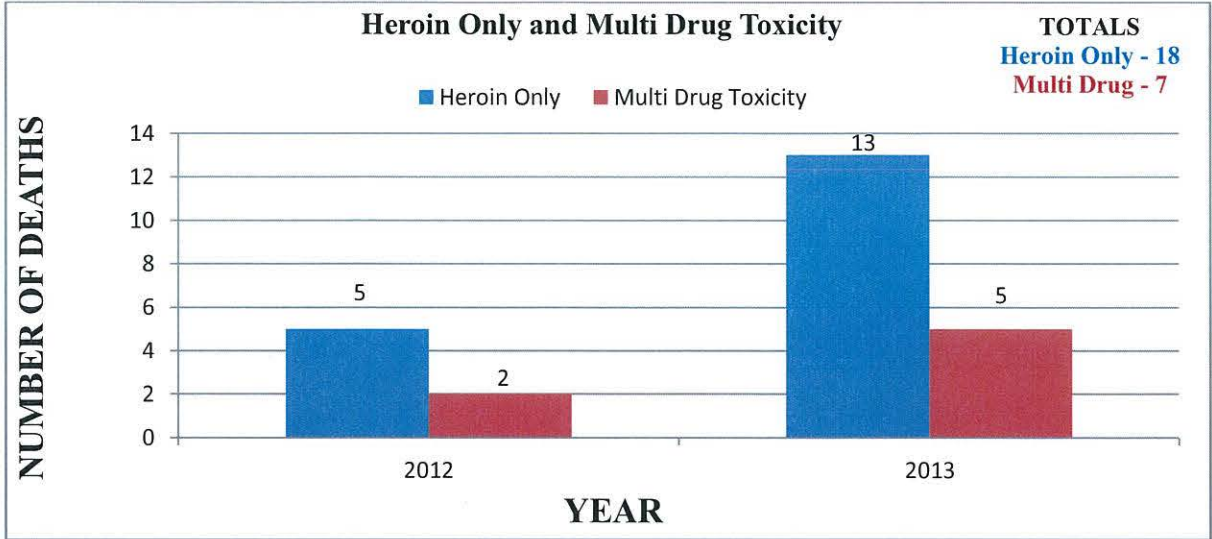
Crawford County

- Crawford County reported they had (3) Heroin Related Multi Drug Toxicity Deaths between July 1, 2012 and October 31, 2013. No further information was able to be obtained.

Cumberland County

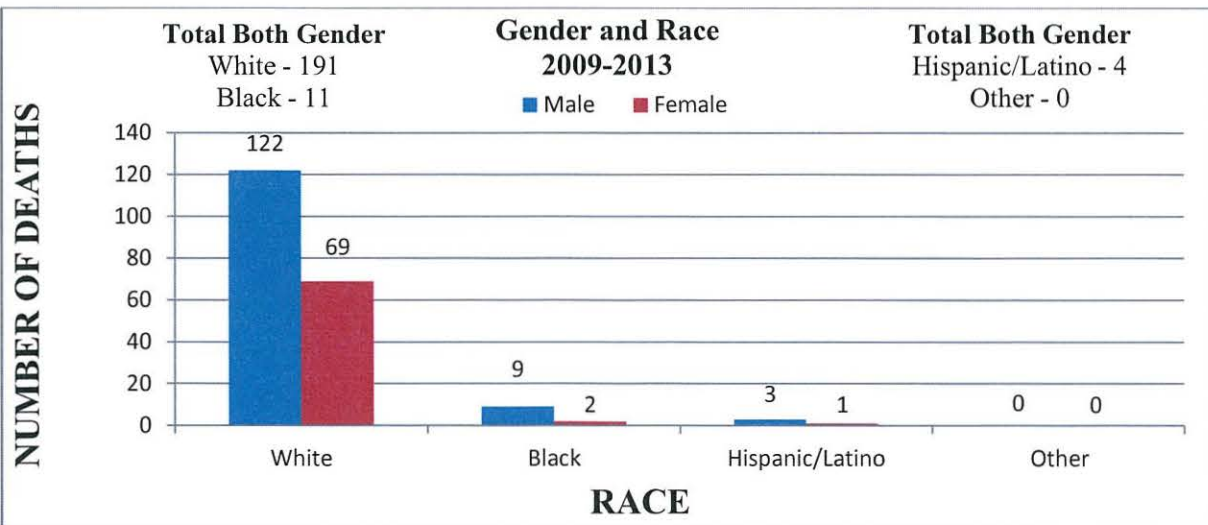
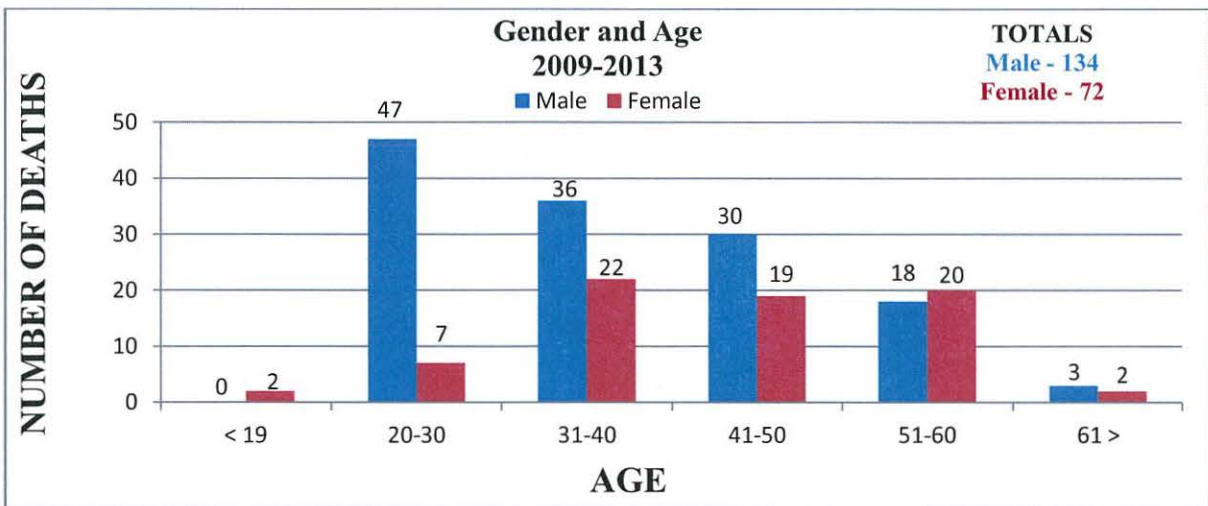
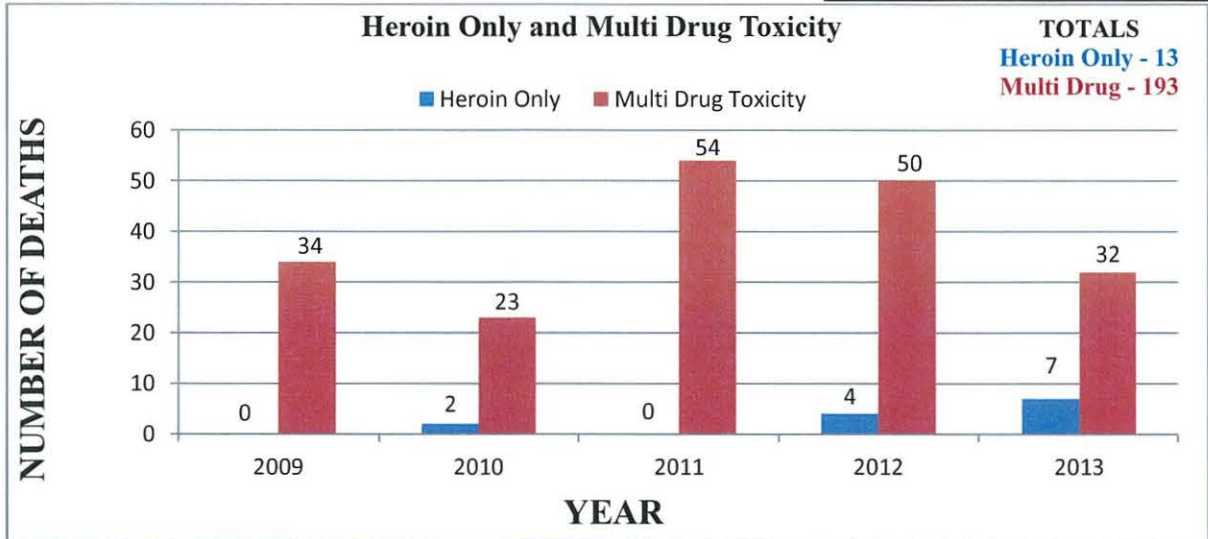


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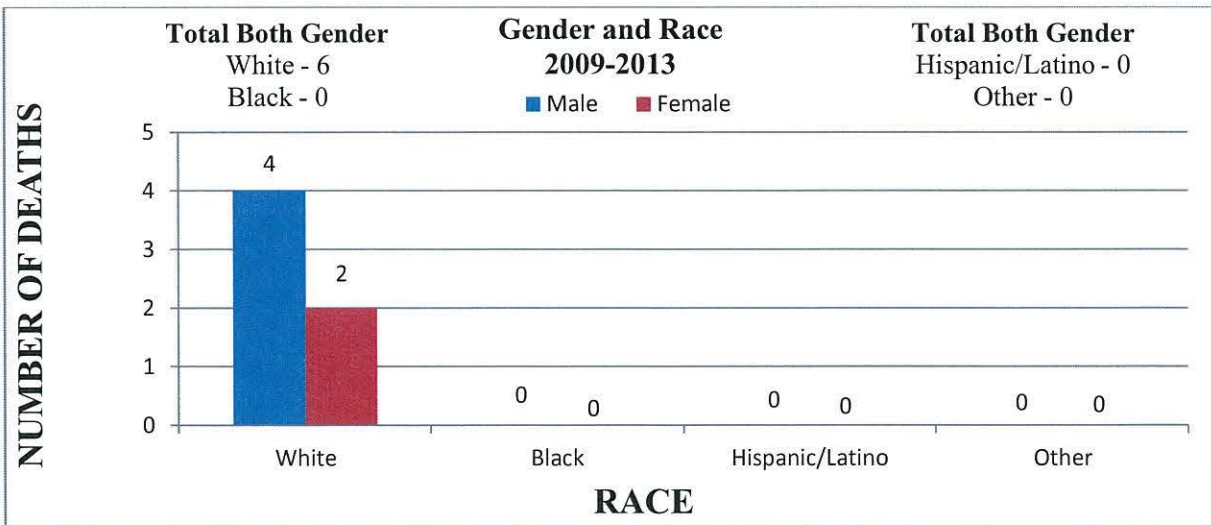
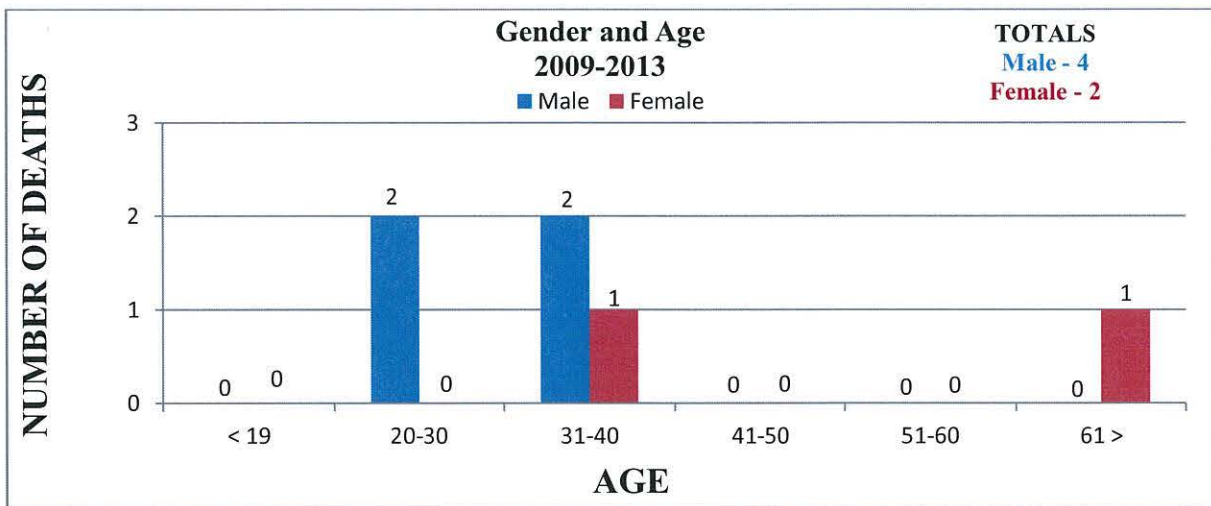
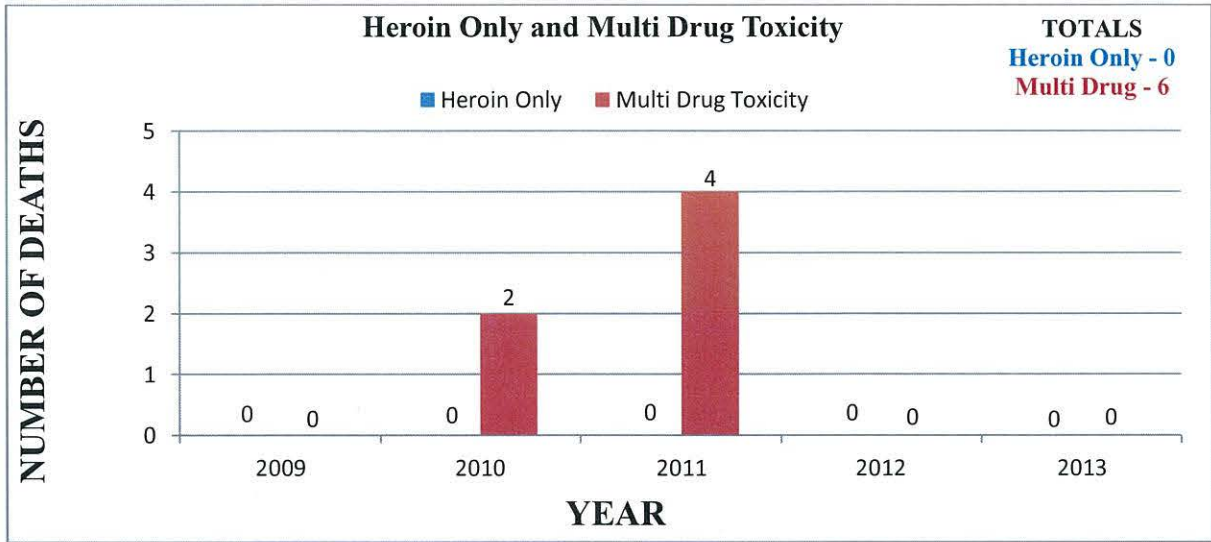


Erie County

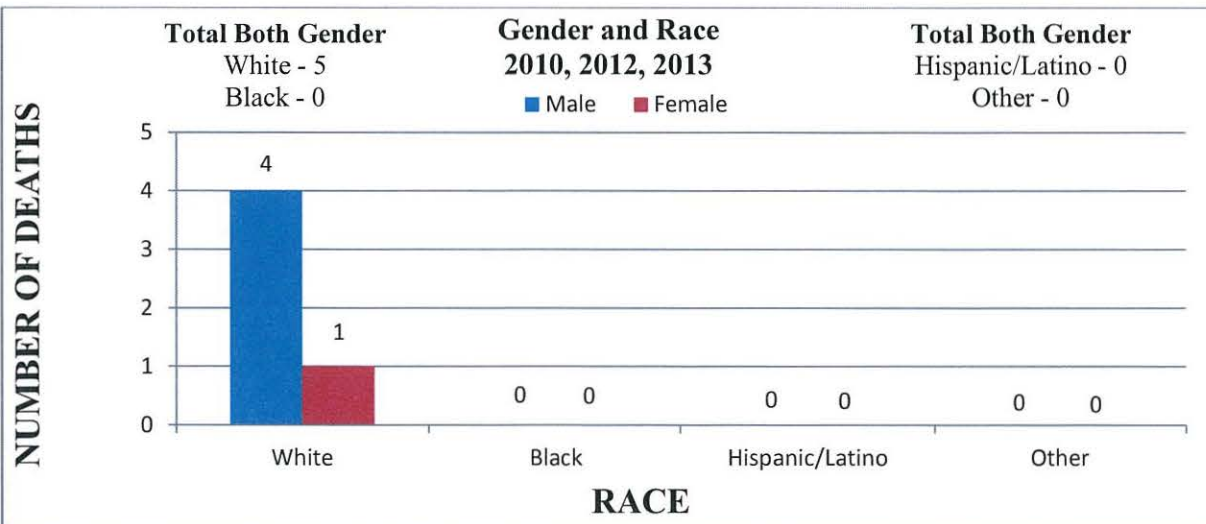
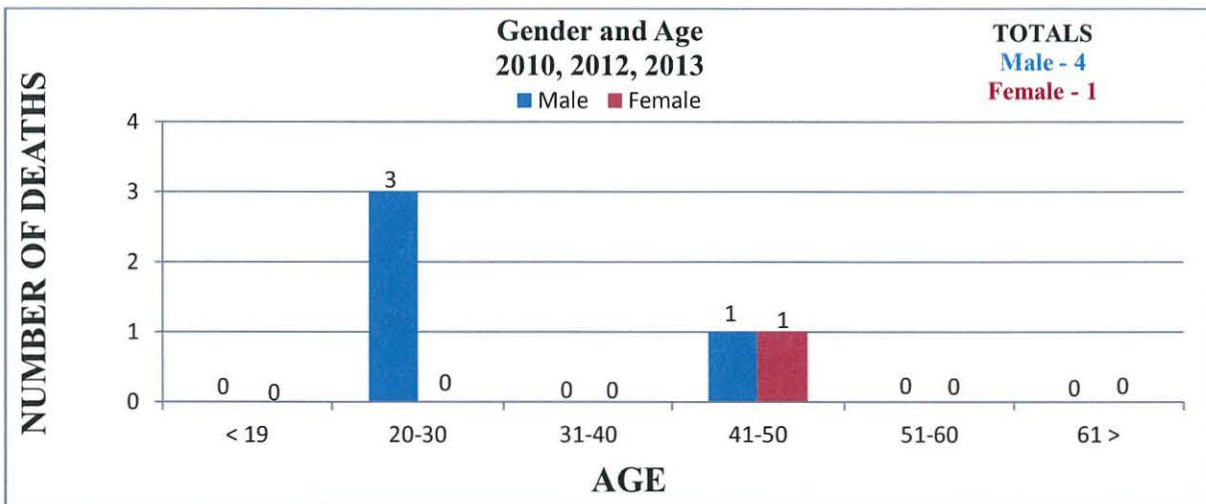
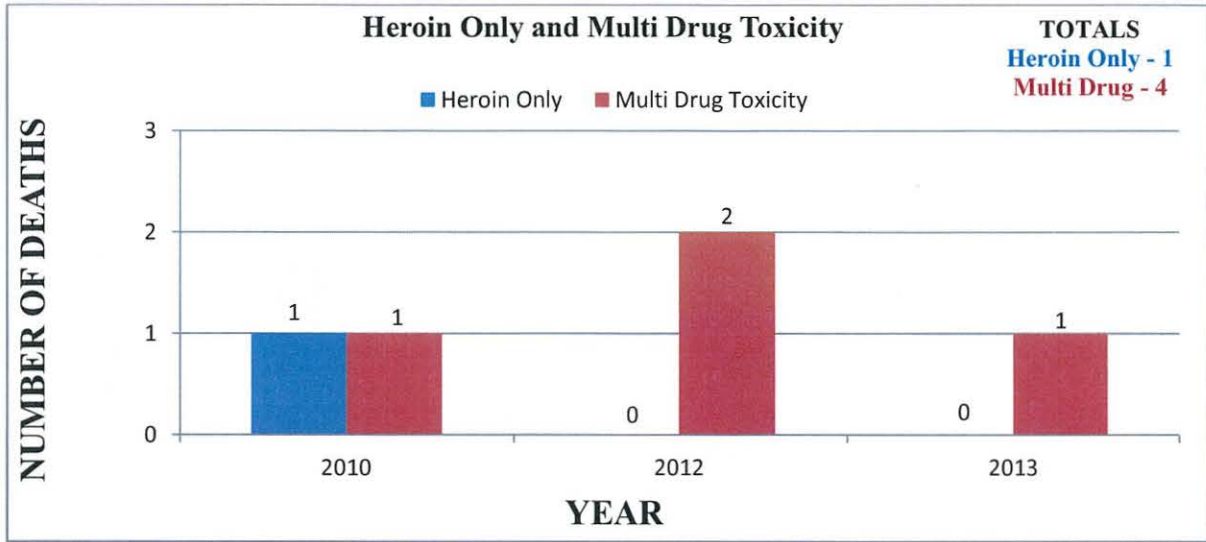
Multi Drug Toxicity statistics refer to all drug deaths, not only heroin related.



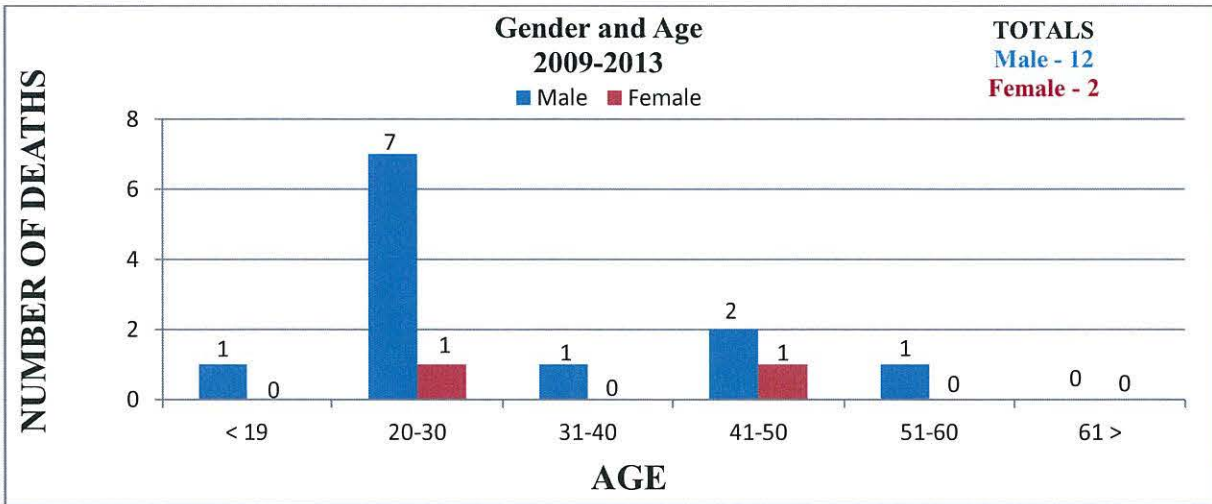
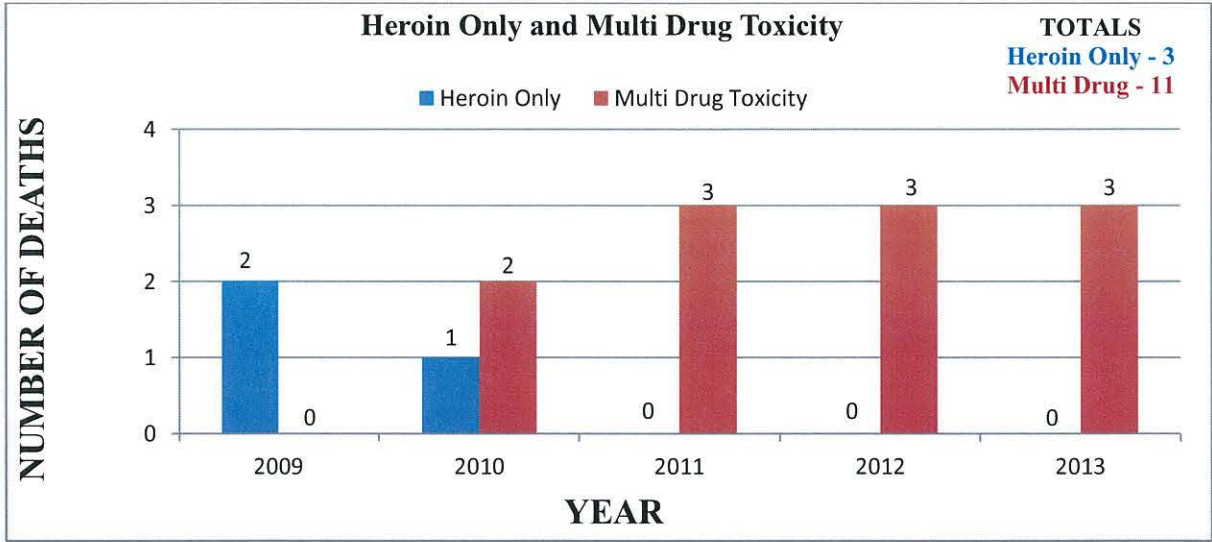
Fayette County



Franklin County

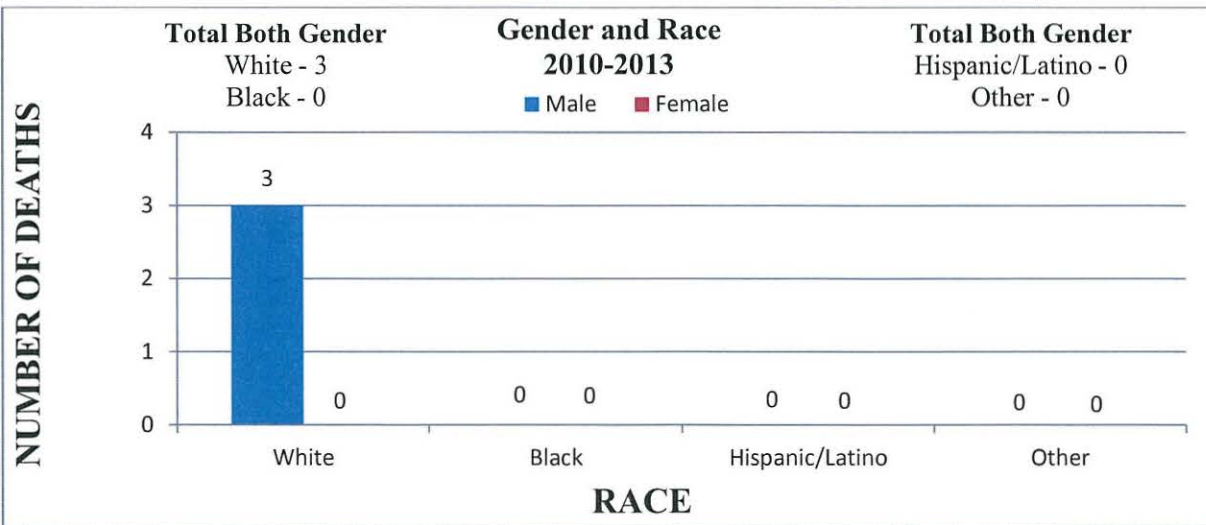
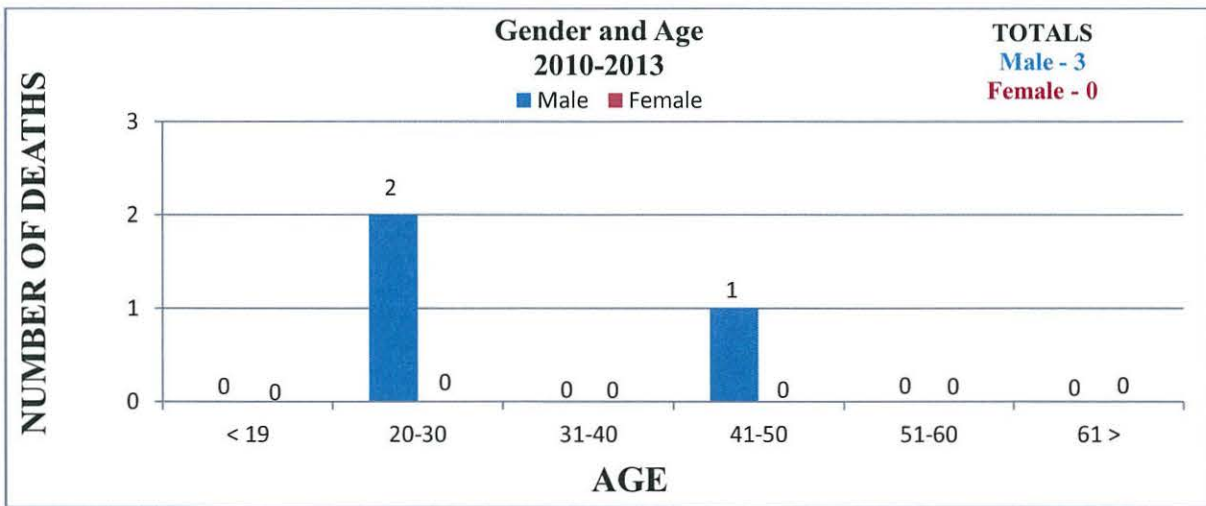
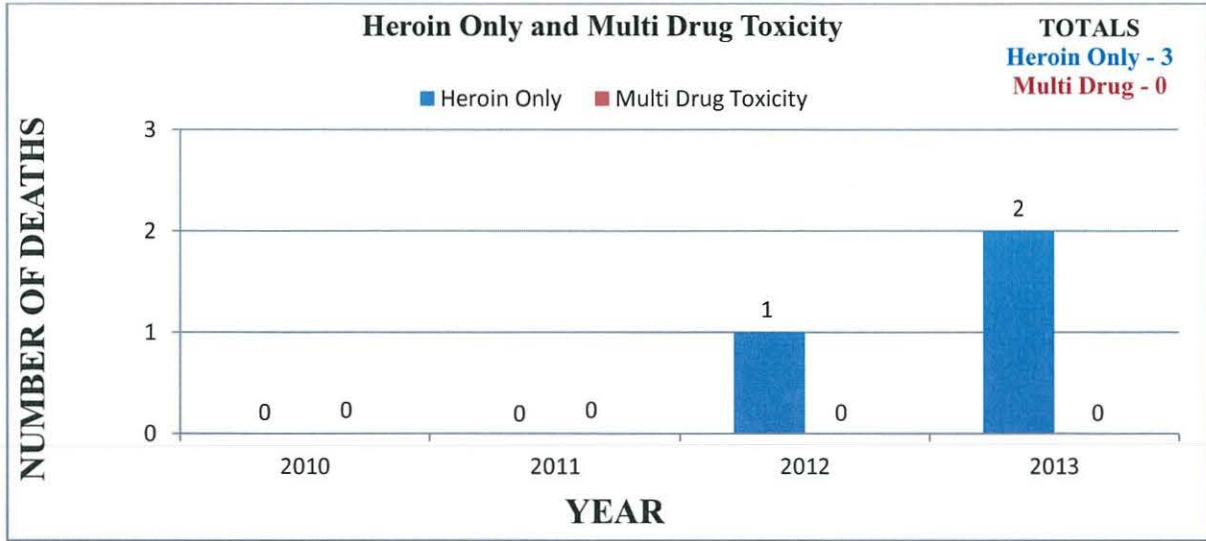


Greene County

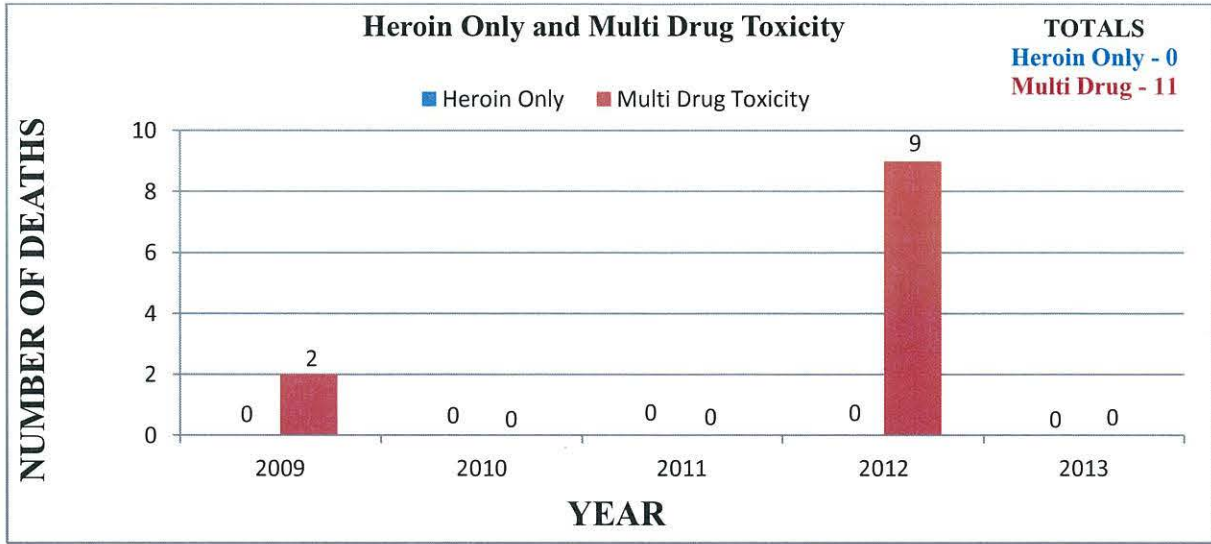


Race data was not provided by Greene County.

Huntingdon County



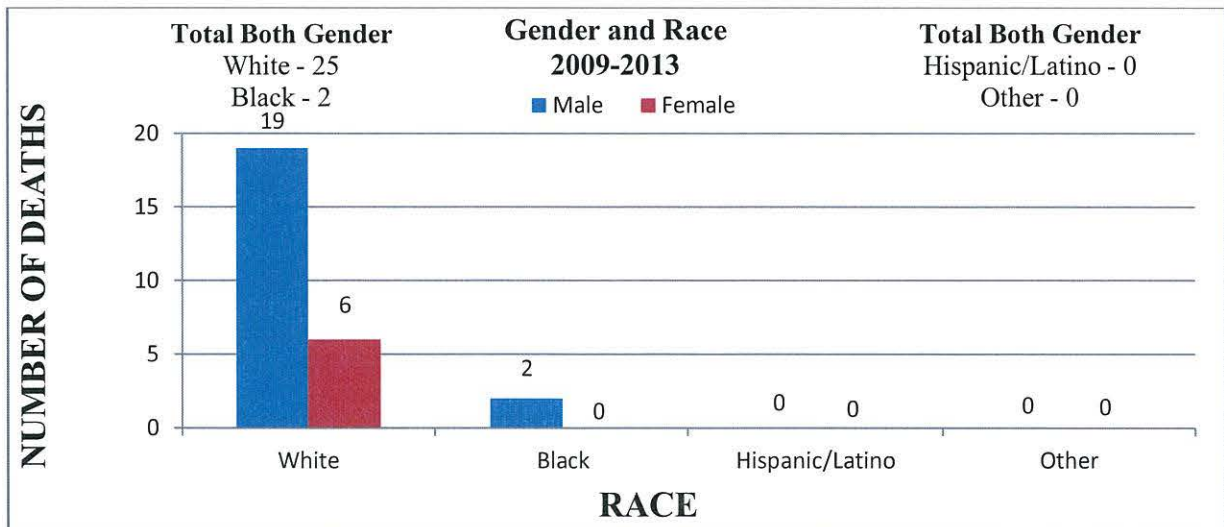
Jefferson County



2009-2013
TOTALS
Male - 9
Female - 2

Male deaths reported to range from 26 – 57 years of age.

Female deaths reported to range from 43 – 54 years of age.



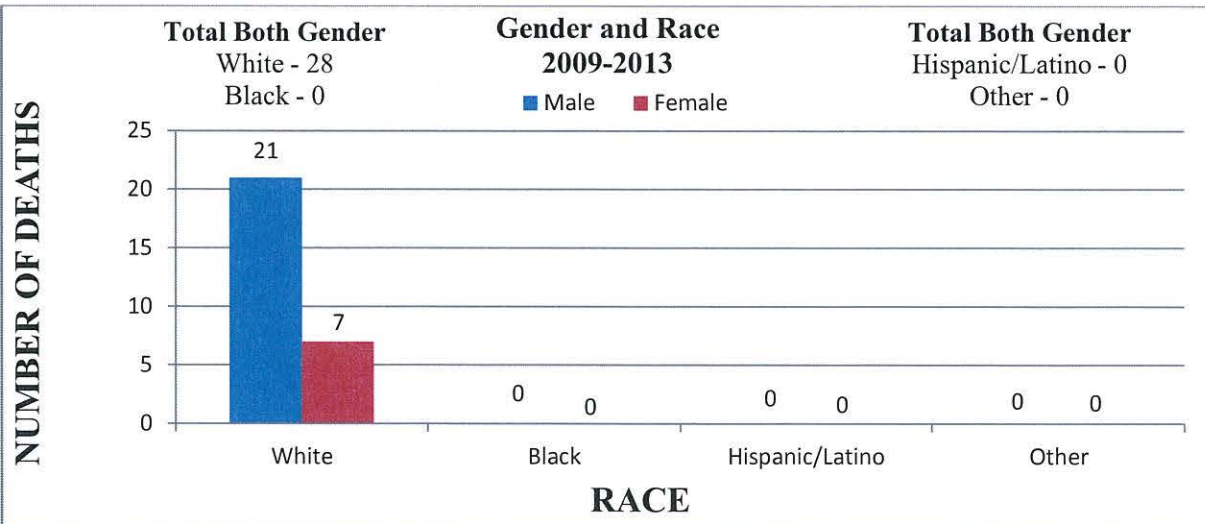
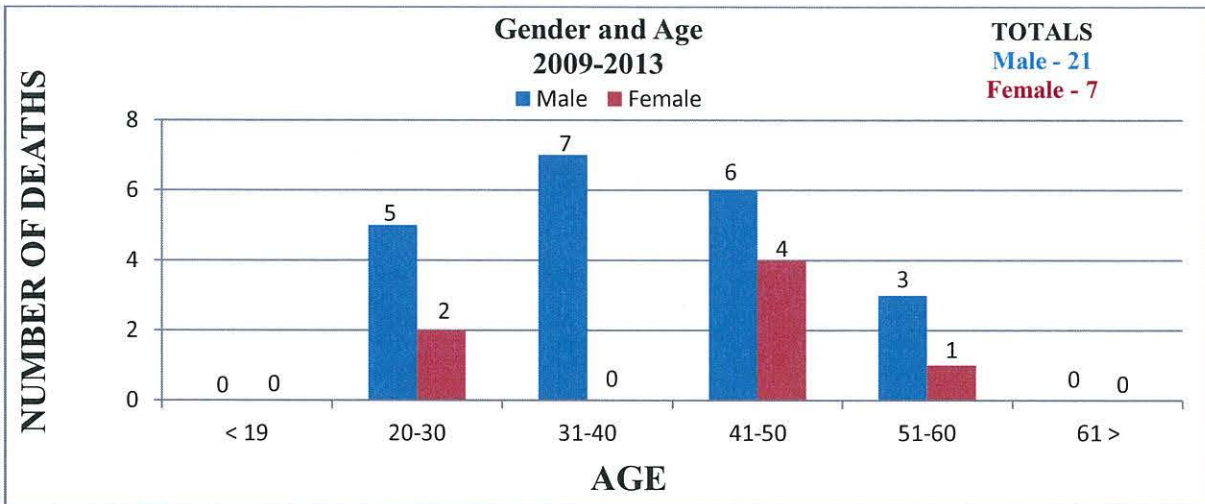
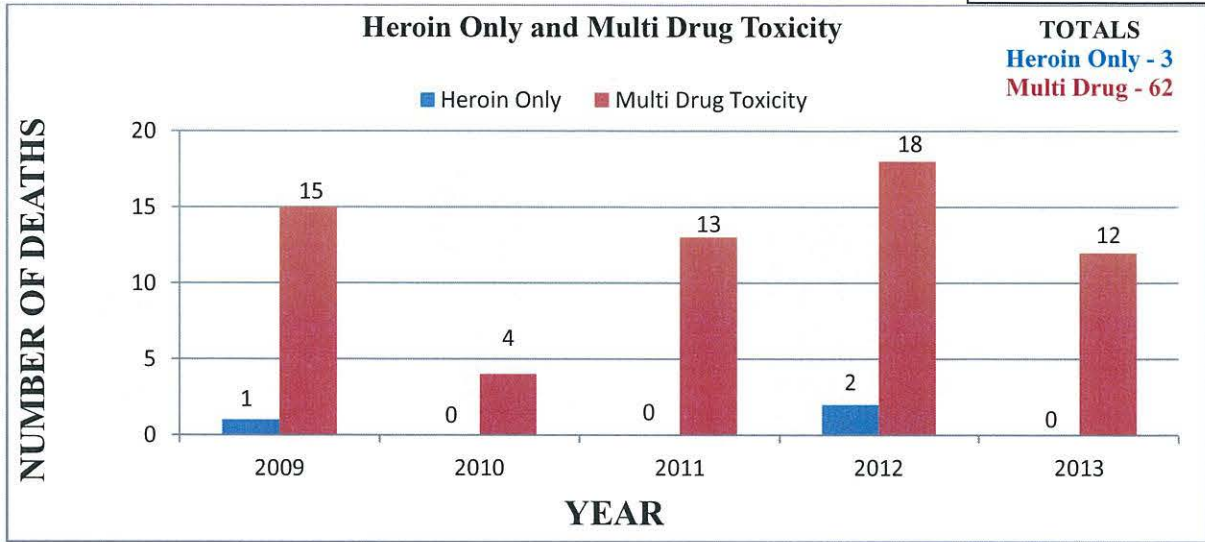
Total Both Gender
 White - 25
 Black - 2

Gender and Race
2009-2013

Total Both Gender
 Hispanic/Latino - 0
 Other - 0

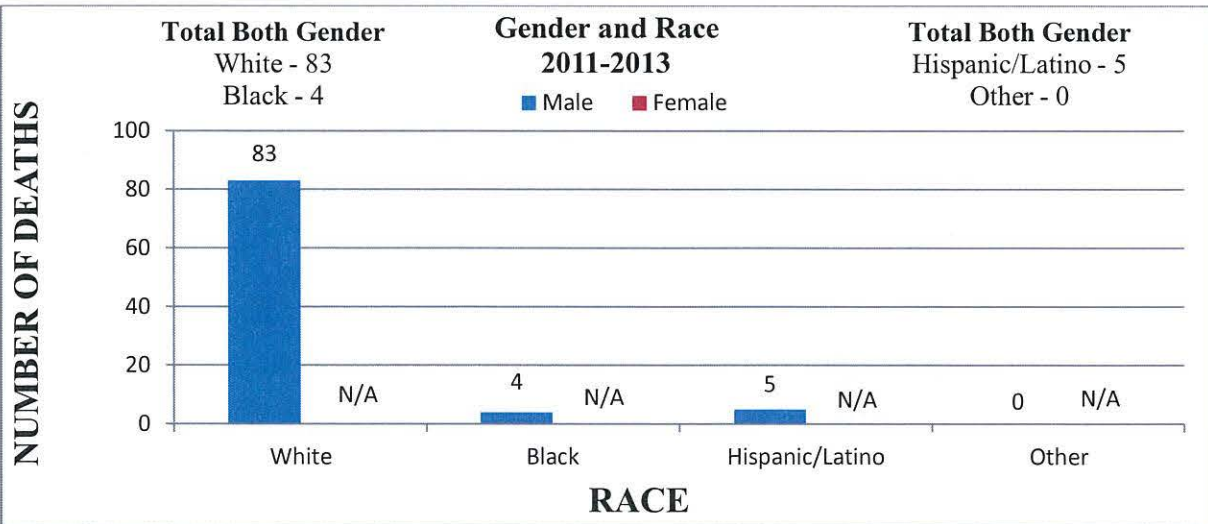
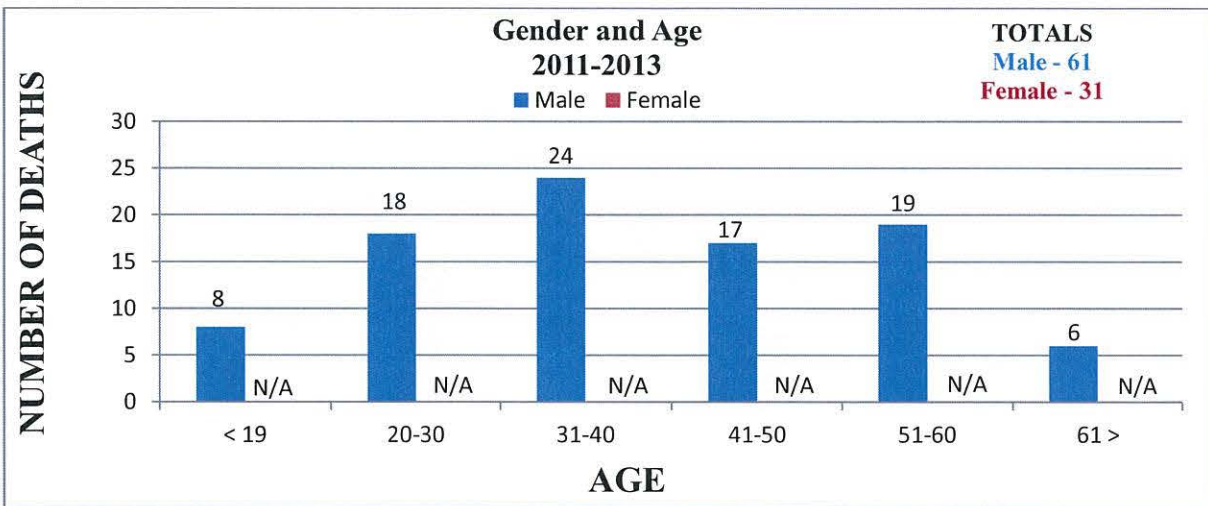
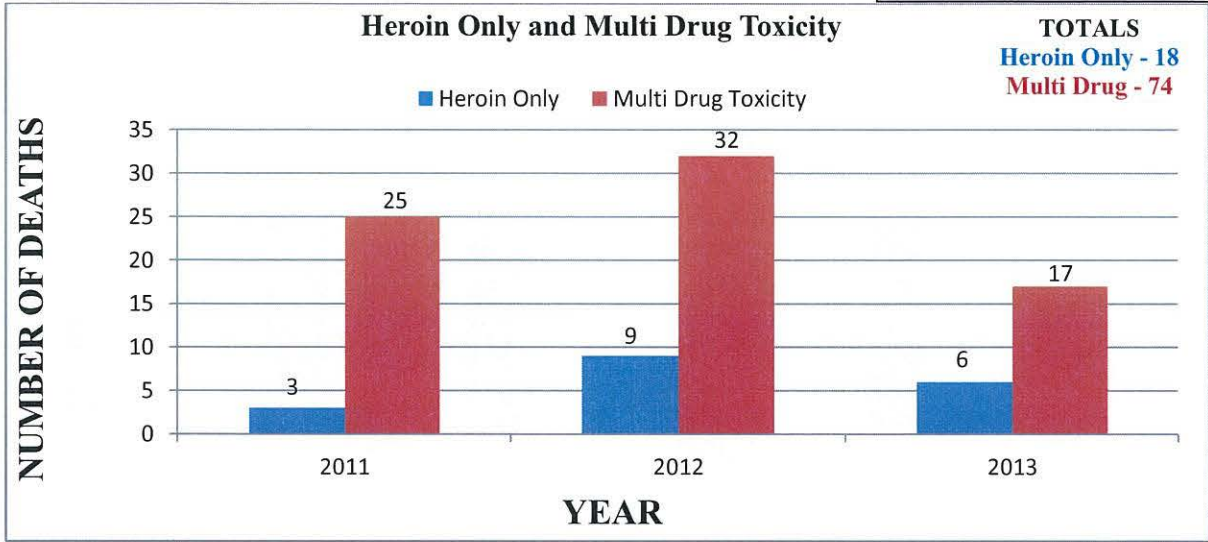
Incomplete Demographic Data.

Lackawanna County

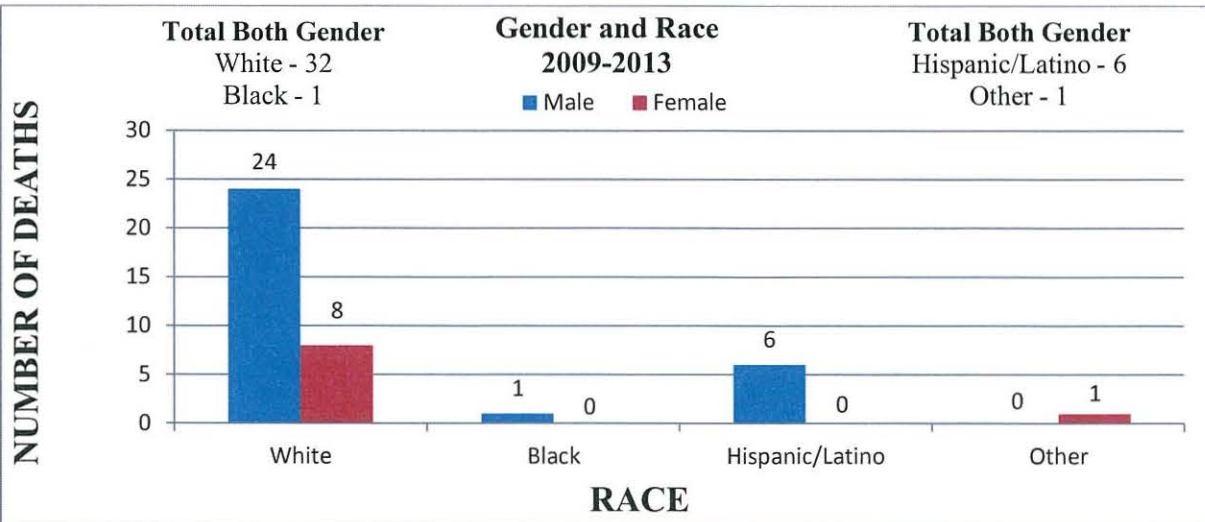
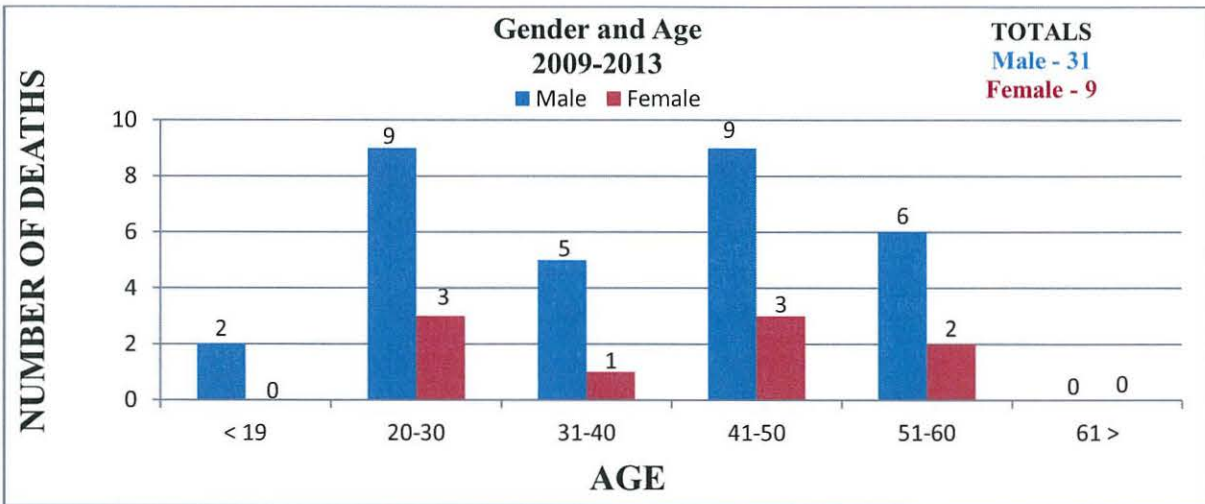
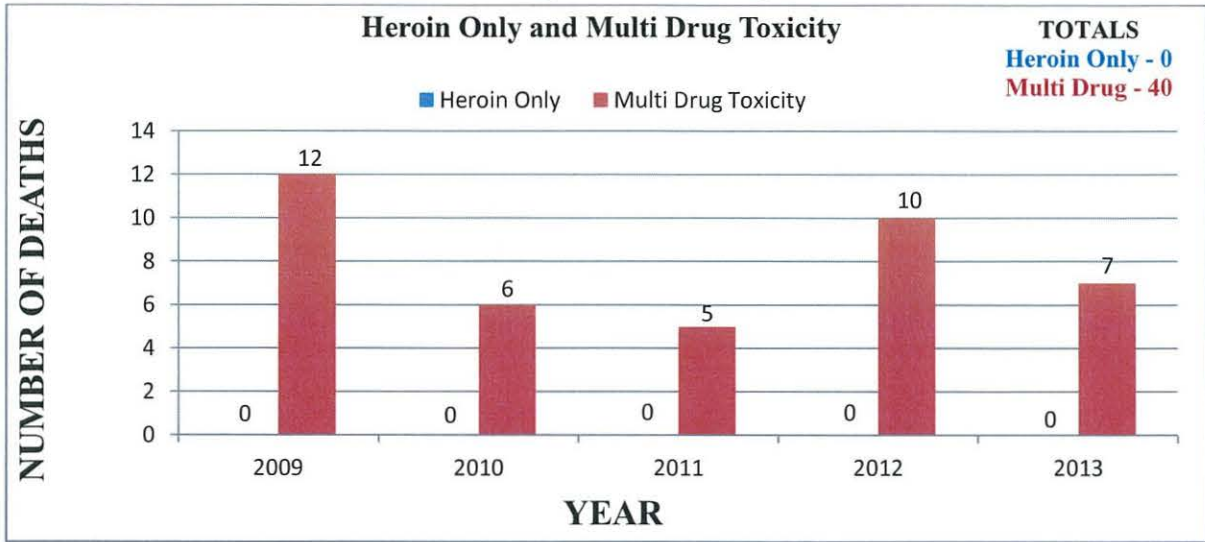


Age range and race data for females was not supplied.

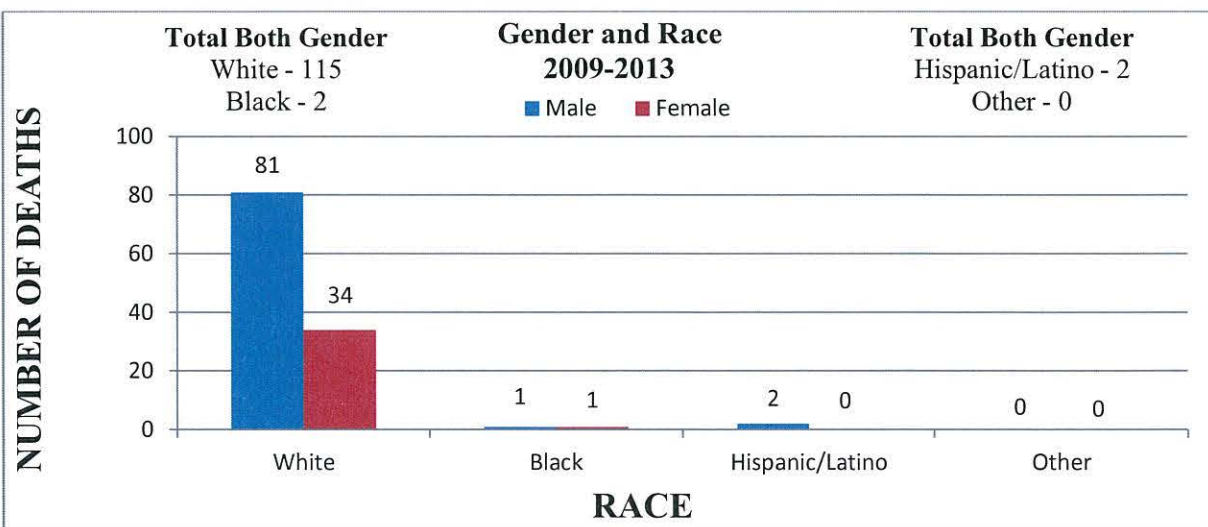
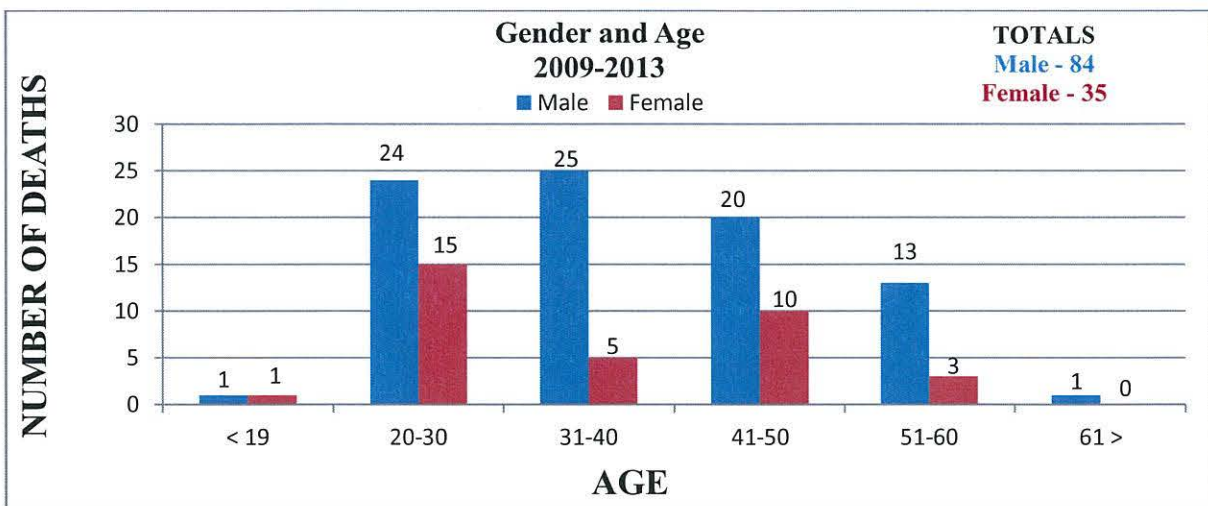
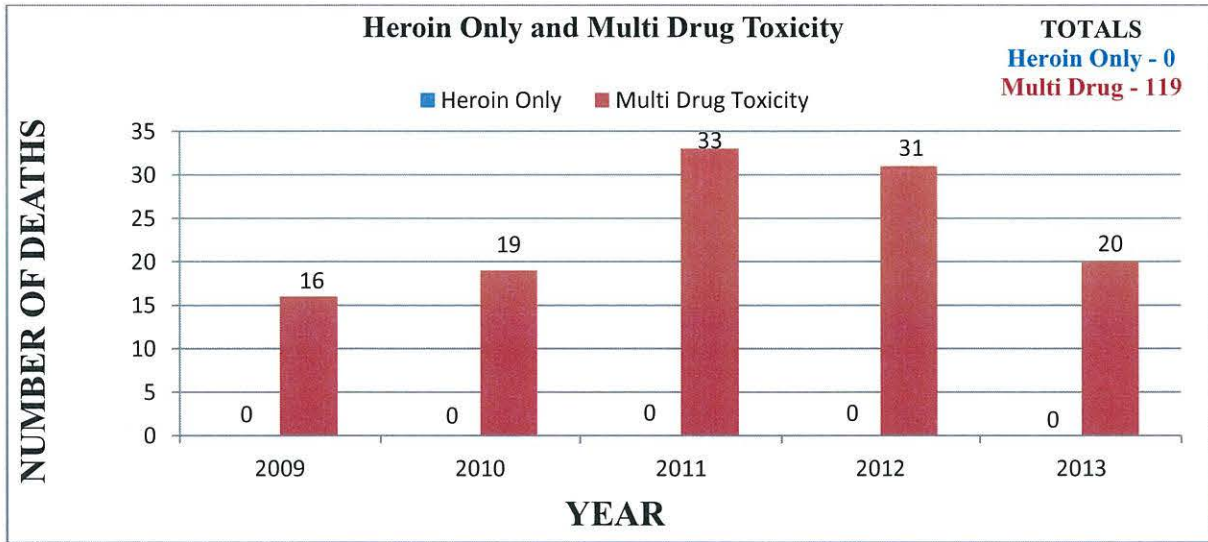
Lancaster County



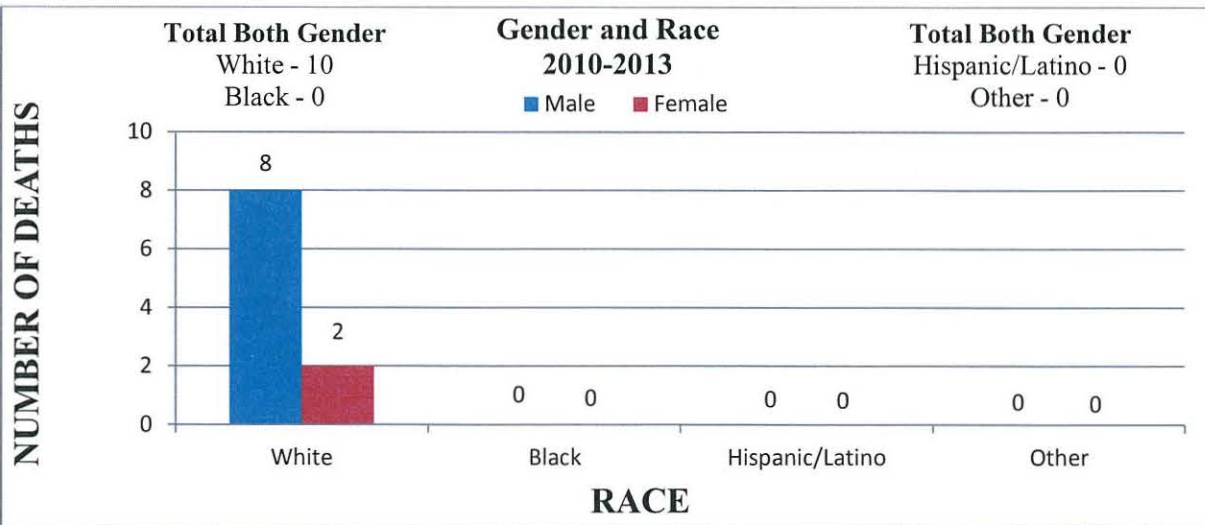
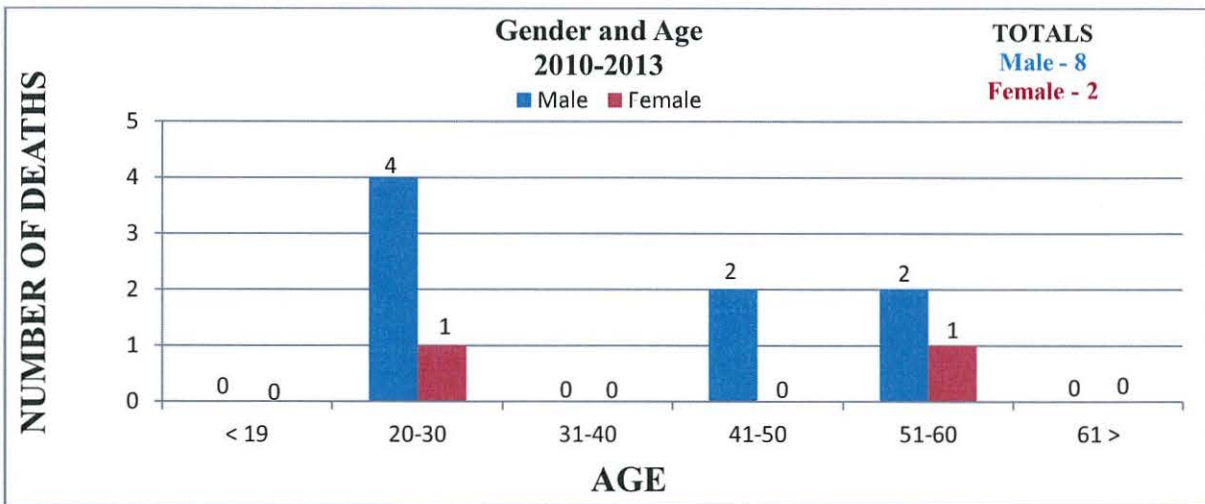
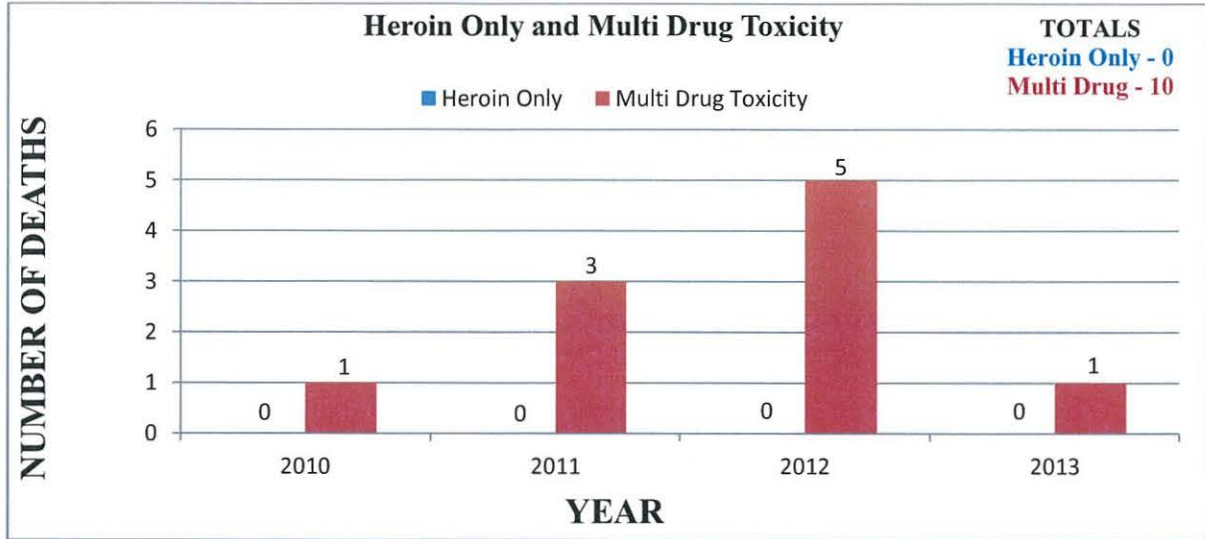
Lehigh County



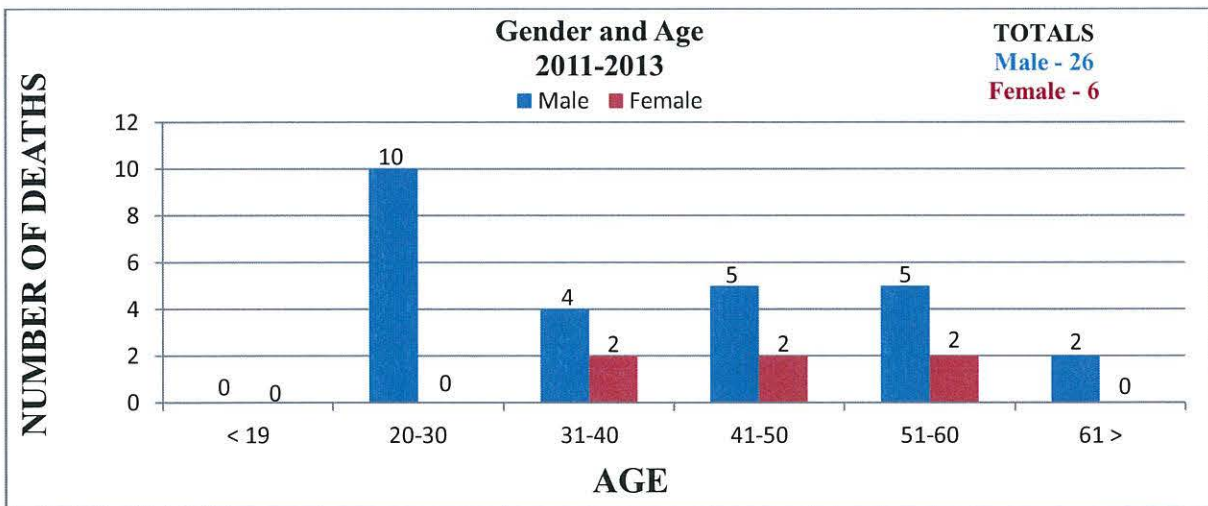
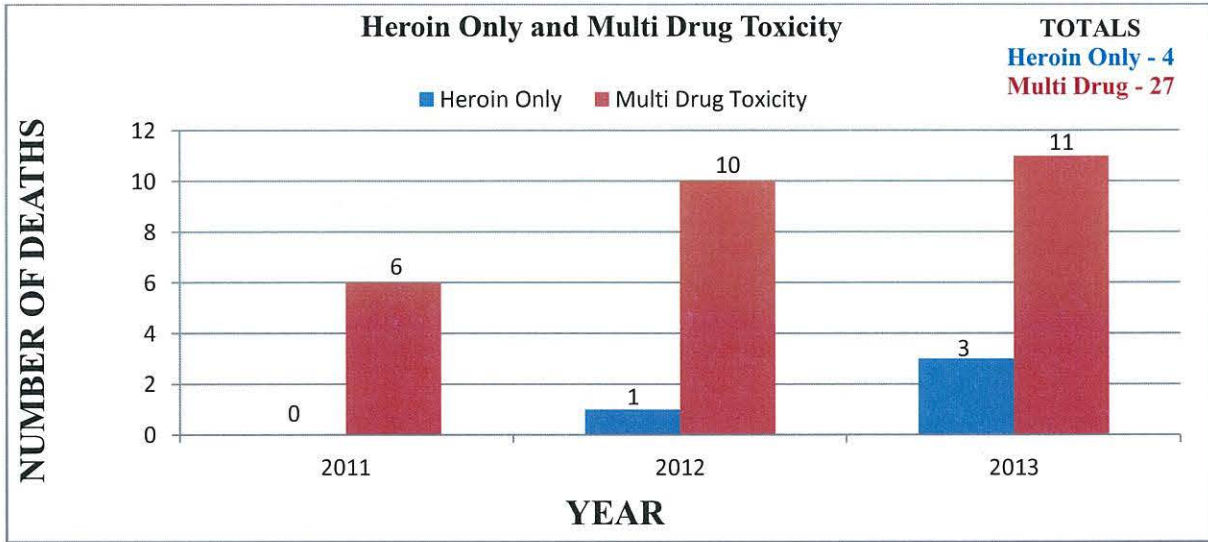
Luzerne County



Lycoming County



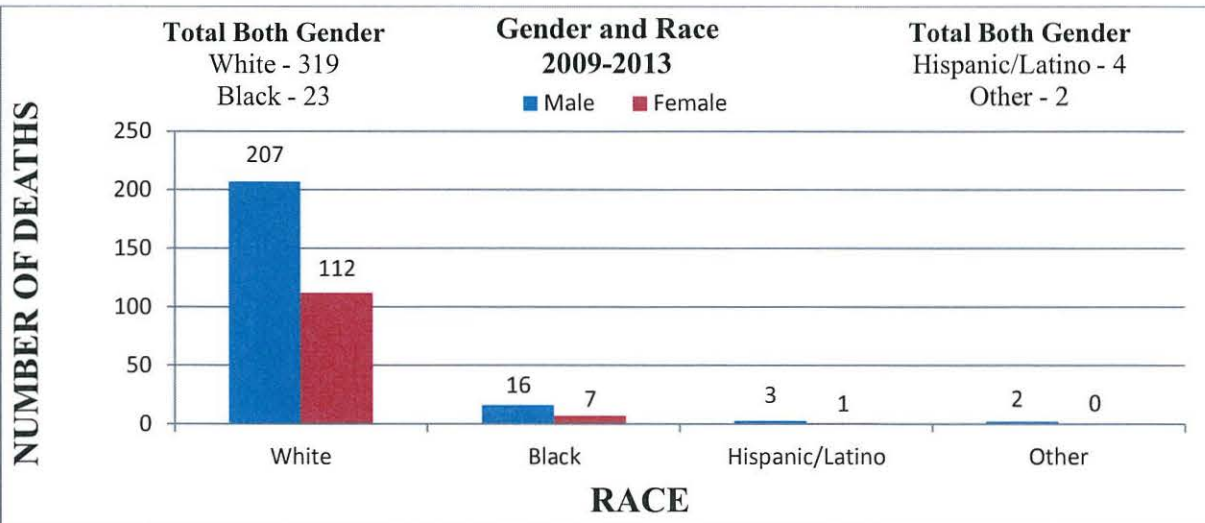
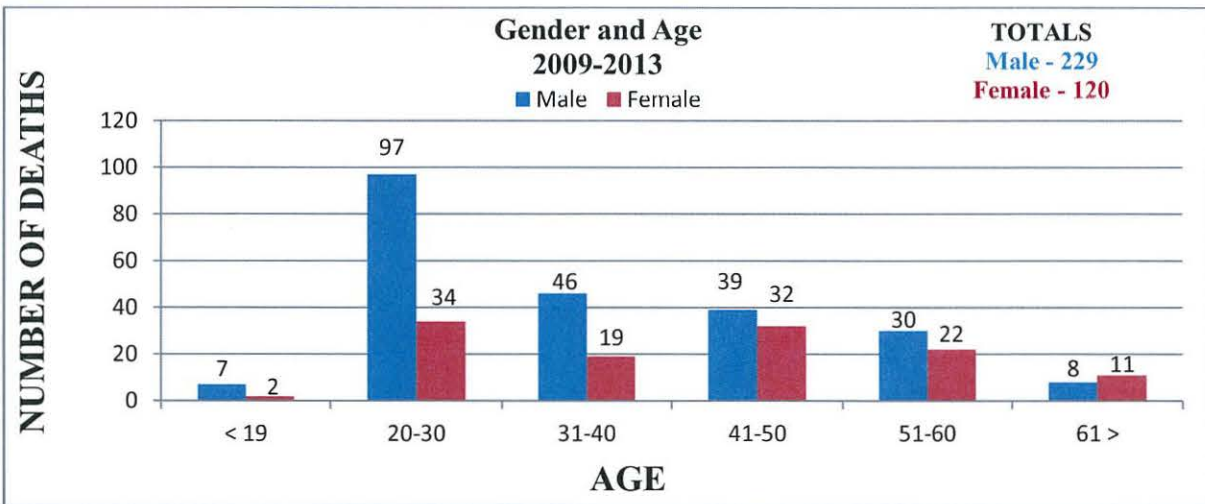
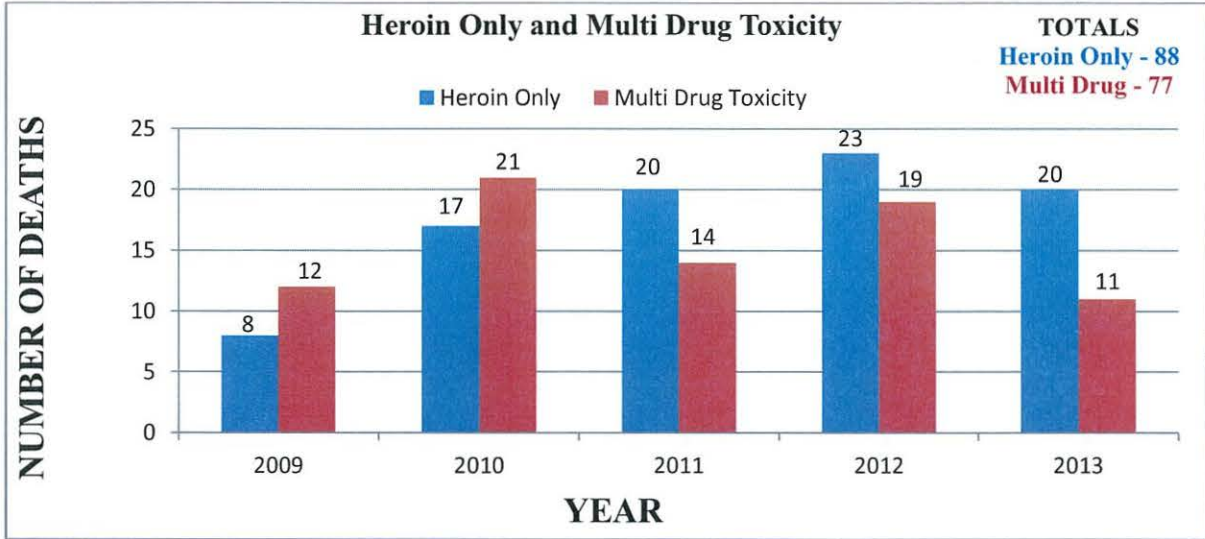
Monroe County



Race data was not provided by Monroe County.

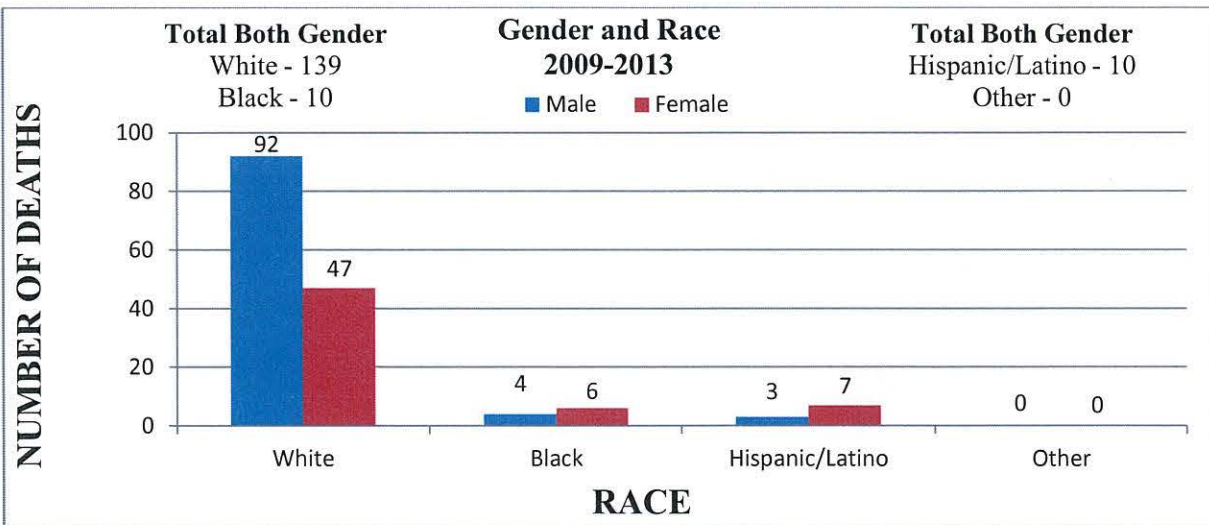
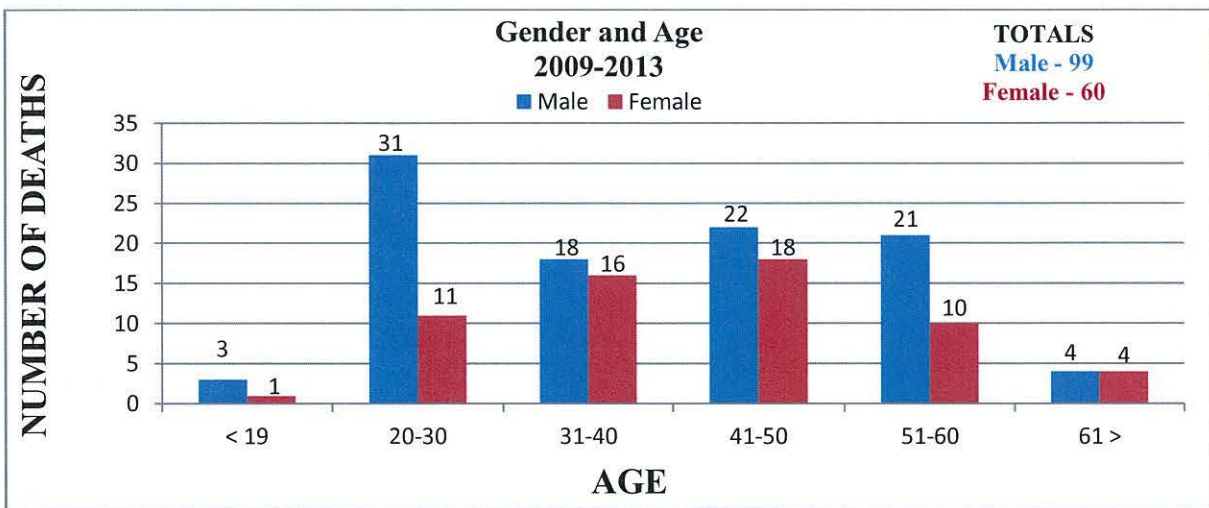
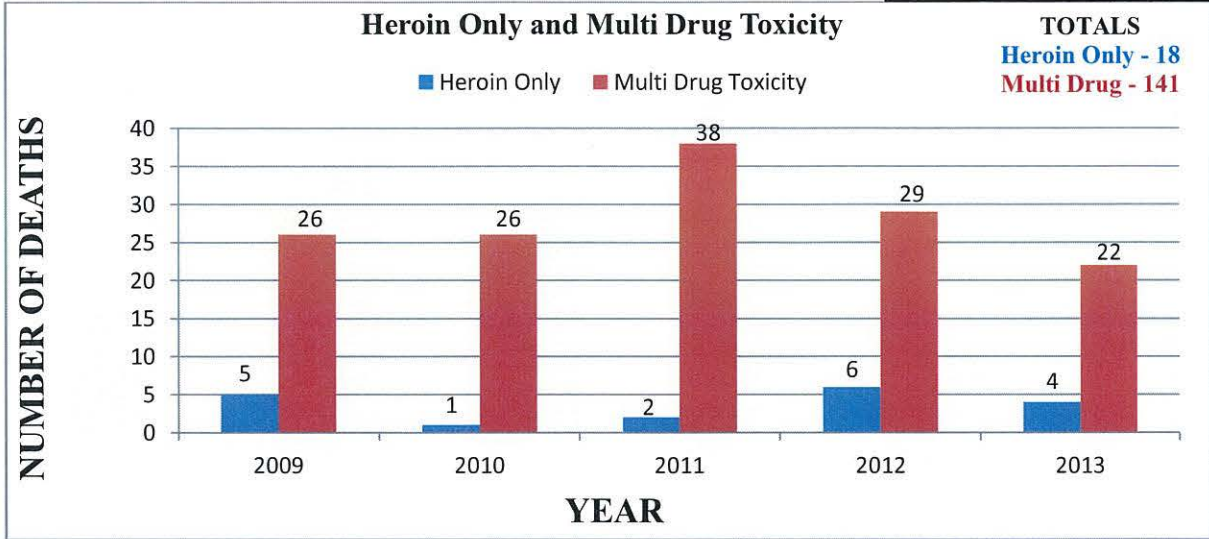
Age groupings are combined for all drug deaths in county.

Montgomery County

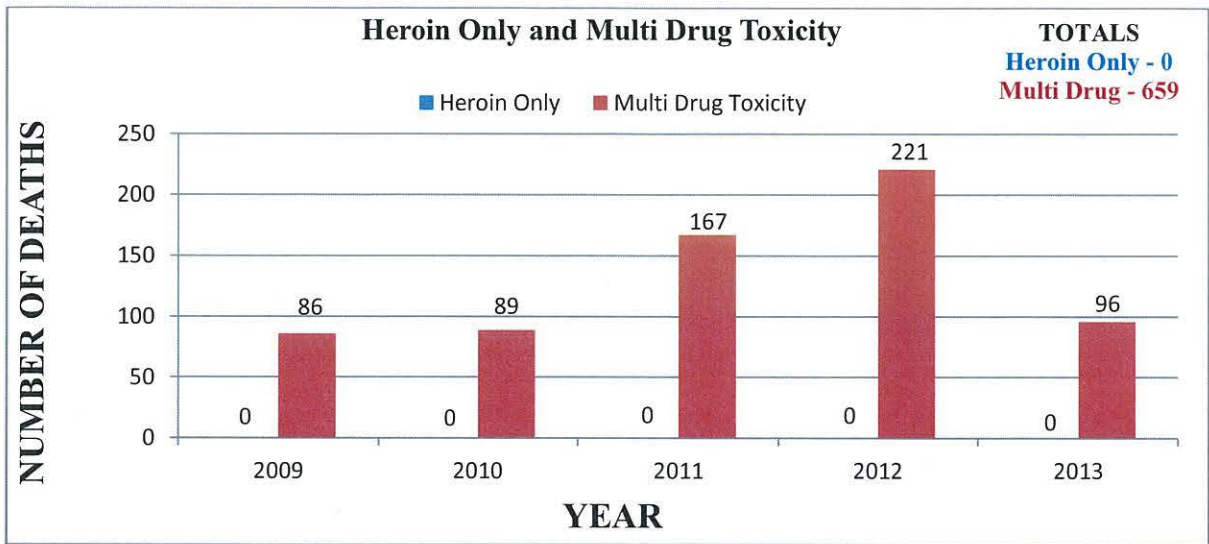


Multi Drug Toxicity statistics refer to all drug deaths, not only heroin related.

Northampton County

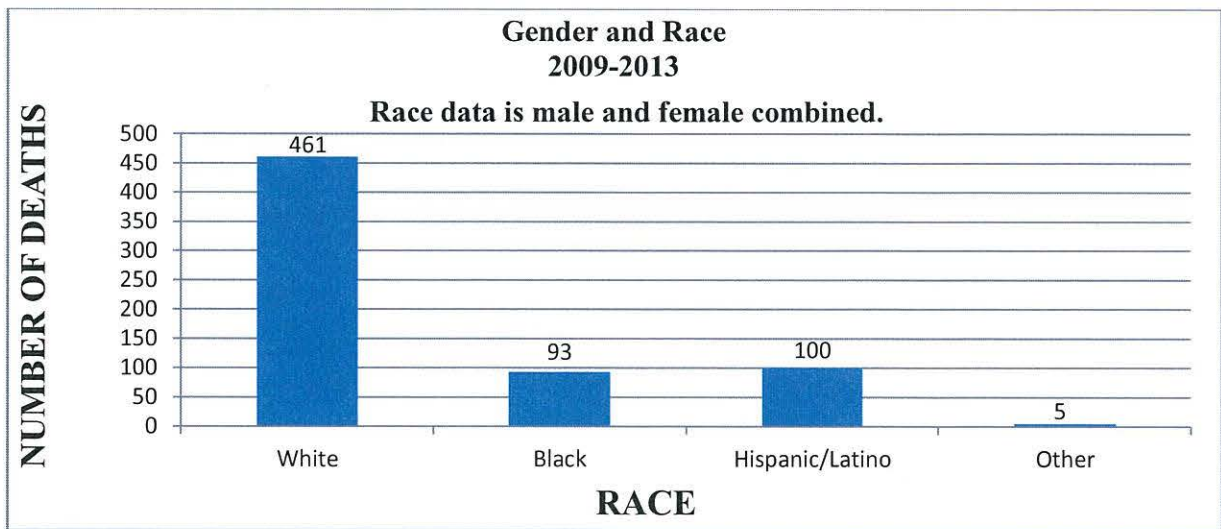


Philadelphia County

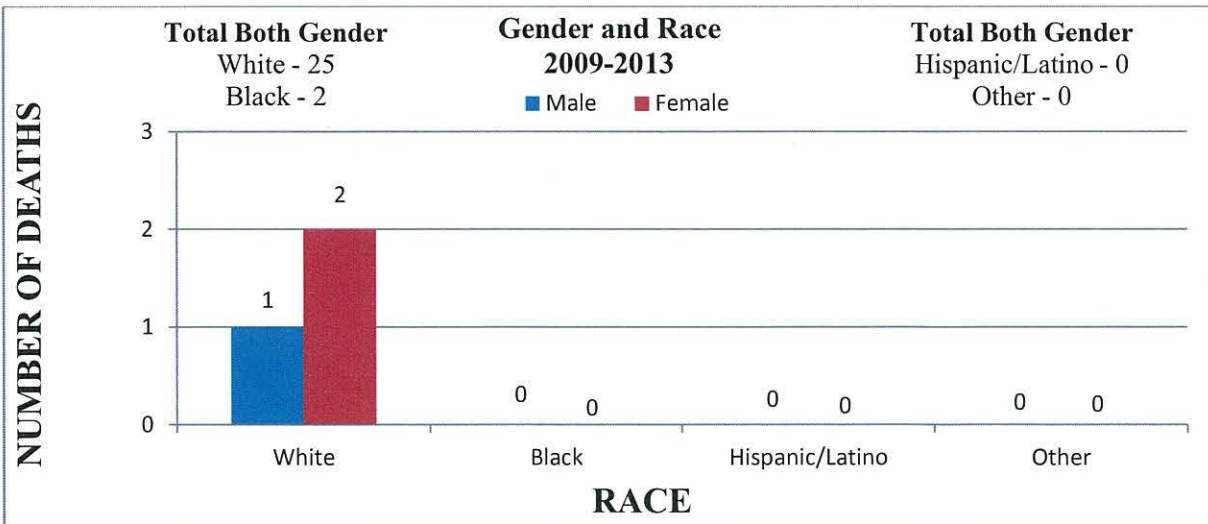
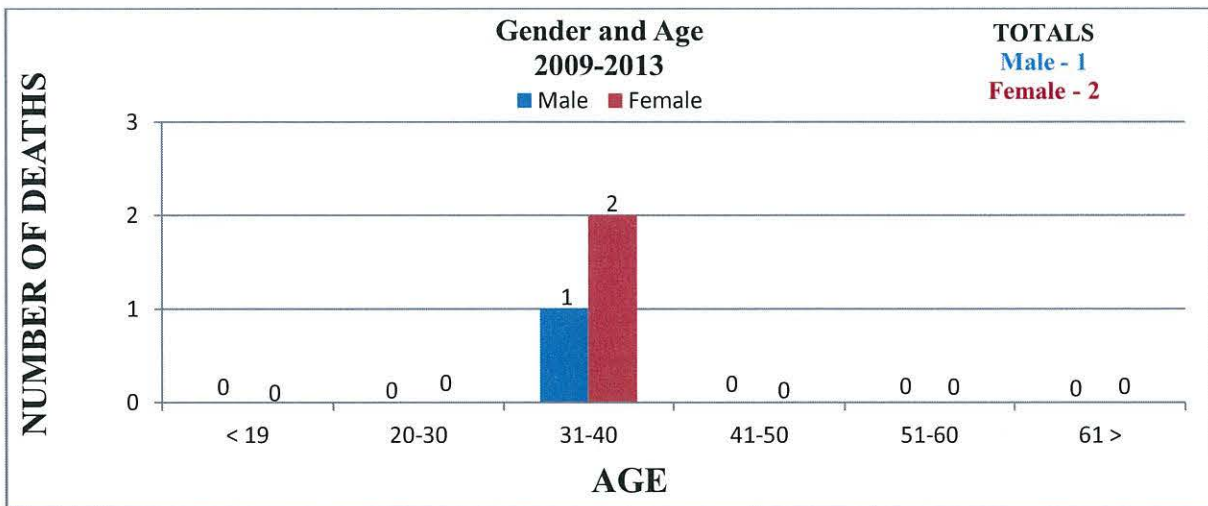
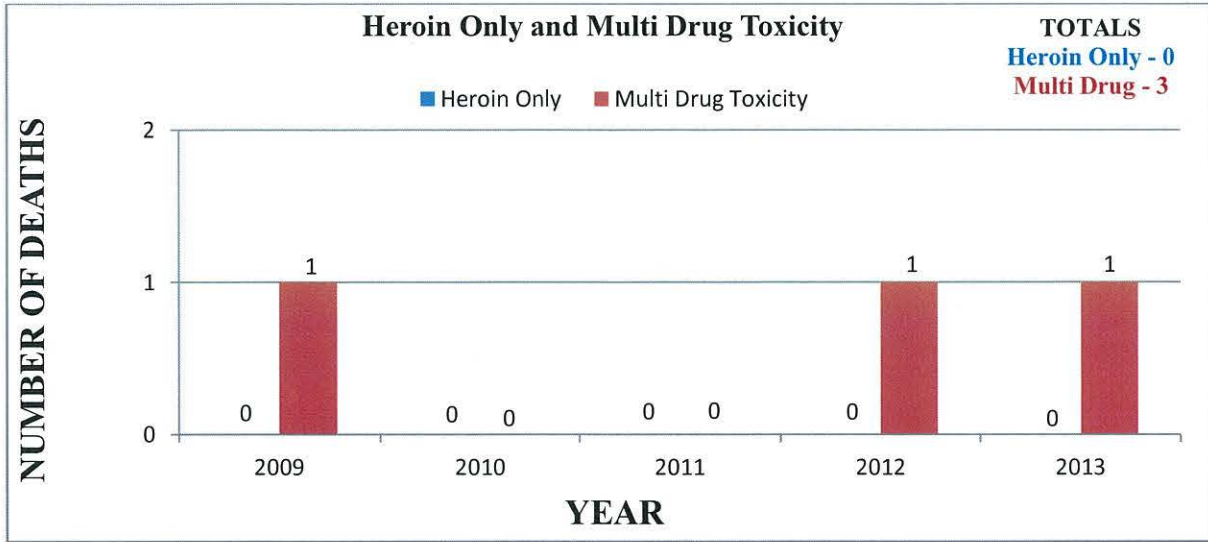


2009-2013
TOTALS
Male - 517
Female - 142

Age range data was not provided by Philadelphia County.



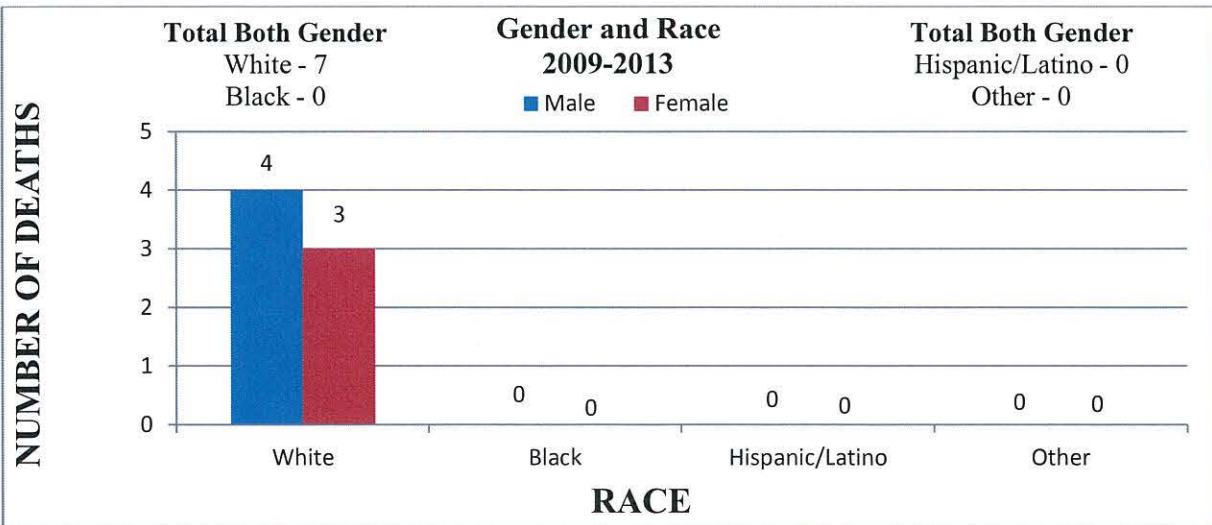
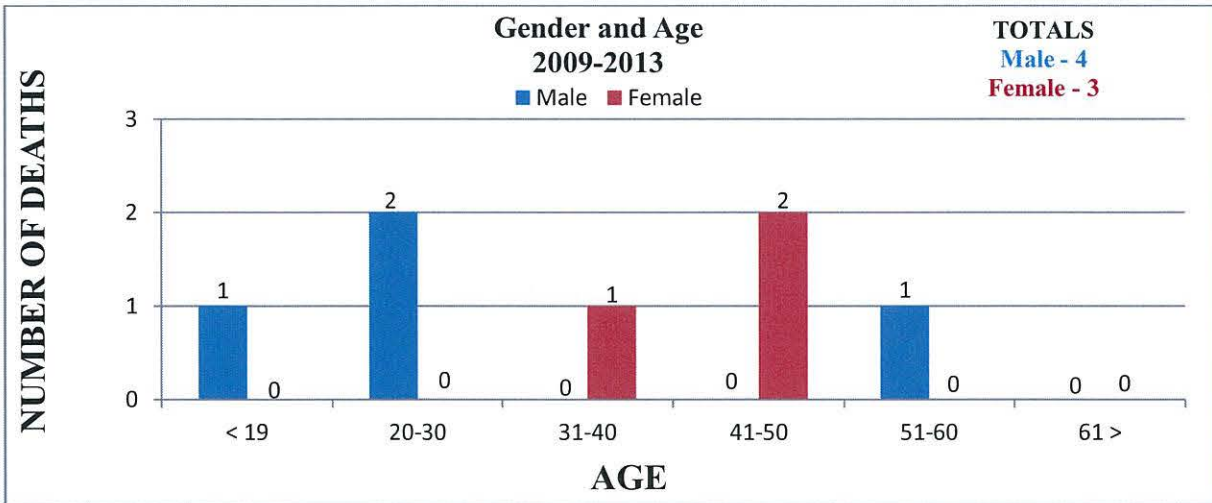
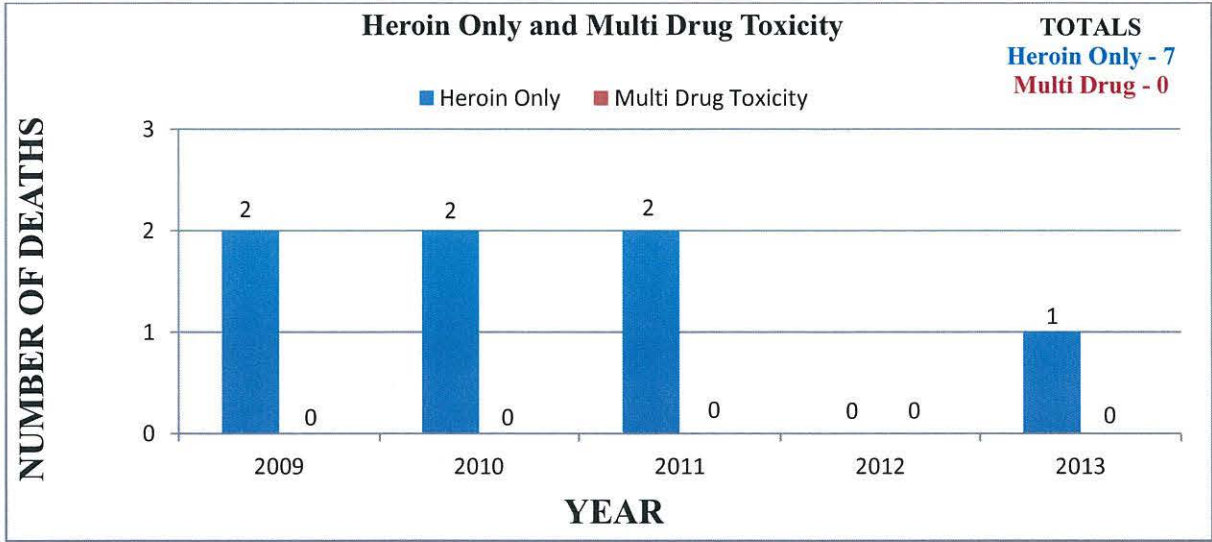
Pike County



Sullivan County

- There were no heroin related deaths reported by Sullivan County between the years of 2009 – 2013.

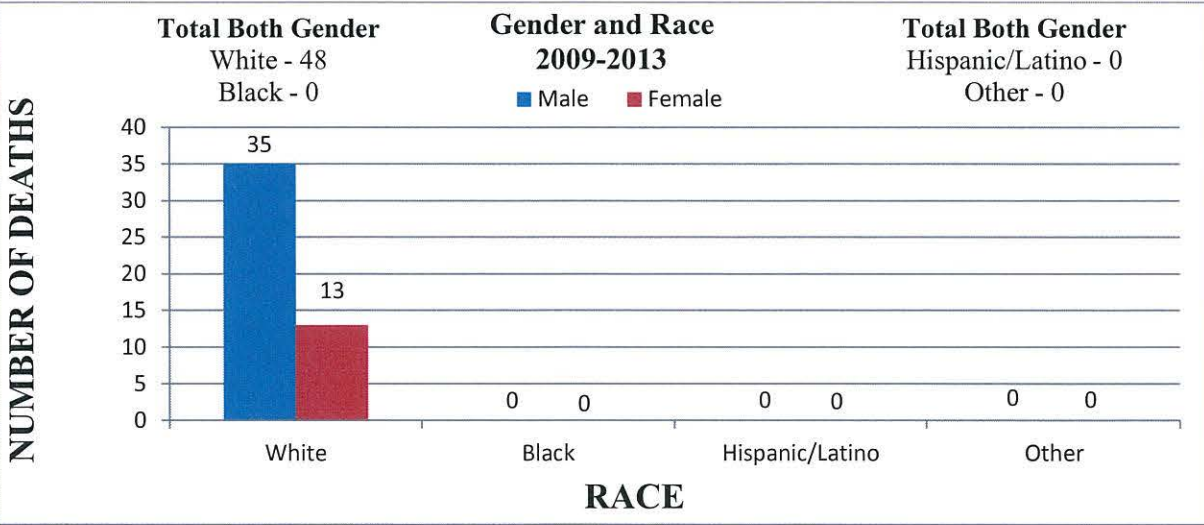
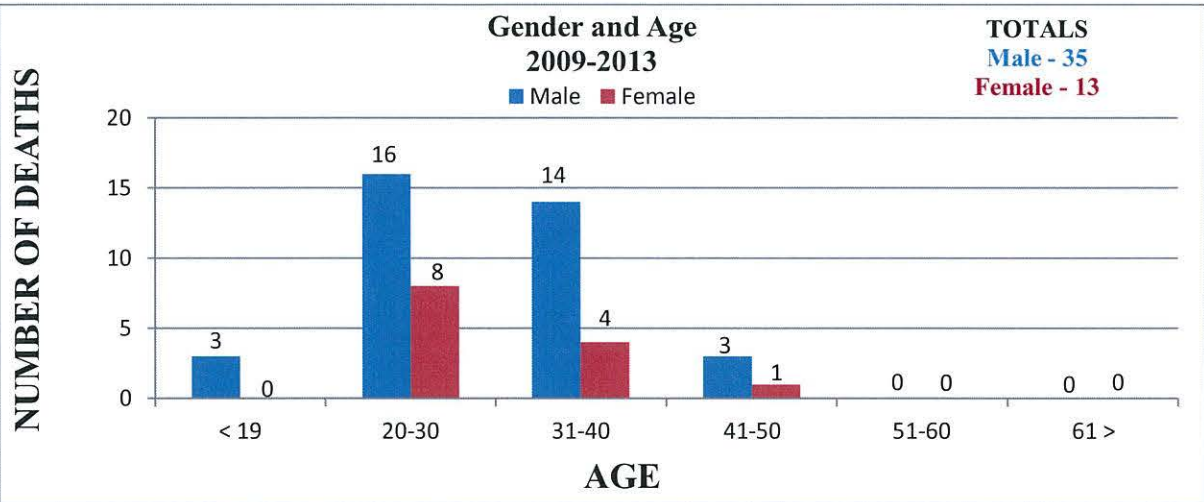
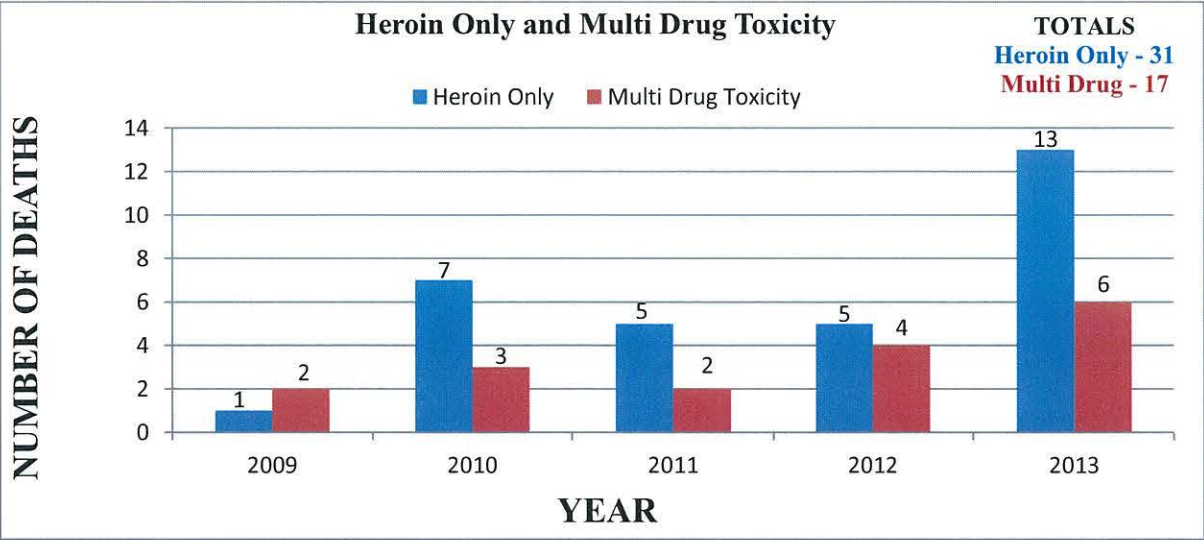
Susquehanna County



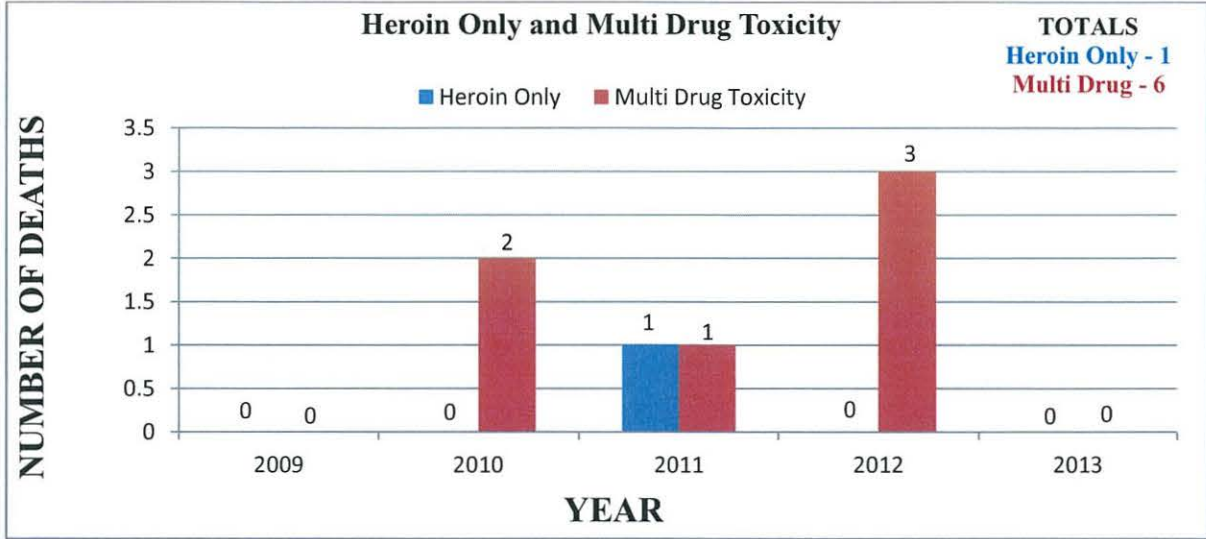
Warren County

- There were no heroin related deaths reported by Warren County between the years of 2009 – 2013.

Washington County

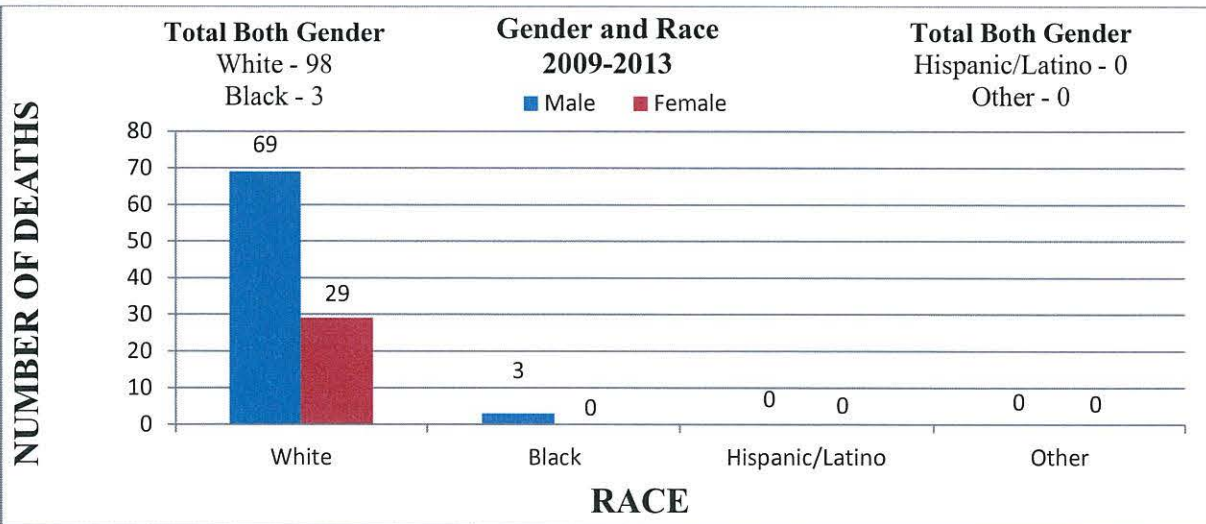
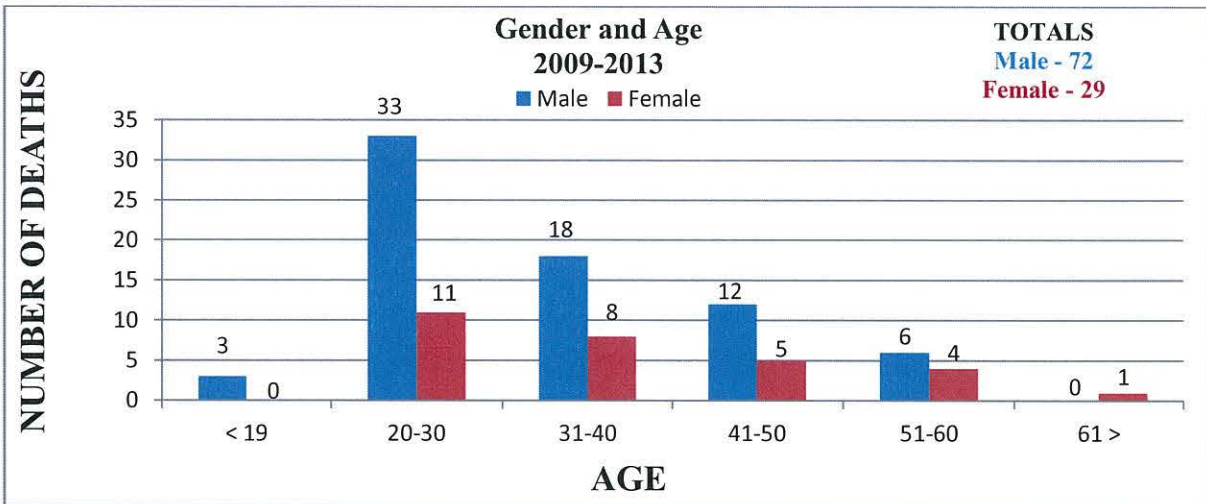
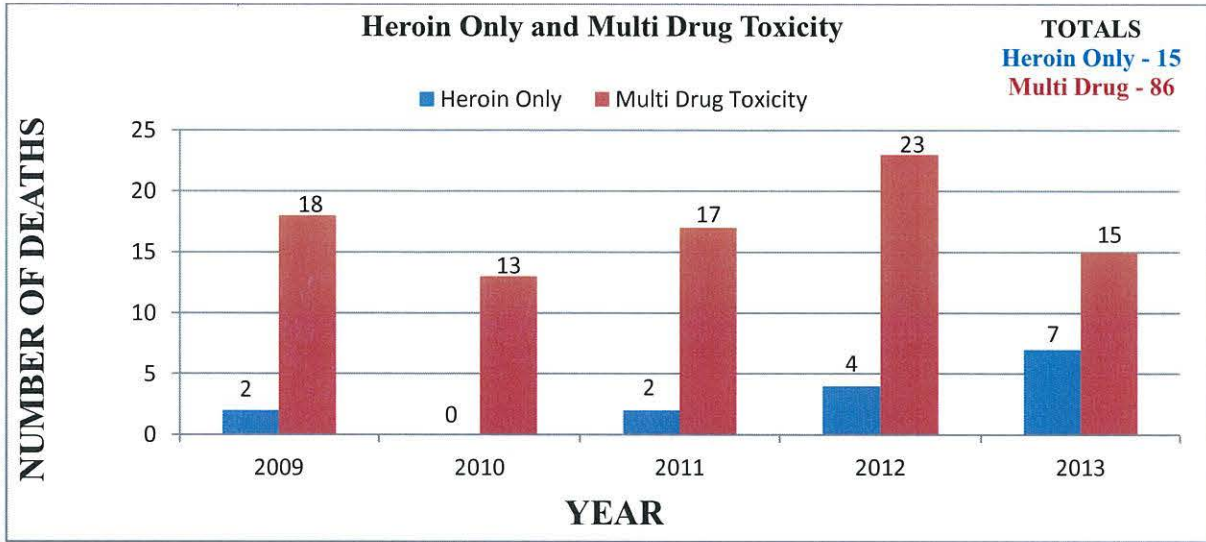


Wayne County

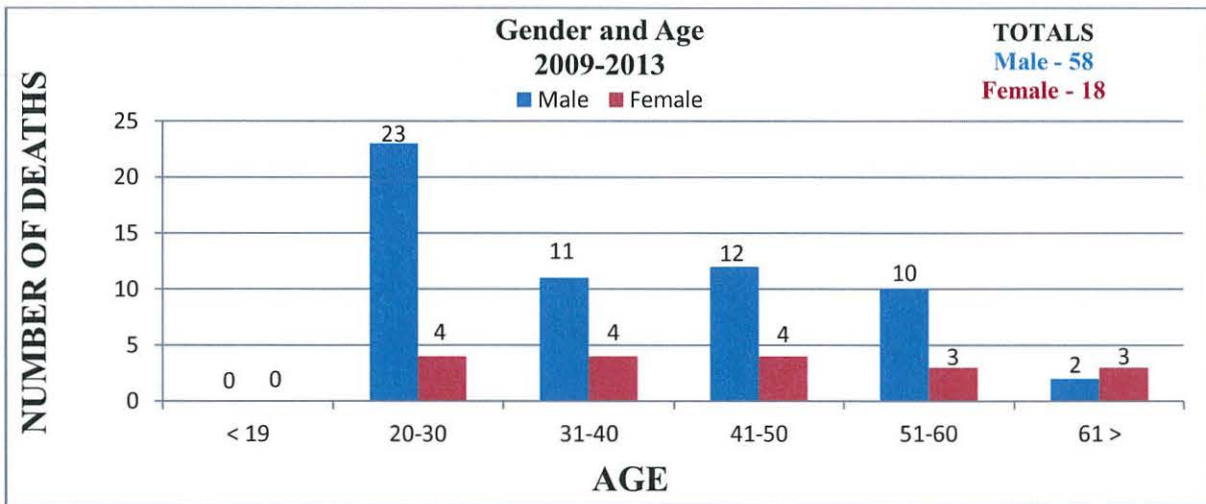
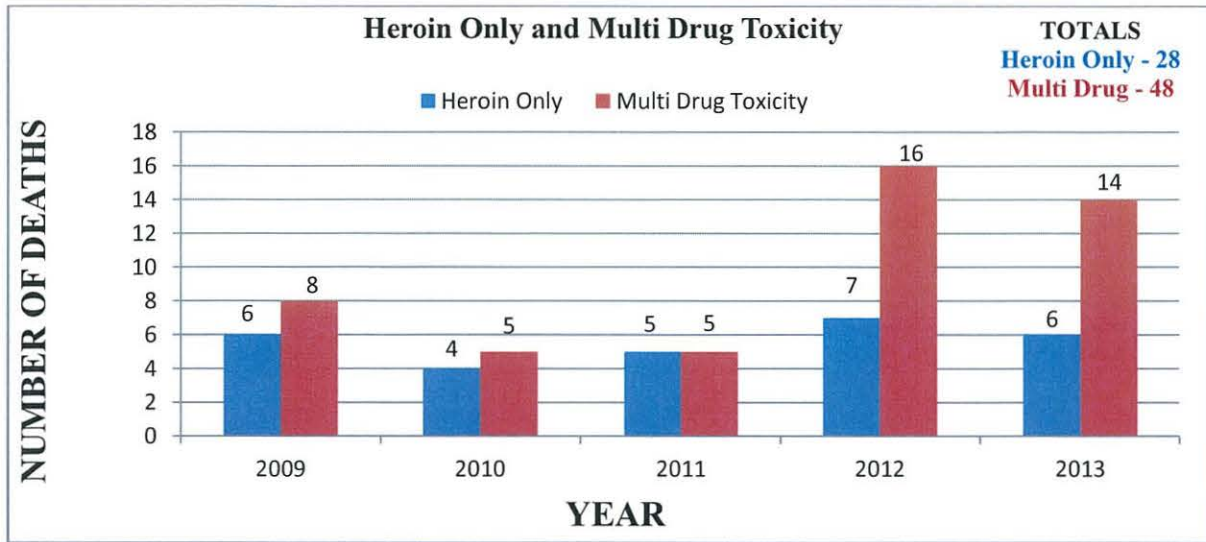


Gender, age, and race data were not provided by Wayne County.

Westmoreland County



York County



Race data was not provided by York County.