



Warren County Drug Task Force

P.O. Box 898. • Lebanon, OH 45036 •
Phone: (513) 336-0070 • Fax: (513) 336-9097 • www.wcdtf.org
Drug Tips: 1-866-307-0070 (Toll Free)



Ohio House Bill 248 (Proponent) Testimony

Good morning Chairwoman Gonzales, Vice Chair Huffman, Ranking Member Antonio and members of the House Health and Aging Committee. Thank you for the opportunity to come before you today to share my support of House Bill 248. I am Major John Burke of the Warren County Sheriff's Office and commander of the Warren County Drug Task Force in Lebanon, Ohio.

I have been in law enforcement in Ohio for almost 48 years, 32 of those years employed with the Cincinnati Police Department (CPD). The last nine of my years with CPD I formed and commanded the department's Pharmaceutical Diversion Unit (PDU). PDU investigators were responsible for investigating all forms of prescription drug abuse and prosecuting the offenders.

In 1999 I retired from CPD and was hired by Warren County Ohio to lead their drug task force. This is a position that I have held for almost 16 years and will be retiring October 23, 2015 with a total of 48 years in law enforcement.

During this time I have served as the national president for the National Association of Drug Diversion Investigators (NADDI), previously forming the Ohio Chapter of which I was also the president.

I am also the past president of the Ohio Task Force Commanders Association (OTFCA), a law enforcement group made up of the 40+ drug task force commanders in the state of Ohio.

I am considered a national expert in the field of prescription drug abuse as it relates to law enforcement issues, and have provided expert testimony on a variety of pharmaceutical diversion issues nationwide. I have conducted hundreds of trainings on this topic to health professionals, law enforcement, regulators, and the general public.

In addition, I have written a monthly article in *Pharmacy Times* magazine for the past 10 years on the issues of drug diversion. This publication has a subscription of over 100,000 pharmacists nationwide.

I took great interest when OxyContin® was reformulated and put on retail pharmacy shelves in August 2010. I was curious to see if the addition of an Abuse Deterrent Opioid (ADO) would make any difference in the diversion of this highly abused prescription opiate. We were told that the drug had been reformulated so that compromising its composition would be very difficult, thus deterring the snorting or injecting of the drug.

With street values reaching \$1 per milligram and even higher, there was no doubt that OxyContin® abuse had reached epidemic proportions in parts of the United States. The reformulation allowed law enforcement the ability to see if an ADO product would substantially reduce abuse and misuse or not.

By the end of 2010, my agency, the Warren County Drug Task Force (WCDF) began to see the street demand and the street price of OxyContin® begin to plunge. The abuse of oxycodone IR 30mg. increased and cheap heroin began to dominate the illegal opiate scene.

In 2011 and 2012, the seizures of OxyContin® by the WCDF dropped to record low numbers. In fact, since 2013 the WCDF has had zero seizures or diverted dosage units of this drug. This is based on a 20+ person drug task force who make approximately 200 undercover drug buys per year. Similar circumstances exist in Ohio task forces and across the United States.

Further evidence of the effectiveness of the ADO in respect to OxyContin® came from the program Rx Patrol®. Rx Patrol® tracks pharmacy robberies nationwide, reporting the descriptions of the perpetrators, weapon used, and what drug was demanded by the robber.

Prior to the reformulation of OxyContin®, this drug was demanded in 73.15% of all robberies reported to Rx Patrol (2009). After the reformulation, this figure has dropped to 12.29% (2014). The significance of this is that armed robbers can demand any pharmaceutical drug they want when holding up a pharmacy. Their demands will always represent the drugs that are the most in demand, highest in street price, and most abused and diverted, with the highest propensity to cause overdose death.

As President of NADDI, I asked our national membership to participate in a Survey Monkey on the abuse and diversion of OxyContin® both before and after reformulation. This was conducted in April 2013, and included 240 participants, mostly law enforcement officers.

The same results occurred with these 240 NADDI members as they recounted the fact that illegal demand and street prices for OxyContin® had dropped considerably after the ADF was introduced. In the end, many

of them had the same response that I have concerning the current street price of OxyContin®. Most, like me, simply don't know! We have little or no abuse of the reformulated drug to estimate its street value.

Reformulated OxyContin® can be abused by swallowing multiple tablets intact to try and achieve the "high". However, compared to snorting or injecting a compromised pill, this method does not provide the rush needed by hardened addicts. These same people that attain their "high" through injection or snorting are also the ones most likely to overdose and die.

Much of the data and studies on the benefits of ADO are specific to the reformulation of OxyContin®, but several other opioids have ADO formulations. From a law enforcement perspective, these reformulations have been a huge success. Data would indicate that ADO has saved countless lives as it relates to OxyContin®, which at one time was the most abused pharmaceutical drug ever to be marketed in our country. House Bill 248 would make ADOs more available.

In conclusion, everyone's ultimate goal should be that legitimate pain patients are able to have access to their needed medications, while reducing the risk of misuse and abuse. After all legitimate pain patients are still by far the biggest consumer of these medications. By reducing abuse and diversion of opioid analgesics, we help safeguard these medicines for the ones who truly need and rely on them in order to live a somewhat normal life. House Bill 248 will play a vital role in curbing opioid abuse while ensuring that patients continue to have access to these medicines.

Thank you for your time and consideration of my testimony. I urge you to join me in supporting House Bill 248, as it is another important step in addressing the state's opioid epidemic. At this time I would be happy to answer any questions the committee might have.

Major John Burke
Warren County Sheriff's Office
Warren County Drug Task Force