

**Testimony of Chris Parker, Retired Agent, PA Office of Attorney General 1988-2016**  
SUBMITTED INTO THE RECORD FOR HEARING ON AUGUST 16, 2016

To the members of the bipartisan committee exploring the opiate issue in Pennsylvania, I say thank you and I applaud your efforts. I would like to give you some information that is based upon by almost 28 years serving as an investigator in the Attorney Generals Office. It is my hope that this information can assist you in answering the questions being posed in this epidemic and hopefully offer what I see as solutions. I don't have all the answers however I feel that I at least have some fact based answers to the problems that you have considered in live testimony.

**1. Pennsylvania immediately needs legislation addressing the prescription drug crisis.** The continual writing of "guidelines" vs. "regulations" is counterproductive to addressing the main cause of opiate addiction in Pennsylvania. I have witnessed time after time physicians who were either untrained, naïve, unknowledgeable or at worst case scenario, criminal in their actions. Legislative changes need to be made to how prescriptions are written, what a prescription should look like, the newly begun PDMP program, how physicians are trained regarding prescription drugs and a strict regulatory authority that oversees these practitioners who are entrusted with the most powerful drugs to the most vulnerable segment of our population. It is a travesty that our federal government requires an 8 hour course to prescribe suboxone to TREAT drug addiction but does not require further medical education to PRESCRIBE drugs is absurd.

**As a case in point there was an investigation that I conducted where subjects were buying Docugard blank security paper at a national supply chain. This paper has all the security features as most prescription paper. With a little ingenuity and a run of the mill computer and printer these individuals were able to secure narcotics from all four corners of Pennsylvania (at least 44 of 67 counties) and points in between. Potentially hundreds of thousands of oxycodone tablets polluted the streets of southeastern Pennsylvania most likely causing hundreds of millions of dollars in thefts, robberies, addictions, abandoned children, addiction born children etc. A memo was prepared to the Office of Attorney General management to at least try to get the office store to discontinue the sale of this paper and no response was received from OAG management.**

**2. There are NO STUDIES conducted that shows that the use of opiate pain medication for non-cancer, chronic pain is a SAFE AND EFFECTIVE treatment.** This is not a statement from me but from a physician during a conference in Mississippi. It is based upon the facts that the side effects including addiction and overdose deaths at a very high percentage could never be acceptable in modern day medicine. With this fact in mind why do we still allow the Department of Health to write "guidelines" instead of writing regulations.

**3. The PDMP in its current state is an inefficient tool to fight fraud.** First of all, PDMP has absolutely no penalty for a physician who doesn't consult the program before writing prescriptions. Additionally, the program has a 72 hour lag times in reporting prescriptions filled. In the case in point above, the members of that organization would cover all major interstates with co-conspirators in two or three days then return to recruit more. The 72 hour lag time will never allow a pharmacy to catch these people. These are people with criminal intentions not persons merely seeking higher amounts of medication. Unfettered access regardless of schedule should be permitted to law enforcement. For thirty five years the OAG (or formerly Bureau of Drug Control) managed the C-2 reporting program. **NOT ONE TIME** did allegations of abusing C 2 drug data ever surface. Yet a paranoid fear surfaced wherein someone felt that the OAG should not have

access to that information. There are only two law enforcement oversight agencies that look at prescription fraud. The Agents of the OAG Diversion Unit and the Federal Drug Enforcement Administration. PDMP handcuffs the very people who are trying to stop prescription fraud in Pennsylvania.

**4. Focusing on treatment while ignoring enforcement will leave this state chasing its tail for years.** By the best estimates that I can make the Office of Attorney General has only committed about 15 Agents to working in the Diversion Investigation Unit. This unit investigates the theft/loss/illegal obtaining/illegal prescribing of controlled substances for the whole entire Commonwealth. The OAG employs around 90 Narcotics Agents for the whole entire Commonwealth which includes the 15 Agents assigned to Diversion. Some of the remaining 75 Agents don't even work in an investigative role and some are assigned to other Federal Agencies. The State Police have around 90 Troopers assigned to drug investigations by best estimate. This lack of commitment on behalf of this Commonwealth will continue to allow Pennsylvania to be "the path of least resistance". I have regional statistical information from in the 1990's where one region in the state surpassed arrest and investigation statistics that you now see in the entire state. The manpower of BNI in the OAG has been cut in half and the result is rampant drug trafficking. To continue to make such an insincere effort at stopping the flow of drugs to our streets, Pennsylvania will continue to face addiction for years to come.

**5. Enforcement in Pennsylvania is fragmented and inefficient.** The OAG, PSP, District Attorney run drug task forces, County Detectives etc. all operate mostly autonomous of each other in Pennsylvania. When I was hired by Attorney General Zimmerman there was a Strike Force concept in Pennsylvania where Agents of the OAG and Troopers of PSP worked under the same roof. During that time cooperative investigations took place (even though it worked better in some areas of the state than others) and task force were administered through the BNI Offices. Certain members of the OAG felt that task forces were an administrative nightmare (some also thought the same of the Prescription Monitoring Program) and looked to give it to other entities to lessen the administrative burden. Duplicative and sometimes triplicate efforts (intel, SERT etc) sometimes exist within individual counties or throughout the state and you have departments that don't share information or don't work together. A VERY LARGE amount of money is allocated to task forces, OAG, PSP, etc. PSP provides a top notch S.E.R.T. unit as well as a top notch Intel Unit in P.A.C.I.C. If your committee can collectively streamline the way investigations are conducted Pennsylvania can become one of the most cohesive units in the nation rather than one of the most fragmented. If orders can come down from the very top of this Commonwealth that a program like this is necessary and will be enforced then the program can work. It would have to be a program lead by knowledgeable leaders and not merely managers. If this concept cannot work then perhaps the OAG/BNI office with its limited manpower commitment should focus primarily on Diversion Investigations issues rather than trying to do everything with almost nothing.

I would also suggest that the continued commitment in excess of 5 million dollars to the Mobile Streets Crime Unit of the OAG is a very inefficient use of monies that could be used to fight the opiate epidemic in ALL OF PENNSYLVANIA instead of just a few chosen areas. Quite honestly if we all admit that the drug problem crosses every urban and rural area of Pennsylvania and look at the statistics of the success of the unit you will realize that the money is not well spent.

**6. Communication.** There seems to be a lack of communication in Pennsylvania. I have taken the time to write to the Department of Health and the Physicians Generals office and lend suggestions to them in developing training, policy, etc. Other than the return email that says how committed everyone is, etc. I have not had any opportunity to assist with the problem. Whether its turf wars,

people thinking they know all or just a fear of being caught off guard, this attitude must stop. I have also seen agency appointments being made to boards based upon their associations rather than their qualifications (OAG included). You have Agencies that say their employees cannot offer an opinion as that opinion is not reflective of what the agency wants to say. The boards, commissions and agencies that represent this issue should be a wide array of talents, intellect, backgrounds, education and training. Information must be backed up by real facts. I have heard agency heads spout off statistics and information that is not only a lie but one that is not backed by real numbers, facts or substantial provable data.

**Communication case in point-**When I was assigned to the Erie Regional BNI Office in the Diversion Investigation Unit there were 2 of us (and sometimes only one of us) responsible for addressing an entire 8 county area including Erie, Crawford, Venango, Forest, Elk, Cameron, Warren and Mckean Counties. It was very difficult because of geographic boundaries to get or exchange information with pharmacies. A simple use of a Fax Forge Alert system utilizing a fax machine allowed an overwhelmed unit to communicate with about 200 pharmacies. I have recently been told by pharmacy friends that the fax system is not currently up and running due to changes in how the OAG is using their information technology. It is indicative of a systemic problem that once had a half acceptable solution to a system that is now nonexistent due in part to persons making decisions without a basis of knowledge. Despite my best efforts to expand this program under current and past administrations there is still no solution for the Agents responsible for fighting diversion issues to communicate to the front line....our pharmacists.

**7. There needs to be one single person overseeing this crisis.** There should be a single person who can be the go to person in regards to the crisis in Pennsylvania. I do not mean this in an offensive way but mean it nonetheless. This shouldn't be an out of a job attorney nor a political hack that needs a promotion. It shouldn't be a person educated on one side of the problem. It needs to be a person who knows every aspect of this epidemic or who in the least is someone that is willing to listen to any knowledgeable boot on the ground (I don't want to imply by that statement a reference to a law enforcement officer). We need someone who can best determine how we can efficiently spend our monies to fight this epidemic and one that is not beholden to a certain agency or group of stakeholders. This fight is not only a fight of addiction and treatment but should be equally dedicated to enforcement so we can keep drugs off our streets. If we fail to enforce our laws then citizens will feel that they may selectively obey them. This position should have an open line of communication that every single person be it the addicted or the enforcer, can reach out and make suggestions on how to best end this epidemic.

In closing I thank you for listening to what I have to say. So many people keep saying that "we cannot arrest our way out of this". I say to you that enforcement is equally important as treatment. A truer statement is that "we cannot jail our way out of this". Many arrests that I made resulted in treatment, sobriety and the expungement of a criminal record. These people were not left saddled with an inability to continue on in their lives. There were also people who were incarcerated for periods of time and deservedly so. There were people who maintained their licenses to practice and when need be were stripped of their ability to practice pharmacy, nursing or medicine. I would hope as a committee that politics can be put aside and that a complete and comprehensive plan can be achieved that looks at every facet of this epidemic. Finally folks let's stop talking about the problem and start fixing the problem.....from the ground up.