

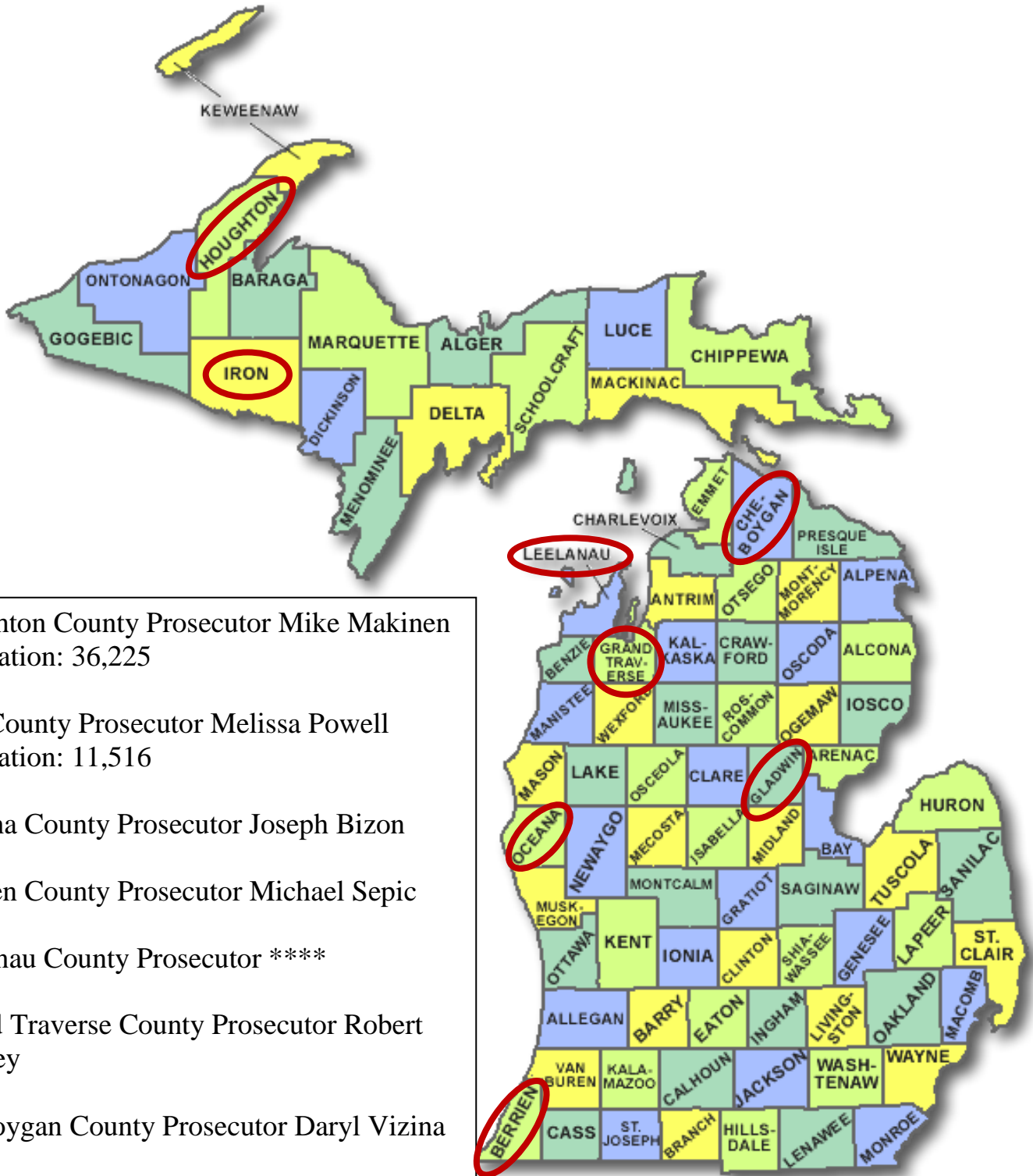
**MICHIGAN COUNTY PROSECUTORS
PRESCRIPTION DRUG AND HEROIN ABUSE SURVEY**

COMMITTEE ON ENERGY AND COMMERCE

**SUBCOMMITTEE ON OVERSIGHT AND
INVESTIGATIONS**

MARCH 26, 2015

RESPONDING COUNTIES



Houghton County Prosecutor Mike Makinen
Population: 36,225

Iron County Prosecutor Melissa Powell
Population: 11,516

Oceana County Prosecutor Joseph Bizon

Berrien County Prosecutor Michael Sepic

Leelanau County Prosecutor ****

Grand Traverse County Prosecutor Robert Cooney

Cheboygan County Prosecutor Daryl Vizina

Gladwin County Prosecutor Aaron Miller

1. Briefly describe your local heroin and prescription drug abuse problem.

“These are the same problem. The users take whatever they can get. I believe heroin came in when the others became harder to get and more expensive. These users will steal from anyone to feed the habit and commit most of our property crimes.”

- *Houghton County Prosecutor, Michael Makinen (POP 36,225)*

“My estimate... 25% prescription drugs... 70% heroin.”

- *Iron County Prosecutor, Melissa Powell Weston (POP 11,516)*

“Our local prescription abuse problem appears on par with national averages/trends. In the last 6 years, I have prosecuted 2 cases of delivery of heroin causing death. We have had 6 deaths at the semi-famous Electric Forest Festival, 5 of which were attributed to controlled substances. 2 of those were heroin. They were not able to be prosecuted due to lacking evidence as to who provided the drugs.”

- *Oceana County Prosecutor, Terry L. Shaw (POP 26,245)*

“[Prescription drug abuse is] escalating. Frequently noted on traffic stops for greater offenses. [Heroin abuse is] peaking.”

- *Berrien County Prosecutor, Arthur J. Cotter (POP 155,252)*

2. What experience does your county have with deaths resulting from heroin and prescription drug abuse?

“A few every year... Morphine is probably the most common, but we have had heroin, fentanyl, methadone, and oxycodone for sure.”

- *Houghton County Prosecutor, Michael Makinen (POP 36,225)*

“We have experienced normal trends and statistics as far as suicides and accidental overdoses.”

- *Oceana County Prosecutor, Terry L. Shaw (POP 26,245)*

“Currently, we have a woman charged for giving Xanax, Adderal and Methadone (all prescribed to her) to her son to distribute at a New Year’s Eve party of 16 and 17 year olds, where one of the partygoers died of methadone overdose. She’s charged with Delivery Causing Death. During 2013 and 2014 we had approximately 1 heroin overdose death every 1 - 2 months. Several we were able to work as Delivery Causing Death. We are aware of a number of overdose situations in which Narcan is used to reverse heroin effects... Parents now have access to Narcan and while that saves a life it doesn’t always cure the problem.”

- *Berrien County Prosecutor, Arthur J. Cotter (POP 155,252)*

3. What treatment programs are available to your county?

“Few programs. Inpatient programs are in other counties.”

- *Houghton County Prosecutor, Michael Makinen (POP 36,225)*

“We work closely with our treatment providers, but we need more money for treatment as the working poor cannot afford treatment and often their insurance doesn’t cover enough of the treatment leaving them to have to come up with thousands of dollars out of their own pocket which they do not have.”

- *Iron County Prosecutor, Melissa Powell Weston (POP 11,516)*

“We have no treatment programs in our county. We use facilities to the north (Ludington, Mason County), south (Muskegon, Muskegon County), and west (Gerber, Newaygo County) or further away for any inpatient treatment. We have one local treatment provider who handles rather small scale outpatient treatment for drug abuse, and we have Community Mental Health (CMH) which is absolutely worthless. CMH continually under-diagnoses patients to keep them with CMH when they need inpatient treatment, or just refuses to treat harder cases such as co-occurring disorders.”

- *Oceana County Prosecutor, Terry L. Shaw (POP 26,245)*

“There is a move afoot with Health Department, Law Enforcement and community members (including grandparents of overdose victims) to create an ad hoc education component for schools.”

- *Berrien County Prosecutor, Arthur J. Cotter (POP 155,252)*

4. What experience does your county have with specialty courts which address heroin and prescription drug abuse?

“We have a specialty court which handles both alcohol and other drug cases. Success with alcohol problems has been very good. Success with less addictive prescription drugs has been ok. Heroin/ morphine users fail.”

- *Houghton County Prosecutor, Michael Makinen (POP 36,225)*

“We have had mixed success. Putting them in jail for a period of time to clean them up (between 30-120 days) before putting them in treatment has helped increase our success rate. Employment is a huge factor in their success. They are more likely to be successful in specialty court, no matter what their drug of choice is, if they are employed.”

- *Iron County Prosecutor, Melissa Powell Weston (POP 11,516)*

“We have no specialty courts.”

- *Oceana County Prosecutor, Terry L. Shaw (POP 26,245)*

“A common occurrence is for a heroin user going through rehab through drug court programming, getting clean for some months, relapsing to the previous level of usage and overdosing because the body cannot take that dose anymore.”

- *Berrien County Prosecutor, Arthur J. Cotter (POP 155,252)*

5. What experience does your county have with suboxone?

“Too new to know its value for treatment. It is becoming a street drug presumably to ward off withdrawal and presumably is available on the street when patients find their preferred drug and sell the suboxone.”

- *Houghton County Prosecutor, Michael Makinen (POP 36,225)*

“Suboxone is not allowed as a treatment directive in our drug court. It has been repeatedly abused and sold by drug court members and by our average population so we do not utilize it. We do not permit the use of any scheduled controlled substances, nuerontin, ultram, or the like while participating in drug court. Drug Court members view suboxone as the new methadone (methadone is still sold and abused on the street). The preference in our treatment court at this time is to address the underlying reasons for the addiction through therapy. One of our treatment providers has also had a pilot project using nutritional supplements for opiate addicts and it has been somewhat successful. The use of suboxone seems to be a gateway for our participants to continue or relapse into criminal behavior. If it’s viewed as a “miracle” pill to block the cravings, then they tend to not address the underlying issues that led them to use drugs. Alcoholics and other drug addicts must deal with “cravings” without the use of a “blocker”.”

- *Iron County Prosecutor, Melissa Powell Weston (POP 11,516)*

6. What solutions do you see for the heroin and prescription drug abuse problem?

“Address marijuana. You cannot succeed in a program that is based on a lie. Marijuana is not a schedule one drug. A policy that classifies marijuana with heroin and methamphetamine is effectively stating that heroin and meth are no worse than marijuana. That is a message that is dangerous. Do we really want to tell kids who see marijuana use that heroin and meth are on that same level.”

- *Houghton County Prosecutor, Michael Makinen (POP 36,225)*

“The issue is complex. We have a harder time with younger opiate addicts staying clean than older people. The demographic tends to be young, uneducated, unemployed, poor users with no family support system. They use recreational drugs anyway, then start using prescription drugs, then use heroin. We also have users, although a very, very small demographic, who started out being prescribed a pain killer, became addicted, and then when they could no longer obtain the prescription turned to heroin. Their age makes them believe they are immortal. They have no motive to stay clean. No job, no kids, no family, no house, and no faith. Many people don’t “hit bottom” for treatment purposes until they are well into their 30’s and 40’s. By that time they have already incurred significant criminal charges, they have lost huge earning capacity, they have damaged their relationships, and they have damaged their bodies and their minds. They may complete their education or they may go on to improve their lifestyle, but the losses they have sustained are very difficult to overcome and they remain living in poverty.”

- *Iron County Prosecutor, Melissa Powell Weston (POP 11,516)*

“Treatment is a great idea, but this has to be balanced. Abusers who engage in violent crimes or property theft crimes cannot be excused from crime because they are addicts. A balanced punishment component needs to remain in place.”

- *Oceana County Prosecutor, Terry L. Shaw (POP 26,245)*

ADDITIONAL COMMENTS

“This cannot be addressed as a heroin problem or a prescriptive drug problem. it is substance abuse. Like cancer, substance abuse has different forms and stages. Heroin abuse is like stage 4 with some cancers it is a likely end stage of a problem but not the root of the problem. War on the problem has failed, just say no has failed, and new age prohibition has failed. This is primarily a health care/social problem and has to be studied and treated as such. There is no substitute for appropriate funding for research and treatment.”

- *Houghton County Prosecutor, Michael Makinen (POP 36,225)*

“I believe a close look at the regulatory scheme for prescribing narcotics and opiates is extremely important. We did have an enforcement case initiated by the federal government against one or two doctors early on which was a wake-up call for local doctors and led them to be more circumspect in their dispensing of pain medication. That I think is one of the reasons we don't have a larger demographic of persons who start out being prescribed pain medication and then turn to heroin. We need to focus on models that have been effective at treating drug abusers/offenders from the ages of 16-35 and replicate those models. We need more money for therapy and we need more money for enforcement. Being accountable through spontaneous drug sweeps and testing has been extremely helpful in keeping these individuals clean.”

- *Iron County Prosecutor, Melissa Powell Weston (POP 11,516)*

“I prosecute these cases myself as a rural prosecutor meaning I review every police report and know what is happening in my county. I also sit in on all of the drug/sobriety court staffing and court hearings. I monitor the success and failures of these offenders. Few of these individuals are truly evil or malicious.”

- *Iron County Prosecutor, Melissa Powell Weston (POP 11,516)*

COMPLETE SURVEY RESPONSES BY COUNTY

1. **County.**
Alger, Population 9,522
2. **Brief description of your local prescription drug abuse problem.**
Our RX drug problem is similar to that of other small county respondents, its hydrocodone, alprazolam, methylphenidate and the recently scheduled tramadol, so I'll just add that while physicians are a big part of the problem the worst offenders are the online pharmacies as opposed to the local physicians. Many of our PWID cases arise from federal search warrants obtained by postal inspectors for COD packages containing vastly more RX drugs than the purchaser could possibly use as prescribed within the expiration dates or afford absent sales of the contents of prior packages. So, greater regulation of these pharmacies is needed.
3. **Brief description of your local heroin abuse problem.**
Little heroin locally, when found its on people passing through.
4. **Experience in your county regarding deaths from prescription drugs.**
Many hospitalizations, few deaths – the only one I recall was from ingestion of a fentanyl patch.
5. **Experience in your county regarding deaths from heroin.**
Same.
6. **Experience in your county regarding treatment programs.**
Still not a fan of drug court – no measureable success locally, resources better spent on treatment during traditional probation, uncomfortable with role of social worker/cheerleader.
7. **Experience in your county with specialty courts in addressing prescription and heroin problems.**
Same.
8. **Experience in your county regarding suboxone.**
See #2, better control of dispensing is key.
9. **Other solutions you see.**
No
10. **Anything else you would like to provide on the topics.**
No
11. **May we use your information to supplement the subcommittee record?**
Yes

1. **County.**
Berrien, Population 155,252
2. **Brief description of your local prescription drug abuse problem.**
Escalating. Frequently noted on traffic stops for greater offenses. Currently, we have a woman charged for giving Xanax, Adderal and Methadone (all prescribed to her) to her son to distribute at a New Year's Eve party of 16 and 17 year olds, where one of the partygoers died of methadone overdose. She's charged with Delivery Causing Death.
3. **Brief description of your local heroin abuse problem.**
Peaking, during 2013 and 2014 we had approximately 1 heroin overdose death every 1 - 2 months. Several we were able to work as Delivery Causing Death. We are aware of a number of overdose situations in which Narcan is used to reverse heroin effects, subject lives. Parents now have access to Narcan and while that saves a life it doesn't always cure the problem.
4. **Experience in your county regarding deaths from prescription drugs.**
#2 above only noted death.
5. **Experience in your county regarding deaths from heroin.**
6. **Experience in your county regarding treatment programs.**
There is a move afoot with Health Department, Law Enforcement and community members (including grandparents of overdose victims) to create an ad hoc education component for schools
7. **Experience in your county with specialty courts in addressing prescription and heroin problems.**
A common occurrence is for a heroin user going through rehab through drug court programming, getting clean for some months, relapsing to the previous level of usage and overdosing because the body cannot take that dose anymore.
8. **Experience in your county regarding suboxone.**
None.
9. **Other solutions you see.**
10. **Anything else you would like to provide on the topics**
11. **May we use your information to supplement the subcommittee record?**
Yes

1. **County.**
Cheboygan, Population 25,726
2. **Brief description of your local prescription drug abuse problem.**
Approximately 80% of our felony caseload is directly or indirectly alcohol/drug related. My yearly statistics indicate that 60.2% of our felony drug charges involved prescription drugs. It is a huge problem. I am continually stunned when I look at MAPS reports that doctors continue writing opiate scripts for individuals who have so many other opiates prescribed.
3. **Brief description of your local heroin abuse problem.**
We have heroin cases, but much less than prescription meds. With that being said, I think the heroin and prescription drug problem are inter-connected. The addicts will go after whichever is available.
4. **Experience in your county regarding deaths from prescription drugs.**
Two summers ago we had 3 overdose death in a 4 day window. That gives a sample of the problem. That is concerning for a county of only 26,000 people. We successfully tried an Overdose Causing Death case in 2012.
5. **Experience in your county regarding treatment programs.**
We have limited resources. I find that many folks are unaware or not concerned with the problem until it hits very close to home. I'm not aware of a great deal of programs available, but there has been some chatter lately about adding some new programs. They sound positive.
6. **Experience with specialty courts in addressing prescription and heroin problems.**
We have a felony drug court. The results are difficult to determine. The individuals that enter the program typically are opiate addicts and frequently are parolees. We have targeted the highest risk offenders. We have had a number of truly remarkable success stories, but we have many failures. If you are willing to accept that a majority of these individuals are so broken that drug court cannot fix them, but 33% greatly benefit, it is a success. It all depends on how you look at it.
7. **Experience in your county regarding suboxone.**
Suboxone can be a disaster. We prosecute a large number of suboxone deliveries. I've been to multiple conferences where I hear suboxone is a miracle drug that helps opiate addicts and cannot be abused. I always ask why are drug seekers buying it on the street. We do NOT prohibit suboxone in our drug court. I think it is a problem.
8. **Other solutions you see.** As far as prescription drugs, until doctors are held more accountable for the prescribing of opiate pain-killers, we will never win this battle. It is so easy for anyone to get an opiate script anytime they want. They are so prevalent.
9. **OK to use your information to supplement the subcommittee record? Yes, I'd be happy to help in any way. This is the biggest drag on my community. It is devastating. I'd be happy to do whatever I can to help.**

1. County.

Clinton, Population 76,739

I'm not a big one for statistics so I can't give you specific facts and figures, but; we have seen Rx drug abuse explode, mostly vicodin which often starts out with some legitimate use then becomes addictive; others just steal it or get an Rx from a disreputable Dr. Then what happens, here anyway, is they turn to heroin because it is cheaper and easier to get. Probably half our home invasions are done by people addicted to heroin. We have had an unbelievable increase in young 20-25 year olds getting addicted to heroin. I've just been shocked at how young most of our heroin addicts are. We haven't had OD deaths due to Rx abuse, but we have had a huge increase in heroin OD deaths. Mostly young people from good backgrounds. Methadone and suboxone are seen quite often and I have not seen one time that it was being used in the way the proponents of it have tried to explain its use as somehow legitimate. Methadone and suboxone ought to be illegal under all circumstances. People who get it legally, just use it in addition to heroin or other massive levels of vicodin, etc. It just supplements their addiction. Our swift and sure sanctions program is, I think the most effective way to deal with hard core addiction, but under the State requirements hardly anyone is considered by the State to be eligible for the program, so people who need it can't have access to the best treatment.

1. County.

Emmett, Population 33,140

I think you have sufficient impute from prosecutors across the State regarding the impact of prescription drugs on our addict criminal population. Since we have a major hospital in Emmet County in Petoskey which has served as a referral center for many patients, we have felt the impact of addicted persons attempting in any manner possible to obtain the so called severely abused narcotic drugs that lead to the addict criminal consumers committing numerous crimes to obtain. Over the years, as a Prosecutor and as a former volunteer paramedic for 20 plus years, I have seen every variation possible on scams used to obtain these drugs. My point though is that one also needs to keep in mind the hundreds of patients that medical doctors compassionately treat that truly need these pain killers, whether addictive or not, to lead any sort of normal pain free life.

Unfortunately, every time legislation is enacted to keep these same pain killers out of the hands of drug seeking addicts, it usually ends up being detrimental for legitimate patients suffering from pain and having a valid reason to use the same pain killers. Such legislation also usually impairs these same patients ability to regularly obtain their needed continuing pain killing medication scripts. Unfortunately, I understand that this includes returning veterans who now have a much more difficult time regularly filling their prescriptions with the Veteran's Administration doctors due VA doctor appointment limitations and the one month limitation on the amount of pain killers they may obtain at any one time per new Federal legislation.

Therefore, I would ask that you preface any testimony regarding this overall issue with an acknowledgement of the legitimacy of the medical professions treatment of pain for those truly needing such medication and their need to insure a continuing supply of such medications without further regulation and impairment in refilling their scripts. Thank you.

1. County.

Gladwin, Population 25,493

2. Brief description of your local prescription drug abuse problem. The number of prescription drug arrests (possession, use, or delivery) has quadrupled since 1994. This is in spite of the fact that our State Police Post was eliminated and we have almost insignificant coverage from MSP. And that we've lost 15% of our Sheriff Deputies to lay-offs.

Michigan Automated Prescription System data for Gladwin County indicates that in 2010 there were 2,789,361 Schedule 2 & 3 pills prescribed. By 2013 this number increased by 20% to 3,459,498. For a population of 25,000 people these numbers are obscene and indefensible.

3. Brief description of your local heroin abuse problem.

Secondary to prescription drugs but we're experiencing an upswing.

4. Experience in your county regarding deaths from prescription drugs.

Between 6-9 deaths per year directly attributed to prescription drug abuse with no other contributing factors. For a county of approximately 25,000 this is significant. This does not account for related (ie suicide) that are prescription drug related. Prescription drug overdose calls to 911 are a regular occurrence at our Central Dispatch.

5. Experience in your county regarding deaths from heroin.

None (yet) that I am aware of in the past couple years. However, I know of several overdose calls to local 911 attributed to Heroin.

6. Experience in your county regarding treatment programs.

We do not have quality treatment available. We have one part-time agency and one full time. One caters too much to defense attorneys and under diagnoses to the extent that my office does not take them seriously any longer. The other has poor availability to clients. Neither are particularly effective. It is common for people to drive 90 minutes to 2 hours away for inpatient beds.

7. Experience in your county with specialty courts in addressing prescription and heroin problems.

A hybrid specialty court which deals with both alcohol and drug abuse started here almost 3 years ago. We haven't seen the full effect of it yet. The court has potential to achieve some very positive things. But we're still experiencing some growing pains.

8. Experience in your county regarding suboxone.

It is abused every bit as much as any other prescription drug. Though I am sure they may exist, I have yet to see anyone make legitimate use of it.

9. Other solutions you see.

Regarding prescription drugs, doctors are the dealers. The focus should be on the prescribers rather than the abusers. A great many do their jobs well and genuinely care. Many prescribe too much with the best of intentions. Many more do so without care. And the remainder are nothing more than Pill Mills. We need to put more pressure on medical professionals to be more skeptical of

patient complaints of pain. There needs to be more oversight of them by LARA. There needs to be better information sharing between Federal/State/Local law enforcement regarding disciplinary actions and criminal investigations of doctors/NP's/PA's.

10. Anything else you would like to provide on the topics?

We have had good success meeting with prescribers and pharmacists (in separate meetings of course) in a roundtable-discussion format. It did wonders in opening up lines of communications that go both ways. Law Enforcement Officers feel free to contact the doctor directly to advise of patient pill issues. Pharmacies and Medical Offices are more likely to report suspected fraud. Unfortunately the Prescribers who are the primary problem don't attend these meetings and there is no improvement there.

11. May we use your information to supplement the subcommittee record?

Absolutely.

1. **County.**
Grand Traverse, Population 89,987
2. **Brief description of your local prescription drug abuse problem.**
We see more cases involving heroin, cocaine and methamphetamine. We occasionally get prescription drug abusers who are cross-addicted to illegal narcotics.
3. **Brief description of your local heroin abuse problem.**
We experienced a significant increase in the number of heroin cases beginning about 2012. We almost never had heroin cases prior to 2012. Heroin has been linked to at least one stabbing/assault with intent to murder case involving three suspects. I see at least one or more cases involving heroin per week.
4. **Experience in your county regarding deaths from prescription drugs.**
We have had a number of overdose deaths and overdoses that did not result in death
5. **Experience in your county regarding deaths from heroin.**
6. **Experience in your county regarding treatment programs.**
We have treatment programs, but not the sort of long term treatment that truly works for addicts.
7. **Experience in your county with specialty courts in addressing prescription and heroin problems.**
We do not have a specialty court to address prescription drug abuse and heroin abuse.
8. **Experience in your county regarding suboxone.**
We had an involuntary manslaughter case in 2013 which a man who was taking suboxone to overcome heroin addiction shot and killed his girlfriend. He is serving 11-19 years.
9. **Other solutions you see.**
10. **Anything else you would like to provide on the topics**
What so many people miss about this problem is that heroin and prescription drug abuse is NOT a victimless crime. The victims are the people whose homes, cars and businesses are broken into in the search for drugs, or property to pawn in the pursuit of drugs, the children who are abused physically and sometimes sexually by the abusers, the domestic violence victims who suffer at the hands of the addict, the persons who are killed or seriously injured by persons like Vince Eaton who was loaded up with cocaine, methadone, etc. and seriously injured – life long injuries – 2 people last fall in our county. Or the drug dealer who was stabbed and left to die last year on our community college campus by three individuals wielding knives in an attempt to steal drugs. I would estimate that 80% of the crime in Grand Traverse County can be linked to illegal drugs.
11. **May we use your information to supplement the subcommittee record?**
Yes.

1. **County.**
Houghton, Population 36,225
2. **Brief description of your local prescription drug abuse problem.**
3. **Brief description of your local heroin abuse problem.**
These are the same problem. The users take whatever they can get. I believe heroin came in when the others became harder to get and more expensive. These users will steal from anyone to feed the habit and commit most of our property crimes
4. **Experience in your county regarding deaths from prescription drugs.**
5. **Experience in your county regarding deaths from heroin.**
A few every year but I don't get reports on all. Morphine is probably the most common but we have had heroin, fentanyl, methadone and oxycodone for sure.
6. **Experience in your county regarding treatment programs.**
Few programs. in patient programs are in other counties.
7. **Experience in your county with specialty courts in addressing prescription and heroin problems.**
We have a specialty court which handles both alcohol and other drug cases. Success with alcohol problems has been very good. Success with less addictive prescription drugs has been ok. Heroin/ morphine users fail.
8. **Experience in your county regarding suboxone.**
Too new to know its value for treatment. It is becoming a street drug presumably to ward off withdrawal and presumably is available on the street when patients find their preferred drug and sell the suboxone.
9. **Other solutions you see.**
Address marijuana. You cannot succeed in a program that is based on a lie. Marijuana is not a schedule one drug. A policy that classifies marijuana with heroin and methamphetamine is effectively stating that heroin and meth are no worse than marijuana. That is a message that is dangerous. Do we really want to tell kids who see marijuana use that heroin and meth are on that same level.
10. **Anything else you would like to provide on the topics**
This cannot be addressed as a heroin problem or a prescriptive drug problem. it is substance abuse. Like cancer, substance abuse has different forms and stages. Heroin abuse is like stage 4 with some cancers it is a likely end stage of a problem but not the root of the problem. War on the problem has failed, just say no has failed, new age prohibition has failed. This is primarily a health care/social problem and has to be studied and treated as such. There is no substitute for appropriate funding for research and treatment.
11. **May we use your information to supplement the subcommittee record?**
Yes

County.

Iron, Population 11,516

1. **Brief description of your local prescription drug abuse problem.**
MY ESTIMATE AS WE DON'T TRACK THESE #'S 25% PRESCRIPTION DRUGS
2. **Brief description of your local heroin abuse problem.**
MY ESTIMATE AS WE DON'T TRACK THESE #'S 70% HEROIN "Much coming from Wisconsin".
3. **Experience in your county regarding deaths from prescription drugs.**
So far, and as far as I know, no deaths from prescription drugs
4. **Experience in your county regarding deaths from heroin.**
Same as above
5. **Experience in your county regarding treatment programs.**
We work closely with our treatment providers, but we need more money for treatment as the working poor cannot afford treatment and often their insurance doesn't cover enough of the treatment leaving them to have to come up with thousands of dollars out of their own pocket which they do not have.
6. **Experience in your county with specialty courts in addressing prescription and heroin problems.**
We have had mixed success. Putting them in jail for a period of time to clean them up (between 30-120 days) before putting them in treatment has helped increase our success rate. Employment is a huge factor in their success. They are more likely to be successful in specialty court, no matter what their drug of choice is, if they are employed.
7. **Experience in your county regarding suboxone.**
Suboxone is not allowed as a treatment directive in our drug court. It has been repeatedly abused and sold by drug court members and by our average population so we do not utilize it. We do not permit the use of any scheduled controlled substances, nuerontin, ultram, or the like while participating in drug court. Drug Court members view suboxone as the new methadone (methadone is still sold and abused on the street). The preference in our treatment court at this time is to address the underlying reasons for the addiction through therapy. One of our treatment providers has also had a pilot project using nutritional supplements for opiate addicts and it has been somewhat successful. The use of suboxone seems to be a gateway for our participants to continue or relapse into criminal behavior. If its viewed as a "miracle" pill to block the cravings, then they tend to not address the underlying issues that led them to use drugs. Alcoholics and other drug addicts must deal with "cravings" without the use of a "blocker".
8. **Other solutions you see.**
The issue is complex. We have a harder time with younger opiate addicts staying clean than older people. The demographic tends to be young, uneducated, unemployed, poor users with no family support system. They use recreational drugs anyway, then start using prescription drugs, then use heroin. We also have users, although a very, very small demographic, who started out being prescribed a pain killer, became addicted, and then when they could no longer obtain the prescription turned to heroin. Their age makes them believe they are

immortal. They have no motive to stay clean. No job, no kids, no family, no house, and no faith. Many people don't "hit bottom" for treatment purposes until they are well into their 30's and 40's. By that time they have already incurred significant criminal charges, they have lost huge earning capacity, they have damaged their relationships, and they have damaged their bodies and their minds. They may complete their education or they may go on to improve their lifestyle, but the losses they have sustained are very difficult to overcome and they remain living in poverty.

9. Anything else you would like to provide on the topics

I believe a close look at the regulatory scheme for prescribing narcotics and opiates is extremely important. We did have an enforcement case initiated by the federal government against one or two doctors early on which was a wake-up call for local doctors and led them to be more circumspect in their dispensing of pain medication. That I think is one of the reasons we don't have a larger demographic of persons who start out being prescribed pain medication and then turn to heroin. We need to focus on models that have been effective at treating drug abusers/offenders from the ages of 16-35 and replicate those models. We need more money for therapy and we need more money for enforcement. Being accountable through spontaneous drug sweeps and testing has been extremely helpful in keeping these individuals clean.

10. May we use your information to supplement the subcommittee record?

Yes. For the record, I prosecute these cases myself as a rural prosecutor meaning I review every police report and know what is happening in my county. I also sit in on all of the drug/sobriety court staffing's and court hearings. I monitor the success and failures of these offenders. Few of these individuals are truly evil or malicious.

1. **County.**
Leelanau, Population 21,747
2. **Brief description of your local prescription drug abuse problem.**
I believe the problem is greater than it has been reported. We just see the end results when law enforcement is called on an OUID, Larceny, Home Invasion or other type of case. Since the introduction of the MAPS program the ability of a person to doctor shop seems to have been reduced but not eliminated. Often times they go to MDs, PAs, DOs and finally dentists.
3. **Brief description of your local heroin abuse problem.**
As a result of the crack down prescription drugs, and the increased availability of cheap heroin, the usage in this county has increased. In addition the prescription drug and heroin abuse problems have increased cases involving theft from family and employers as well as breaking into cars and homes.
4. **Experience in your county regarding deaths from prescription drugs.**
The experience in Leelanau County is limited. The cases involving overdoses are sent to Grand Traverse County where we have the major regional hospital.
5. **Experience in your county regarding deaths from heroin.**
Same as above
6. **Experience in your county regarding treatment programs.**
We are working closely with treatment providers to identify gaps in treatment. We need better treatment programs for younger people for all substance abuse, but in particular, for heroin since they appear to be the primary users. Funding for treatment remains a continuing problem.
7. **Experience in your county with specialty courts in addressing prescription and heroin problems.**
While our treatment court is primarily directed toward alcohol abuse, we have seen a shift towards drug addictions. Just recently we remanded a case to the sobriety court which dealt more with prescription drug abuse than alcohol.
8. **Experience in your county regarding suboxone.**
No experience here, may be used in the sobriety court which is located in Grand Traverse County but which services Leelanau County.
9. **Other solutions you see.**
I agree with Mellissa Powell's comments about the complexity of the issue when dealing with young people who are unemployed, poor, with no family support system. They seem harder to treat than the user who became addicted on pain killers then turned to heroin. The older ones who slid down the slippery slope into addiction seem to be more motivated to seek treatment.
10. **Anything else you would like to provide on the topics**
I agree with the comment that we need to hold people who commit crimes to support their drug addictions accountable. While they may be addicts, others who are victimized by their actions need to be heard.
11. **May we use your information to supplement the subcommittee record?**
Yes.

1. **County.**
Oceana, 26,245
2. **Brief description of your local prescription drug abuse problem.**
Our local prescription abuse problem appears on par with national averages/trends.
3. **Brief description of your local heroin abuse problem.**
In the last 6 years, I have prosecuted 2 cases of delivery of heroin causing death. We have had 6 deaths at the semi-famous Electric Forrest Festival, 5 of which were attributed to controlled substances. 2 of those were heroin. They were not able to be prosecuted due to lacking evidence as to who provided the drugs.
4. **Experience in your county regarding deaths from prescription drugs.**
We have experienced normal trends and statistics as far as suicides and accidental overdoses.
5. **Experience in your county regarding deaths from heroin.**
Same as above.
6. **Experience in your county regarding treatment programs.**
We have no treatment programs in our county. We use facilities to the north (Ludington, Mason County), south (Muskegon, Muskegon County), and west (Gerber in Newaygo) or further away for any in patient treatment. we have one local treatment provider who handles rather small scale outpatient treatment for drug abuse, and we have Community Mental Health (CMH) which is absolutely worthless. CMH continually under diagnoses patients to keep them with CMH when they need in patient treatment, or just refuses to to treat harder cases, such as co-occurring disorders. Whatever the percentage is with CS abusers having an underlying metal health problem CMH does not treat that.
7. **Experience in your county with specialty courts in addressing prescription and heroin problems.**
We have no specialty courts.
8. **Experience in your county regarding suboxone.**
We have no known dealings with suboxone.
9. **Other solutions you see.**
Treatment is a great idea, but this has to be balanced. Abusers who engage in violent crimes or property theft crimes cannot be excused from crime because they are addicts. A balanced punishment component needs to remain in place.
10. **Anything else you would like to provide on the topics**
Nothing further.
11. **May we use your information to supplement the subcommittee record?**
You may use my response in any you deem helpful.

1. **County.**
Osceola, Population 23,259
2. **Brief description of your local prescription drug abuse problem.**
Stable. Very common to find prescription drugs on people arrested for other crimes.
3. **Brief description of your heroin abuse problem.**
Zero cases until very recently. Fortunately, we really don't have a heroin problem here – just a few isolated incidents with people passing through our county. However, going from 0 offenses to a few offenses does show a trend.
4. **Experience in your county regarding deaths from prescription drugs**
No deaths recently.
5. **Experience in your county regarding deaths from heroin.**
6. **Experience in your county regarding treatment programs.**
We have no treatment programs in our county that I am aware of.
7. **Experience with specialty courts in addressing prescription and heroin problems.**
We only have a sobriety court. They really only deal with alcohol.
8. **Experience in your county regarding suboxone.**
None
9. **Other solutions you see.**
10. **Anything else you would like to provide on the topics?**
11. **Ok to use your information to supplement the subcommittee record?**
Yes.

1. **County.**
Otsego, Population 24,129
2. **Brief description of your local prescription drug abuse problem.**
Within the last year and a half we have had an increase in prescription drug abuse, which due in part to a weakened economy has resulted in a number of middle aged and elderly individuals selling their prescription medication in order to supplement their income. We have also had a significant increase in methamphetamine use and the production of Meth, in one case it involved 10 individuals, and in another case the lab (alleged lab as the matter is still pending) exploded, severely burning an individual and almost blowing him clean through a garage door next to a business. While I understand that these numbers may not be unusual or significant in some of our larger, and more southern counties, in northern Michigan I can assure you it created a real concern.
3. **Brief description of your local heroin abuse problem.**
With the opening of (3) three methadone clinics in our county within the last year, we have noticed not only an increase in heroin use, but a related increase in theft crimes being committed by heroin addicts traveling to Otsego County seeking “treatment” after having traveled from other areas and counties to get their daily dose of methadone.
4. **Experience in your county regarding deaths from prescription drugs.**
We had a Suboxone (Buprenorphine) OD.
5. **Experience in your county regarding deaths from heroin.**
We had a tragic recent case involving a mother who was an addict nodding off after using, and her newly born child was found suffocated in bed with her. Unfortunately as there was also a third party sleeping in the same bed and the medical examiner was unable to determine the exact time of death and/or who actually rolled over on the child, the cause of death was determined to be “inconclusive”, and homicide charges were unable to be brought. Addict mom is now back in prison on a PV.
6. **Experience in your county regarding treatment programs.**
See response to #3 above. It should be noted that at least two of the methadone clinics are more closely regulated, one of which follows very strict rules, procedures, and regulations. The third, according to the persons utilizing it who wind up in the criminal court system, is not so.
7. **Experience in your county with specialty courts in addressing prescription and heroin problems.**
We have a drug court program which mainly deals with alcoholics, and according to my CAP who is on the drug court board there has been “little success with heroin addicts”. I was also advised that as our drug court has a zero tolerance policy, individuals who are utilizing the methadone clinics, cannot and do not, qualify for drug court.
8. **Experience in your county regarding suboxone.**
As to our county’s experience with Suboxone, please see responses to paragraphs (3), (4) and (6) above.

9. Other solutions you see.

Requiring private clinics to follow all the same safeguards, rules, procedures, and regulations, the state regulated non-profit clinics do.

10. Anything else you would like to provide on the topics?

No, I've said enough, probably too much.

11. May we use your information to supplement the subcommittee record?

Yes

1. **County.**
Van Buren, Population 75,455
2. **Brief description of your local prescription drug abuse problem.**
Approximately 10% of all criminal cases involve prescription drug abuse. Well over 50% of all criminal cases involve some sort of drug or alcohol abuse. This would include prescription drugs as well as all other drug categories and alcohol.
3. **Brief description of your local heroin abuse problem.**
We have experienced a minimal upswing in Heroin use. It is not the drug of choice for our abusers. We have experienced an upswing in heroin trafficking on the I-94 corridor over the last 5 years. I do not have the exact numbers but I estimate we have seized approximately 20 kilos of heroin in the last 5 years vs. 10 Kilos over the previous 5 years.
4. **Experience in your county regarding deaths from prescription drugs.**
We have about one documented case of drug overdose per every two years or less. It usually involves prescription drugs or a combination of prescription drugs and or a combination of alcohol
5. **Experience in your county regarding deaths from heroin.**
Same as above
6. **Experience in your county regarding treatment programs.**
We are fortunate to have excellent treatment programs in VBC. Funding is always an issue. Any cuts in our funding, would not be good for the programs.
7. **Experience in your county with specialty courts in addressing prescription and heroin problems.**
It is very difficult to free people from heroin and prescription drug addictions. Two of the toughest categories of drugs that our specialty courts deal with. We do have success but it does not come easy.
8. **Experience in your county regarding suboxone.**
I am not familiar with an upswing with the abuse of suboxone. The traditional opiates are still the favorite here; Vicodin and Oxy are the most abused and damaging to our population.
9. **Other solutions you see.**
I do believe DTC provides the only glimmer of hope for the addicts. Jail is a minimal deterrent to a true addict. Most prescription drug abuse we see in VBC comes from legal or illegal prescriptions that our filled by our pharmacists. We do not see much if any bootleg pills out there. As long as the drug manufacturers can make money selling their drugs, addicts will find a way to get them.
10. **Anything else you would like to provide on the topics.**
OTC sale of pseudoephedrine continues to be our biggest problem. If it was made to be a prescription drug, I suppose it would be a better fit for this conversation. Since that is not likely to happen anytime soon, I will refrain from further comment.
11. **May we use your information to supplement the subcommittee record?**
You are free to use anything that I report in this email as you see fit.