

# **THE HISTORY OF HEROIN ABUSE DISTRIBUTION (MIFFLIN COUNTY)**

## **1. MID TO LATE 1990s**

- A. Started to see a turn from cocaine abuse/distribution to heroin
- B. How did heroin get to Mifflin County?
  - 1. Initially several people travelled to Philadelphia to purchase larger quantities of drugs (mainly crack cocaine) to bring back to Mifflin County for distribution. During this time they were introduced to heroin by their cocaine suppliers in Philadelphia. They then began distributing both cocaine and heroin, but eventually switching to heroin as its use exploded.
  - 2. As more and more people became addicted to heroin, it led to addicts not only relying on Mifflin County dealers to supply heroin, but found it necessary to drive to Philadelphia (“Badlands”) to find their own sources for heroin.
  - 3. Within a short time frame Law Enforcement began to see heroin related overdoses/deaths.
- C. Ages of heroin users ranged from approx 16-25 years old.
- D. Many young users were initially tricked into using heroin by being told by Mifflin County dealers that they were using cocaine.
  - 1. Because of its purity, heroin users initially began snorting heroin (which was its appeal compared to the heroin of the 1970s that could only be injected) like cocaine. Heroin was far cheaper than cocaine. Many users eventually acquired a 20-25 bag a day habit.
  - 2. At this point the habit was becoming too expensive (which led to many committing crimes such as drug dealing/theft/burglaries/robberies/gun thefts to support their habit). Users eventually found that if they switched to injecting heroin they could reduce their consumption to 1-3 bags a day. This solution was short lived, and the user eventually needed up to 20-25 bags a day.
- E. Strategy to combat this
  - 1. Arrests
    - a. local
    - b. federal (because of deaths and overdoses)
  - 2. Education
    - a. schools
    - b. media

## **2. Early 2000s to present heroin use/distribution**

- A. Sources
  - 1. Harrisburg (rather than Philadelphia) became a source city for heroin for Mifflin County residents.

- a. Users drive to Harrisburg to “street shop”, with many finding a constant, reliable source to buy quantities of heroin to bring back to Mifflin County to sell.
    - **Almost all heroin users/addicts are ”dealers”. “Dealers” in the sense that users/addicts need money to pay for their own habit/addiction. Where does that money come from? Either buy committing traditional crimes (theft/burglary/robbery) or by the below example.**
    - **Example: A user drives to Harrisburg to purchase a “bundle” (10 bags) of heroin. The price is approx \$110. That person then uses 3-5 bags, and sells the remaining bags for \$30 each (\$90-\$150), so that later (may times making multiple trips a day) they can return to Harrisburg and start the cycle again.**
  - b. Dealers moved here from New York, Philadelphia, Lancaster and Harrisburg to sell drugs (primarily heroin and cocaine)
  - c. Some of these subjects belonging to violent traditional drug gangs.
2. The ages of users changed. The lower end was still high school aged children, but the upper age range changed to older adults (30s-40s). The change to older adults was due to many of the users from the 90s were still using heroin. Even those incarcerated for many years.
3. **Approx 2007 – present. The drug abuse trend changes**
- A. Buprenorphine (**Subutex, Suboxone** pills and more recently sublingual strips)
    1. **Currently Buprenorphine is the most abused and illegally sold drug in Mifflin County.**
    2. How it’s obtained
      - a. Legally prescribed (Most being paid for by medical assistance of some sort. Many people then obtain additional prescriptions by subterfuge, paying by cash for both the doctor and medication fees to avoid detection). **Currently I don’t believe there are any Buprenorphine prescribers in Mifflin County. Therefore people travel to Harrisburg, Philadelphia and more recently State College to obtain prescriptions for the drug.**
      - b. Sold by people with legal prescription to non prescribed people.
        1. The proceeds from the illegally sold prescriptions are used to live on, as well as to purchase other illicit drugs (heroin, cocaine, marijuana, etc...)

**Example of how Buprenorphine is sold:**

- Patient obtains a 30-90 day supply of the drug (a typical 30 day supply is 90 pills)
- Buprenorphine is sold for \$20-\$30 per dose (pill/strip), and are normally sold in ½ or whole doses.
- Most patients use only a portion of their prescription (say 1/3<sup>rd</sup>) to maintain a level to remain on the program, and sell the rest.
- So if a patient only uses 30 of the 90 pills prescribed for the month (many patients will only take ¼ doses throughout the day rather than whole pills) they will sell 60 of them, making a potential profit of between \$1200-\$1800 from medication that most didn't pay anything for. Then if they have obtained an additional illegal prescription, from another prescriber, that profit number increases.
- Buprenorphine is also used to trade for other illicit drugs.

**THIS IS THE SAME PROCESS USED WITH MANY OTHER PRESCRIPTION DRUGS (Vicodin/Oxycodone/Oxycontin/Xanax/Soma/etc...)**

3. How Buprenorphine (and other prescriptions) are used.
  - A. Orally (as prescribed)
  - B. Injected like heroin (many people say that they are just as addicted to the needle as the actual substance)
4. **ABC-MAP (ACHIEVING BETTER CARE by MONITORING ALL PRESCRIPTIONS)** program, if used properly, has the potential to reduce the out of control number of people obtaining prescription drugs by fraud and subterfuge.
4. **While all this is going on.**
  - A. Traditional drugs (cocaine, marijuana, other prescription drugs) are still being sold/abused.
  - B. New drugs have emerged (synthetic marijuana/bath salt) with constantly changing compounds. The laws governing these substances are **poorly written and difficult to enforce. As a result there is very little enforcement in many of the cities where these drugs are being sold from. The federal government has scheduled many of these substances, but Pennsylvania has not!**
5. **Statutory problems for Prosecutors**
  - A. Loss of mandatory sentencing and school zones because of the "Alleyne" decision (**Alleyne vs US 2013**). There is nothing prosecutors can do until the "Mandatory Sentencing" statute is re-written by the Legislature, which we don't sense there is any urgency to do.
6. **Last but not least (not necessarily related)**

A. Marijuana Legalization (my thoughts).

1. I personally don't care either way. I do however object to legalizing medical marijuana, except oils. Medical marijuana will simply be the next "prescription medication" abused and sold for profit by those prescribed, exactly the way I demonstrated previously regarding Buprenorphine and other prescription drugs. I suggest either legalize it fully or not at all.

**About the author of this testimony:**

**Detective Craig Snyder**

**Chief County Detective with the Mifflin County District Attorney's Office**

**Coordinator of the Mifflin County Drug Task Force (1997-2001 / 2012-present)**

**Retired Pennsylvania State Police Trooper**

**24 years in Law Enforcement (17 years in drug enforcement)**

**US Army Veteran, and Veteran of Desert Storm**