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Washington County, Maine, is known as one of the first places in the country where OxyContin abuse exploded. A few years ago, you started seeing national news stories about "hillbilly heroin" taking over rural areas and we were always in them. The impression was that one brand-name drug moved into these small towns and did all this damage. I'd like to begin by telling you what really happened.

About ten years ago we started finding stray pills in cars during traffic stops and in searches of coat and pants pockets. They were Percocet or Darvocet or other pills that contain a narcotic plus Tylenol or aspirin. These are what would be called a "little one" today.

We'd ask, what's this? They'd say something like, I had a migraine today and my mother gave me two and I only took one or I had a tooth ache and my brother gave me one that his dentist gave him when he had a tooth ache. Certainly a violation of law, but a pretty cheap pinch, so they were let go.

As time went on, we would send informants into places to buy marijuana or cocaine and they'd come out and say the guy was out, all he had was some kind of pill he wanted to sell. These "little ones" became more and more the norm until my partner and I couldn't remember the last time we had purchased marijuana.

Initially, we thought that was good. We soon found out the opposite. The reason why there was so little marijuana around was because marijuana wouldn't do an opiate addict any good. It would be like giving an aspirin to a person with a broken leg.

This realization changed the way we investigated drug crimes. Opiate addicts were a whole new world. First we had to educate ourselves about the pills and the addicts. The more we lived with the addicts, the more we came to understand how powerful the addiction to an opiate really is. We had to understand as much as we could without using these drugs ourselves. We needed to learn the new terminology, like why a mixture of cocaine and an opiate they'd shoot up was called a "Bell Ringer." Or why they called Canadian Dilaudid "Shake-n-Bake" and why they preferred it to the American variety. The reason is that it is more water soluble. All you have to do is put the pill in the syringe, suck some water into it, shake it and your good to go.

We had to understand that nobody was immune to this. The school teacher was an addict and selling to the students. The waitress was addicted as well as the business owner. Carpenters, store clerks, fishermen, government employees -- it seemed everywhere you looked there was someone you'd never expect, addicted.

Then we had to make believers out of doctors, lawyers, prosecutors, judges, social workers, employers, parents, and everyone in every walk of life. For a long time, higher-ups in law-enforcement would look at all the pills we were getting and ask why we couldn't buy any real dope. Finally, people have started to realize that this is real dope. It is the worst thing we have ever encountered.

Informants were coming to us saying the things they were seeing were making them sick and angry. One told us of a house he had just left where there was an infant in

a car seat on the living room floor, the two women in the house were on the couch covered with a blanket and the two guys that live there had gone after more pills. The house was cold because there wasn't any fuel for the furnace. The baby's runny nose had dried on its face. They couldn't wash it because the water was frozen.

Other addicts would tell us, I hate the stuff, I wish I'd never heard of it and I hope you get it all but I can't help you. Because they might need a pill tomorrow. Another told us that the only time he'd ever thought of committing suicide was the last time he was "Jonesing" - suffering because he couldn't feed his addiction -- and if he'd had a gun he would've shot himself. One old dope smoker told us the kids aren't fooling around with marijuana anymore -- they're going right to the pills. He knew of instances of kids holding other kids down at parties and shooting them up because it was fun.

One of our informants is dead now. His wife was driving too fast to get a pill. She is in prison now on unrelated charges. Their kids are being raised by the Grandparents and his house is being rented to college students. These are just a few examples of the damage this has done.

Now for the economics of the whole thing. Initially, OxyContin sold on the street for \$1 per milligram. An addict could easily use 80 milligrams per day just to keep from getting sick, never mind getting high. That would take more.

How do you get a minimum of \$80 a day to support your habit? You lie to everyone you know. You steal everything you can. You max out all of the credit cards that come in the mail plus the ones you can get off of someone you know. You don't pay any of your bills. You cancel the insurance on your car right after you register it so you can get the refund. You can get the clerk at the store to knowingly accept a bad check if you promise to give them some of the money. You sell your body. You sell your child's clean urine to addicts being tested.

After you've gotten some money, you can fake an injury or illness and doctor shop until you get a prescription. Then you can tell your friends that if they go to this certain doctor and tell him that you have these certain symptoms, he'll give them a script. Maybe the friends will give you a pill or two in return. Or you can buy a few pills from the pharmacy tech who's smuggling pills out by tucking them in his socks. You might pay the doctor's secretary to steal a script pad for you.

You can read the obituaries. When the family is at the funeral you can break in and steal the deceased's leftover medications. If you're really starting to get sick, you can wait until your neighbor who has cancer goes to the store. Then you can break into his house.

Opiate addicts often have bad teeth. This is a blessing in disguise because if none of the above work, the emergency room doctor will give you a script until you get them fixed, which you have no intention of doing because you can do it again at a different hospital.

There are as many of these small-scale scams as there are addicts, but they don't account for the huge amount of pills on our streets. Every place in the country that has this problem has a larger source. In eastern Maine, ours is Canada.

Our addicts often go to Canada for pills. They go for two reasons: U.S. money is worth more than Canadian; prescription drugs are cheaper there. Plus, if they go get it themselves, they avoid the \$5 per-pill delivery fee the dealers charge. Diverted pills are plentiful in Canada largely due to an organized group of doctor shoppers as well

as some diversion from a repackaging facility located in New Brunswick.

Crossing the border by land poses a higher risk of getting caught even though they've put the pills in the baby's diaper or hidden them inside themselves, what we call body packing. The water is much less risky. They can be delivered by boat, Jet Ski, ferry, or by just walking across the St. Croix River in some places. One dealer takes his fishing boat near the Canadian shore and runs a remote controlled toy boat to shore. His connection puts the pills in the boat. The fishing boat has never landed in Canada and the remote control boat is too small to see from surveillance distance.

You can cut the price of your addiction in half if you switch from OxyContin to Dilaudid. As I said, Canadian Dilaudid is very much preferred. The only draw back with Dilaudid, American or Canadian, is that you have to shoot it up -- snorting it is a waste. An interesting question to ask an addict is, Who shot you up for the first time? Nobody did it themselves the first time, someone had to show them how to load the syringe, strap off, find blood, and shoot it. They all remember who the friend was.

Dilaudid addicts can cut the price of their addiction in half again by switching to heroin. Heroin is not preferred and is still feared by a lot of addicts. The reasoning is that you never know what you're going to get but an Oxy is always the same and a Dilaudid is always the same as well as the little ones. Addicts might prefer drugs that are legally manufactured and monitored for quality, and deemed safe, but they will turn to heroin if that's all that available or it's all they can afford. People who never in their lives thought they'd be shooting up heroin will stick that needle in their vein if it's all they've got.

The quantity coming across the border is a guess. One addict told me about a Canadian dealer who made \$135,000 in two months. Another told me he would take \$5,000 to Canada, bring back the pills and in two days he would be out of pills and have a \$6,000 profit. That's just two examples. There are many more.

My Canadian law-enforcement counterparts are aware of the problem and are willing to assist any way they can and I appreciate their help. I believe their primary focus at the moment is cocaine. Security at the border works both ways. Its intent is to keep unwanted things out of each country but in doing so it also makes my ability to conduct surveillance on an American going to a Canadian drug dealer's house and back impossible.

Prosecution at the state level is the usual avenue a criminal case takes. Our felony drug case prosecutor is shared with four other counties. Prosecution and forfeitures at the federal level are often rejected because of thresholds individual federal prosecutors set on the amount of drugs involved that raise and lower without notice - the prosecutor might set a threshold of 500 pills to bring charges, even though our cases most often involve 50. Federal prosecutors won't pursue forfeitures of \$350 or \$500 in cash or a \$1,000 car - too small for them. To us, that would be a big help in offsetting the cost of drug enforcement. A lot of times forfeitures can be made part of a plea agreement to eliminate usual costs. When we don't get the forfeitures the money is given back to the dealers.

Federal agencies are too often looked at as inaccessible. The division between State government and Federal government is too great. Different agencies aren't in tune with the difficulties the cop down the road is dealing with. A need for teamwork is at an all time high.