

**Written Testimony for the US Senate Governmental Affairs Committee Hearing
in Bangor, Maine on August 6, 2003**

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Members of the Committee on Governmental Affairs, thank you for the opportunity to testify on the increasing abuse of prescription drugs in Hancock County, Maine. Alcohol and drug abuse, including opiate drugs and drug-related crimes, are not new to Southwest Harbor, Mount Desert Island(MDI), or Hancock County, but these problems have escalated exponentially over the last four or five years. By 1999 and 2000, many of us were becoming educated by the US Attorney in Bangor about the sudden increase in overdose deaths in Penobscot and Washington Counties due to a "new" heroin and prescription narcotics. The "new" heroin, we learned, was much purer, more potent, and relatively inexpensive; therefore, it was affordable, readily available, much more dangerous, and could be "snorted" instead of being injected intravenously. In addition, we learned about Oxycontin and other prescription narcotics being used as a supplement or substitute for heroin; they too could be "snorted" and had given rise to an "industry" characterized by drug-related burglaries, "stealing and dealing", and "doctor shopping" to obtain prescriptions which were marketable by themselves. Particularly alarming were reports of overdose deaths occurring in individuals in their mid-20's, and addiction to both heroin and prescription narcotics being recognized in teenagers.

About that time, several Southwest Harbor businesses, including our pharmacy and one of our two medical clinics, experienced break-ins and attempted or successful burglaries that fit the picture of drug-related crimes. Similar occurrences in Bar Harbor and increasing concern about our adolescent population led to the formation of an MDI Task Force Education Committee in the Fall of 2000 followed by two Public Forums about heroin and narcotic abuse in our area. Unfortunately, by the Fall of 2001, it was clear that initial enthusiasm for the formation of a Task Force Against Drug Abuse on MDI had been short-lived.

Over the next year and a half, numerous arrests for possession of illicit drugs and or drug trafficking were made, and the local press provided many reports of escalating drug abuse state-wide and in our area. Most alarming, however, was the increased frequency with which members of the community found drug paraphernalia such as syringes and needles behind buildings, near "dumpsters", in the street, and on their private property. Despite reporting such occurrences and other "suspicious activities" to our local police, citizens became increasingly frustrated because they saw little change and the situation seemed to be getting worse. Thus, explanations that a five man police force is not equipped to do surveillance or drug-related investigative work, and that the State only had three Drug Enforcement Agents covering the four counties in our area were of little comfort. Finally, a Southwest Harbor boat-builder and fisherman stood up at the Board of Selectman's meeting on May 7, 2003 holding a zip-lock plastic bag containing several syringes and needles found recently on his property, and demanded that something must be done to stop this from happening.

On May 29 -- three weeks later -- 225 residents of MDI and neighboring communities gathered at a Public Forum in Southwest Harbor with a panel of eight experts representing different professional disciplines to discuss drug abuse and drug trafficking in that community. Emphasizing that there is no simple solution to these difficult problems, all panel members underscored the reality that only a multi-disciplinary approach including effective education, treatment, law enforcement, and prevention strategies is likely to make a significant difference. Nevertheless, residents were most outspoken about the immediate need for increased support from law enforcement. Consequently, the audience became increasingly frustrated with State law enforcement officials who repeatedly explained that there were insufficient funds

and manpower to assign a Maine Drug Enforcement Agency (MDEA) agent to Hancock County in the foreseeable future.

Subsequently, multiple discussions were held between local Police Departments in Hancock County, the Sheriff, the District Attorney, the Director of MDEA, and the County Commissioners. As a result, the Sheriff proposed formation of a county-wide Drug Enforcement Team -- the only one of its kind in the State -- modeled after MDEA's Resident Agent Program. The team would be made up of three officers from local police departments who would be trained by MDEA and assigned permanently as MDEA agents in Hancock County with authority to enforce anti-drug laws state-wide.

On July 22, the County Commissioners held a Public Hearing in Ellsworth to discuss this proposal in detail. As outlined by the Sheriff, the proposal creates a real partnership between Hancock County and MDEA - between the county's citizens and the State -- at a time when state and federal governments have flat-funded MDEA in spite of escalating drug problems in Maine and other rural states. The cost for this program is about \$200,000 to hire three new police officers to replace the individuals assigned to the County Drug Enforcement Team. Although this means a further increase in county taxes which have spiraled upward relentlessly in recent years, the proposal appeared to be supported by most of the individuals attending the hearing as well as by more than 200 residents of MDI and the Cranberry Isles.

This proposal to strengthen investigative law enforcement in our geographic area should be viewed as the first step in what we hope will be a powerful community response that effectively interrupts the flow of drugs through Southwest Harbor, Mount Desert Island, and neighboring communities in Hancock, Penobscot, and Washington Counties. However, as pointed out repeatedly at the Public Forum in Southwest Harbor and the Public Hearing in Ellsworth, multiple other initiatives are needed as well, particularly in the areas of education, treatment, and prevention. For example, attitudes and behavior that tolerate and/or promote alcohol and drug abuse are deeply ingrained in our local culture and must be acknowledged before they can be changed. Both of these occurrences require effective community education. All of our schools need effective educational programs from sixth through twelfth grades concerning alcohol and drug abuse, including specific information about prescription drugs. Similarly, the local business community needs to be educated about the positive impact employee assistance programs can have on their work-force.

As is true of many rural states, Maine's resources for treatment of alcohol and opiate abuse are woefully inadequate. Currently, Hancock County has only one intensive out-patient treatment program for alcohol and drug abuse among adolescents and adults, no emergency in-patient resources for opiate detoxification in either adolescents or adults, and no residential in-patient treatment facility for opiate addiction in either adolescents or adults. Maine initiated its Adult Drug Treatment Court Program in 2001 in six jurisdictions state-wide, including neighboring Penobscot and Washington Counties but not Hancock County. Nevertheless, we are hopeful that an Adult Drug Treatment Court will be established in Hancock County in the near future. Finally, although long-term residential therapeutic communities similar in scope to the Day Top Program in Rhinebeck, N.Y. have also proven to be efficacious in the treatment of alcohol and opiate addiction, no such program exists in Maine or Northern New England. It should be noted, however, that the Maine Lighthouse Corporation in Bar Harbor is actively seeking to establish a treatment facility in Maine modeled after the Day Top Program.

Perhaps even more important in the long-run than the above-noted treatment programs will be the development of effective strategies focused on prevention. One such program is The Edge which is a combined educational and recreational program for children in Washington County during and after school hours that is operated by the Maine Sea Coast Mission in Bar Harbor. Other efforts are being initiated on MDI through a coalition sharing an Office of Substance Abuse Prevention Grant. MDI Communities for Children is one of the partners and it recognizes that "...young people need safe places with structured

activities during non-school hours", that such places can protect them "...from violence and other dangerous or negative influences," and that young people need health education throughout their Middle School and High School years that focuses on risky behaviors. Behaviors to be discussed repeatedly include violence and use of tobacco, alcohol, illicit drugs, and prescription drugs.

The purpose of such prevention strategies is to protect our children while they are growing up so that "...they will be safe, healthy, respected, and ready to succeed in school and beyond." Congress certainly has the power to protect, for Article I of the Constitution states that "Congress shall have power to ... provide for the common Defense and general Welfare of the United States." As you know, Maine has experienced an almost five-fold increase in opiate overdose deaths in the last five years -- from 34 in 1997 to 166 in 2002 -- and most of these deaths were caused by prescription narcotics, especially in combination with anti-depressants and alcohol. Four of these deaths occurred in 15-17 year-olds, and 19 of these deaths occurred in 18-21 year-olds. Furthermore, 10 of the 256 overdose deaths occurring in the last two years involved residents of Hancock County, and one of the latter lived in Southwest Harbor. Tragically, a young Bar Harbor man died there in May because of acute cocaine intoxication. Similarly, a 20 year old Bangor man who was arrested in Ellsworth on June 21 for unlawful drug possession and aggravated drug trafficking lapsed into coma within a few hours, and died two days later at the Eastern Maine Medical Center in Bangor also because of acute cocaine intoxication. Between July 10 and July 17, five burglaries occurred in Southwest Harbor fitting the picture of drug-related crimes, and a Swans Island couple was robbed, bound, and threatened by an individual who took \$40 and a container of prescription drugs. Lastly, a Southwest Harbor couple was arrested on July 18 for heroin possession.

Clearly, drug-related morbidity and mortality -- previously thought to be problems encountered only in urban areas -- have engulfed the rural state of Maine as well, including its Downeast coast and Hancock County. In view of the above, the following recommendations seem appropriate: (1) Federal funding of programs that support education, treatment, law enforcement, and prevention efforts to combat alcohol abuse, illicit opiate abuse, and prescription drug abuse must be increased; (2) Federal funding should also be provided to support a pilot study of Maine's recently enacted Prescription Drug Monitoring Bill(LD945) that was signed into law last month; (3) If shown to be efficacious in Maine, Federal legislation creating a national prescription drug monitoring system should be considered; (4) In addition, Federal legislation promoting the sharing of an international prescription drug monitoring system between Canada and the United States should be considered as well.

Respectfully submitted,
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Biography: Dr. Dimond grew up in New Jersey, spent many summers in Maine as a youth, and earned his A.B. and M.D. degrees at Amherst College and Saint Louis University School of Medicine. Subsequently, he became a career military physician assigned to the Walter Reed Army Institute of Research, the Walter Reed Army Medical Center, and the Uniformed Services University School of Medicine where he was a Staff Endocrinologist, Chief of the General Medicine Service, Associate Professor of Medicine, and Assistant Dean for Clinical Sciences. After retiring from active duty in 1994, he returned to his home in Southwest Harbor year-round where he serves on the Warrant Committee and the Boards of several non-profit organizations including the Acadia Family Center, the MDI Alcohol and Drug Abuse Group, and the Holocaust and Human Rights Center of Maine.