

State Senator Jeffrey D. Klein

Committee on Alcoholism and Drug Abuse



Prescription Drug Abuse and Violence Against Pharmacies

**How the epidemic of prescription drug abuse is driving increasing
crime against our pharmacies**

April 2012

Table of contents

I. Introduction

II. The Growing Prescription Drug Epidemic

Figure 1: Prescriptions for Hydrocodone and Oxycodone in NYC, 2008-09.

Figure 2: People seeking treatment for opiate addiction in New York State, 2001-2010

Figure 3: Change in Death rate from opioid analgesic poisonings in New York City, 2005 and 2009

III. The Criminal Consequences of this Epidemic

Figure 4: Arrests in New York State by DEA for drug diversion

IV. Proposed Legal Changes to Combat the Crime Wave

Figure 5: Klein proposal #1 regarding higher penalties for burglary of pharmacies

Figure 6: Klein proposal #2 regarding larceny of controlled substances

V. Conclusion

I. Introduction:

There has been a significant rise in prescription drug abuse across the United States over the past decade. The situation has become so grave that the press reports that nationally more people are killed by overdoses of prescription drugs than by car accidents.¹ This new epidemic of prescription drug abuse has gone hand in hand with a dramatic rise in the use of opioid² analgesics, which are designed to treat pain. These drugs have helped millions to reduce moderate to severe chronic pain, but what makes them so effective at alleviating pain invites abuse and addiction. Like previous drug epidemics in the past, such as the heroin epidemic of the 1970's or the crack cocaine epidemic of the 1980's, this epidemic is driving an increase in crimes related to the diversion and criminal distribution of prescription drugs. Particularly hard hit by this new wave of crime have been pharmacies. There has been a significant increase in the number of robberies, burglaries, and other crimes committed at pharmacies, all by individuals looking to get their hands on prescription drugs. The most shocking of these incidents have ended with pharmacists and their customers being gunned down in cold blood.

Senator Jeff Klein, as the Chairman of the Senate Standing Committee on Alcoholism and Drug Abuse, believes that the State needs to take steps to increase the penalties for those individuals who target pharmacies for the purpose of feeding their own addictions or to divert prescription drugs in order to addict others. Sen. Klein is proposing tougher criminal penalties for burglaries committed against pharmacies and to make changes to the larceny statutes that attempt to better align possible penalties to the value of prescriptions drugs stolen.

II. The Growing Prescription Drug Epidemic:

Every day throughout New York, individuals visit doctors seeking treatment of a variety of ailments. In turn, doctors prescribe drugs to treat these ailments. These prescription drugs help to cure illness and curb negative symptoms, the most common of which is pain. The reason these drugs are available only through prescription is the potential negative side effects, which require oversight of a trained physician. Some of these powerful substances have similar effects on the body as those caused by illegal drugs, easily leading people to develop a dependence – one just as harmful as addiction to illegal substances. In the last decade, addiction to prescription drugs has risen dramatically, as have the consequences of addiction, such as deaths from overdose,

¹ Story available at: <http://abcnews.go.com/Health/Drugs/drug-deaths-exceed-traffic-deaths/story?id=14554903>

² Opioid analgesics suppress your perception of pain and calm your emotional response to pain by reducing the number of pain signals sent by the nervous system and the brain's reaction to those pain signals. Examples of opioids are:

Generic Name	Brand Name
fentanyl	Duragesic
hydrocodone	Norco, Vicodin
hydromorphone	Dilaudid, Exalgo
morphine	Astramorph, Avinza
oxycodone	OxyContin, Percocet

violence committed to gain access to these drugs, and the involvement of criminal enterprises seeking to profit from addiction to prescribed drugs.

Drugs that carry a potential for abuse or dependency are regulated under the Controlled Substances Act of 1970. The act categorizes drugs based on their potential for abuse and their currently accepted medical usefulness by placing them in different schedules. Schedule I drugs are substances with a high risk for abuse and that have no currently accepted medical uses. These Schedule I substances, like cocaine, heroin, LSD, or Ecstasy, are illegal to possess, manufacture, or sell in all but the most special circumstances. There are five schedules of controlled substances in total, and with the exception of Schedule I drugs, all can be prescribed by physicians based on medical need.³

According to the Substance Abuse and Mental Health Services Administration (SAMHSA) Drug Abuse Warning Network's (DAWN) 2008 report,⁴ the abuse of central nervous system depressants used to treat insomnia and anxiety, accounted for 33 percent of the close to one million emergency room visits nationally for prescription drug abuse in 2008. The most commonly abused drugs in this category were benzodiazepines, including diazepam, marketed under the brand Valium, or most commonly alprazolam, marketed under the name Xanax. Barbiturates also fall under this category of drugs. A variety of stimulants, such as dextroamphetamine (commonly known as Dexedrine or Adderall) and methylphenidate (commonly known as Ritalin or Concerta) are abused, although not as commonly as benzodiazepines. The most widely abused category of drugs abused were pain relievers, which according to the DAWN report, accounted for 47 percent of emergency room visits in 2008. The most commonly abused of the pain relievers were the narcotic pain relievers, primarily the opioid analgesics. Opioid analgesics are drugs based on compounds similar to those found in opium. Drugs like morphine, oxycodone (commonly known as Oxycontin, Percodan, or Percocet), hydrocodone (commonly known as Vicodin, Lortab, or Lorcet), hydromorphone, meperidine (commonly known as Demerol), fentanyl, and methadone are major examples of opioid analgesics. Opioid analgesics are Schedule II drugs, while benzodiazepines and most of the barbiturates are Schedule IV drugs.

The number of prescriptions for opioid analgesics has risen dramatically in the last decade, not only nationally but also here in New York State. According to data from the Drug Enforcement Agency's (DEA) Automation of Reports and Consolidated Orders System, which tracks shipments of controlled substances from manufacturers to distributors, the amount of opioid analgesics distributed by drug companies rose from 98 milligrams per person in 1997 to 698 milligrams per person in 2007, a 627 percent increase.⁵ The increase in the distribution of these drugs continues. The New York City Department of Health and Mental Hygiene released a report in April 2011⁶ showing an increase in prescriptions of the two most commonly prescribed opioid analgesics—oxycodone and hydrocodone.

³For a chart of drugs broken down by schedule, go to <http://www.justice.gov/dea/pubs/scheduling.pdf>

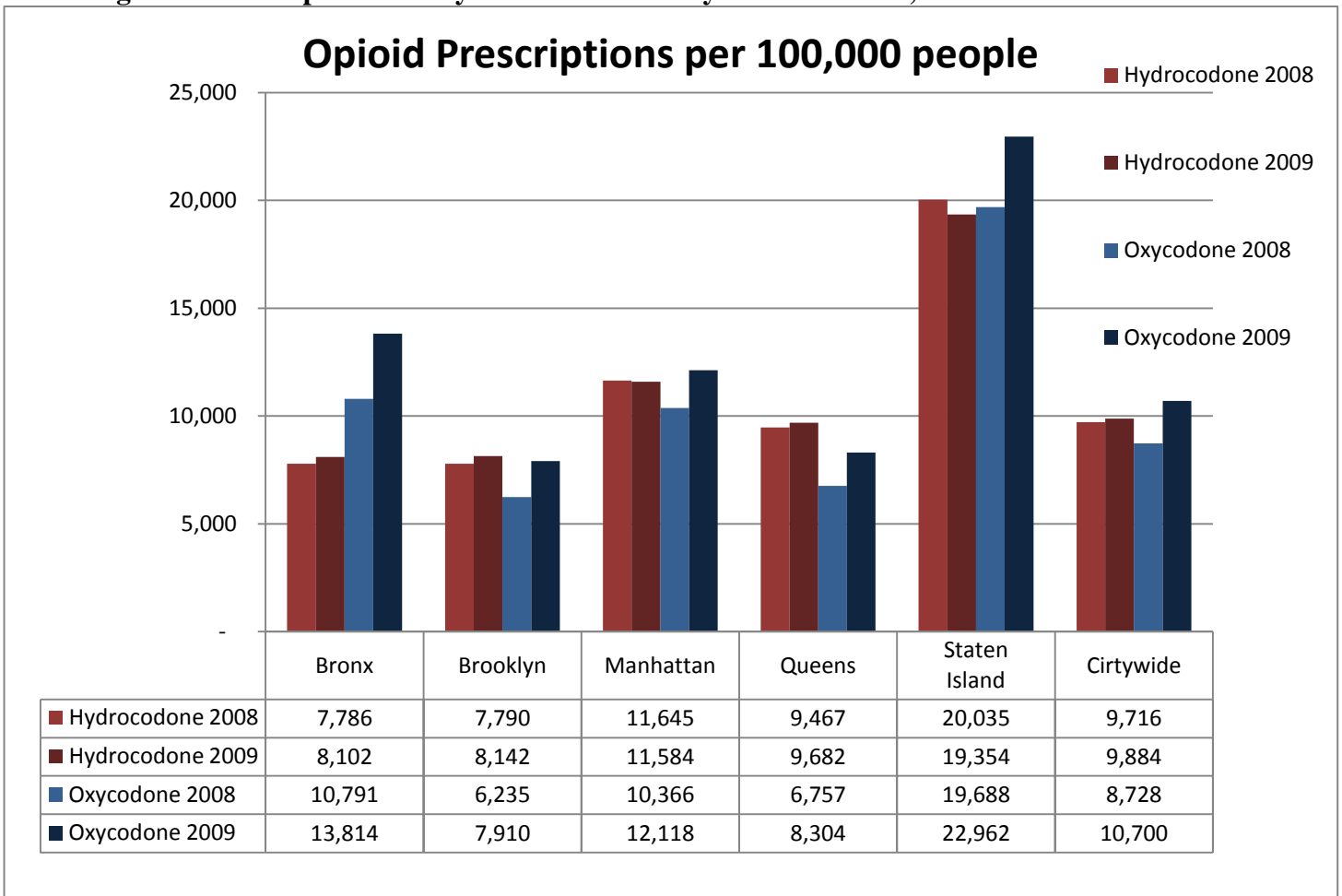
⁴ Report available at: <http://www.samhsa.gov/data/2k11/DAWN/ED/DAWN2k8ED.pdf>

⁵ Report available at <http://www.cdc.gov/about/grand-rounds/archives/2011/pdfs/PHGRRx17Feb2011.pdf>

⁶ Data available at: <http://www.nyc.gov/html/doh/downloads/pdf/epi/databrief3.pdf>

Areas in Western New York and Staten Island are epicenters of this prescription growth. An investigation by the *Buffalo News*⁷ analyzed prescription data from the State Department of Health and found that areas in Western New York had far higher rates of prescriptions for hydrocodone than anywhere else in the State, usually twice the statewide average. The same investigation found that fentanyl was more heavily prescribed in Niagara County than anywhere else in the State, and that prescriptions for oxycodone were highest in the Hudson Valley, Long Island, and Staten Island. According to the Office of the Special Drug Prosecutor,⁸ prescriptions for Oxycontin, a form of oxycodone, rose by 97 percent in New York City between 2007 and 2010, with the largest increases in Brooklyn and the Bronx.

Figure 1: Prescriptions for Hydrocodone and Oxycodone in NYC, 2008-09⁹.



Between 1999 and 2007, the most recent year government statistics are available, the number of poisoning deaths in the United States rose from around 20,000 to more than 37,000,¹⁰ with prescriptions drug overdoses comprising the vast majority of these cases. Deaths from drug overdose surpasses both suicides and firearm injuries of all kinds as a cause of death in the

⁷ Story available at: <http://www.buffalonews.com/city/special-reports/rx-for-danger/article368420.ece>

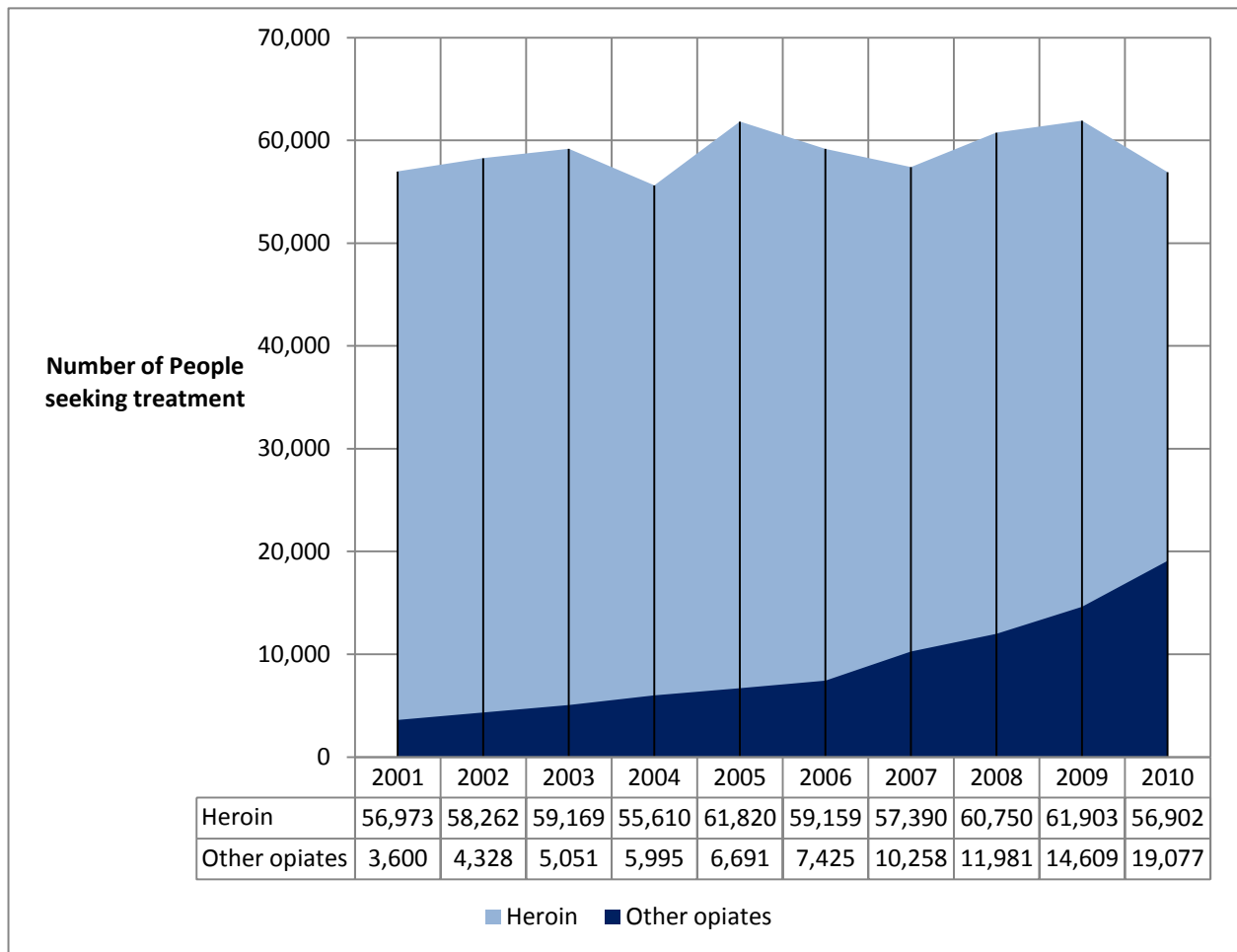
⁸ Story available at: <http://online.wsj.com/article/SB10001424052748704662604576202894227272386.html>

⁹ Data available at: <http://www.nyc.gov/html/doh/downloads/pdf/epi/datatable3.pdf>

¹⁰ Report available at: <http://www.cdc.gov/about/grand-rounds/archives/2011/pdfs/PHGRRx17Feb2011.pdf>

United States.¹¹ By 2007, these kinds of drugs were involved in 37 percent of all poisoning deaths. According to the Centers for Disease Control and Prevention (CDC), the number of accidental drug overdose deaths has climbed significantly. At the height of the crack cocaine epidemic of the late 1980's and early 1990's, between 2 and 3 persons per 100,000 were dying each year of accidental drug overdoses.¹² The rate is now more than 9 persons per 100,000 dying of accidental drug overdoses.

Figure 2: People seeking treatment for opiate addiction in New York State, 2001-2010.



According to the same CDC report, for every death due to accidental death due to overdose, there are around 9 people who seek treatment for prescription drug addiction. As the figure above shows, while treatment for heroin addiction remains high but relatively stable, treatment for addiction to other opiates—legally prescribed drugs like methadone and opioid analgesics—has grown dramatically.

¹¹ Report available at <http://www.cdc.gov/about/grand-rounds/archives/2011/pdfs/PHGRRx17Feb2011.pdf>

¹² Ibid.

As the figure above shows, the number of New Yorkers seeking treatment for heroin has trended slightly upward for the last decade while those seeking help with cocaine addiction has trended down. Treatment for addiction to prescription drugs has risen sharply. National figures on accidental drug overdose deaths are equally as revealing. From 1999 to 2006,¹³ there has been a dramatic rise in deaths from individuals overdosing on methadone, even as deaths from heroin overdoses remain relatively steady. The death rate from other opioid overdoses, including analgesics (see earlier discussion), have also risen dramatically and are second only to cocaine deaths.

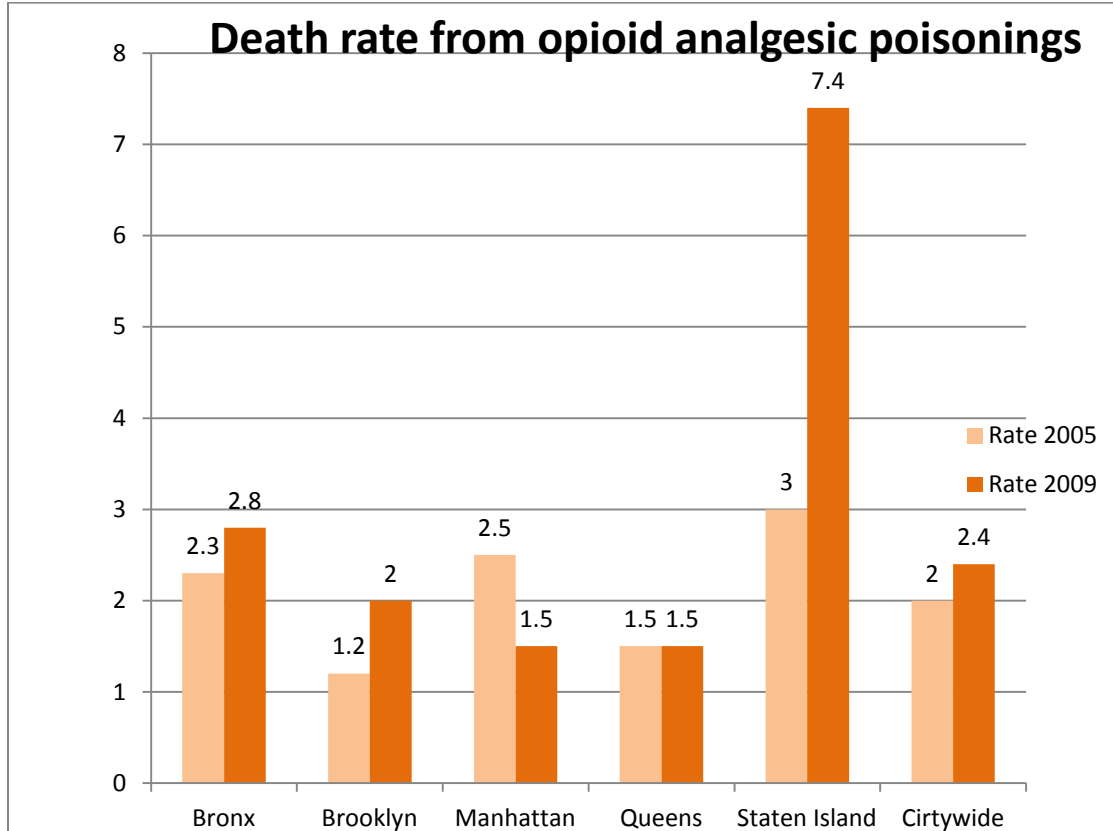
This dramatic rise in deaths from prescription drug abuse is not universally spread out amongst all parts of the country—some areas are far more deeply affected than others. Figures from New York City show how vast the disparities can be. The Department of Health and Mental Hygiene compared the rate of deaths attributed to opioid analgesic overdoses. The study found that the death rate had remained low and steady in Queens, and had declined in Manhattan. At the same time, the death rate had grown in the Bronx, more significantly in Brooklyn, and had drastically increased in Staten Island. Given the fact that Staten Island already had the highest rate of death from opioid overdoses, the rise in deaths in that borough makes its death rate several times larger than that of any other part of the city and helped contribute to a citywide increase in the death rate from these prescribed painkillers.

One of the most worrying aspects of this growing epidemic is the heavy abuse of these substances by minors. Opioid painkillers were the second most commonly used drug after marijuana by persons aged 12 or older, according to the 2008 National Survey on Drug Use and Health (drug survey) conducted by SAMHSA. In fact, on an average day, according to this report, more than twice as many adolescents aged 12 to 17 would begin using pain relievers for non-medical uses than would begin using cocaine, heroin, and methamphetamines combined.

The 2008 DAWN report showed that abusing prescription drugs, including prescription pain killers, benzodiazepines, antidepressants or antipsychotics, was the third highest cause for emergency room visits due to drug use amongst people aged 12 to 17, behind only alcohol and marijuana use, and well ahead of other illicit drugs. As with the population at large, pain killers were the most commonly abused category of prescription drugs. The 2010 drug survey showed that, since the 2008 drug survey, there has been a leveling out of opioid use amongst children in grades 8 through 12 while Vicodin and Oxycontin abuse remained higher than it had been in 2002. While Vicodin use had declined slightly within this population, it remains one of the most prevalent addictive drugs abused by teens, and use of Oxycontin remains at high levels. The drug survey showed that kids found the availability of both Vicodin and Oxycontin to remain high. Most acquired these painkillers from friends, who either gave or sold them the drugs. Others used left-over pills from prescriptions or took pills from relatives. Twenty percent of Vicodin and 30 percent of Oxycontin abusers bought the pills from a dealer whom they did not know personally.

¹³ Report available at <http://www.cdc.gov/about/grand-rounds/archives/2011/pdfs/PHGRRx17Feb2011.pdf>

Figure 3: Change in Death rate from opioid analgesic poisonings in New York City, 2005 and 2009¹⁴



III. The Criminal Consequences of this Epidemic:

On June 19, 2011, four people, including a pharmacist, a 17-year old clerk, and two customers, aged 71 and 33 were executed in a pharmacy in Medford, Long Island¹⁵ by two suspects that robbed the pharmacy in order to get their hands on hydrocodone pills. On December 31st, 2011, an off-duty Bureau of Alcohol, Tobacco, and Firearms (ATF) agent and an alleged robber were killed when an attempted robbery at a pharmacy in Seaford, Long Island ended in a shoot-out.¹⁶ The robber allegedly demanded money and oxycontin from pharmacists. These two deadly incidents are just two of the most shocking cases highlighting the increase in crime and violence directed towards pharmacies that have resulted from the growing epidemic of prescription drug abuse.

The increase in crimes against pharmacies has been nationwide. Between 2006 and 2010, crimes against pharmacies from 380 to 686, a 79 percent increase, according to the Drug Enforcement Administration (DEA). The number of pills went from 706,000 to 1.3 million. In New York State, according to the DEA, the increase in pharmacy robberies was from 4 in 2006 to 30 in 2010.¹⁷ The increase in violence has driven some pharmacies to stop stocking opioid analgesics

¹⁴ Data available at: <http://www.nyc.gov/html/doh/downloads/pdf/epi/datatable3.pdf>

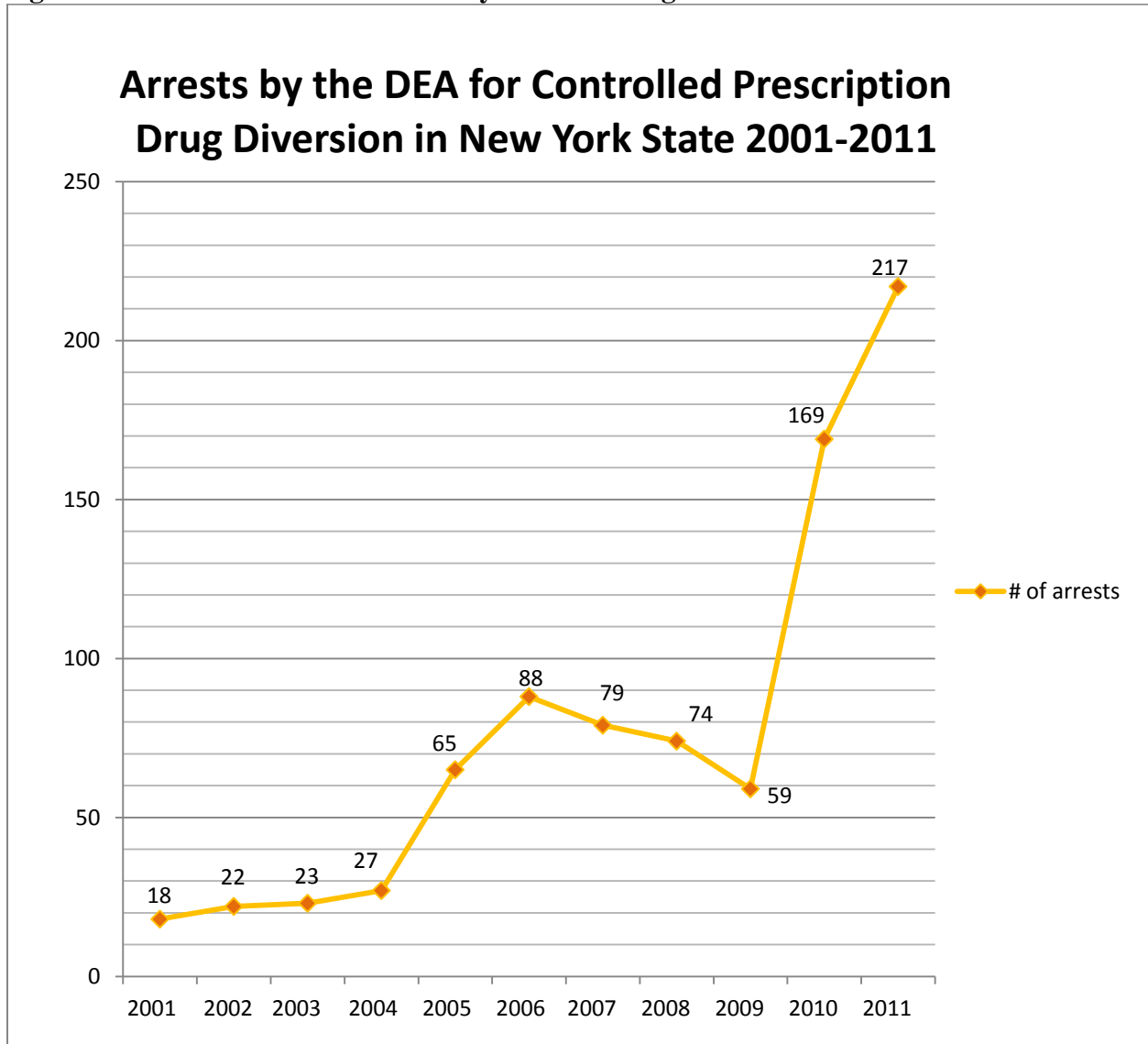
¹⁵ Story available at: http://www.huffingtonpost.com/2011/06/22/long-island-pharmacy-shooting_n_882118.html

¹⁶ Story available at: <http://abcnews.go.com/US/ny-pharmacy-shooting-leaves-robber-atf-agent-dead/story?id=15268823>

¹⁷ Story available at: <http://www.newsday.com/news/health/who-is-tracking-pharmacy-robberies-in-ny-1.3435872>

and posting signs on their windows advertising this to deter possible robbers.¹⁸ In NYC itself there were 12 robberies of pharmacies in 2010¹⁹. While the number of robberies against pharmacies dropped in 2011, the number of burglaries increased significantly. While in 2010 there were three pharmacy burglaries in the City, two of them in the Bronx, in 2011 there were eight pharmacy burglaries in the City²⁰, an over 100 percent increase.

Figure 4: Arrests in New York State by DEA for drug diversion²¹



The number of individuals arrested in New York State by the DEA for diverting controlled prescription drugs rose dramatically after 2009. In that year 59 individuals were arrested for

¹⁸Story available at: <http://www.nytimes.com/2012/01/09/nyregion/anxious-days-for-long-island-pharmacies.html?pagewanted=all>

¹⁹ Data provided by NYPD

²⁰ Ibid

²¹ Data from DEA

diverting controlled prescription drugs. This number jumped to 169 in 2010, a 286 percent increase. In 2011 the number of individuals arrested for diversion climbed even higher, to 217.

According to New York City Special Narcotics Prosecutor Bridget Brennan, who is empowered to prosecute all cases involving controlled substances in New York City, 6 percent of her office caseload in 2007 was related to prescription drugs. By 2010, it had increased to 15 percent.²² The increase led her office to request additional funds from New York City to hire more staff specialized in prescription drug diversion. In prepared testimony, Ms. Brennan highlighted several cases in New York City in which individuals had been arrested for selling prescription drugs illegally. In one case, a Manhattan woman sold drugs such as Vicodin, methadone, and Percocet from her home. After her arrest, officials found that she had been going to approximately 20 different doctors to get prescriptions, all of which she filled at one pharmacy. Another case involved a couple in Brooklyn that had been getting prescription drugs from a bodega owner that bought them from patients with valid prescriptions. He made hundreds of thousands of dollars from the scheme. Ms. Brennan also indicated that increasingly guns, including assault rifles and shotguns, were being found along with stashes of prescription drugs. In just the last two years, several large prescription drug rings have been identified and broken by law enforcement officials:

- In March 2011 the New York City Office for Special Narcotics and the Staten Island District Attorney's office announced the indictment of 31 individuals involved in a massive prescription drug diversion scheme²³ that was pumping \$1 million a year in prescription drugs into New York City.
- In June 2011, federal authorities announced the indictment of 10 individuals in a prescription drug ring involving persons from Staten Island and New Jersey.²⁴ Federal officials explained that these individuals could sell one pill of oxycodone for \$20.
- In June 2010, Federal officials arrested over 34 individuals in the Buffalo area²⁵ suspected of being part of a massive drug ring selling oxycodone pills.
- In March 2011, the State Attorney General's office announced the indictments of 10 individuals from the Buffalo and Niagara region²⁶ for illegally selling prescription drugs such as Suboxone and Lortab.

Greater involvement in the distribution of controlled prescription drugs that have been diverted from legal use by organized criminal elements is a dangerous development, one that shows that this current drug epidemic has the potential to repeat some of the crime increases that past drug epidemics have brought. The brutal and tragic events in Long Island could represent an indication of the future if we don't stem this abuse epidemic and its related crime as soon as possible

²² Testimony of Bridget Brennan before the New York City Council's Committee on Public Safety in March 2011,

²³ Data available at: <http://www.specnarc.org>

²⁴ Story available at: http://www.silive.com/news/index.ssf/2011/06/8_staten_islanders_among_10_ch.html

²⁵ Story available at: <http://www.buffalonews.com/city/article89080.ece>

²⁶ Story available at: http://www.ag.ny.gov/media_center/2011/mar/mar15a_11.html

IV. Proposed Legal Changes to Combat the Crime Wave

It will take time and a concerted effort by many different organizations and government agencies to get a handle on this prescription drug abuse epidemic; however, in the meantime, it is imperative that we take steps to help curb the deadly increase in crime that is currently accompanying this addiction crisis. One way to help fight the rising wave of crime against pharmacies is to strengthen the possible criminal penalties that someone would be subject to. Increasing penalties serves as both a means of deterrence and also strengthens the hands of prosecutors and helps keep criminals off the streets longer once they have been convicted of their acts. Sen. Klein is proposing changes to two difference articles of the Penal Law that would stiffen the possible penalties for the most common crimes committed against pharmacies.

The first proposal by Sen. Klein, Senate bill 6724, seeks to increase the penalties for those that enter pharmacies illegally for the purpose of committing another crime, which is the definition of burglary. As we have seen, there was a significant increase in the number of burglaries in New York City between 2010 and 2011. The proposal defines a pharmacy as any section of a building in which the profession of pharmacy is practiced, so it covers only those parts of a building in which a pharmacist works, which will also include those areas where prescription drugs, whether they are controlled substances or not, are stored. This proposal would not cover areas of a multi-purpose store that are stocked with other goods. As such, person who might break into a chain pharmacy to steal groceries or toiletries but who does not break into the pharmacy section of the store would not be eligible for the higher penalties under this proposal.

Under this proposal, the act of entering or staying unlawfully in a pharmacy as defined above would become criminal trespass in the second degree, which is a class A misdemeanor. The act of knowingly entering or remaining unlawfully in a pharmacy with intent to commit a crime therein would be burglary in the second degree, which is a class C felony. The crime of knowingly entering or remaining unlawfully in a pharmacy with intent to commit a crime and being armed, or causing physical injury to anyone other than an accomplice would be burglary in the first degree, a class B felony.

Figure 5: Klein proposal #1 regarding higher penalties for burglary of pharmacies

Crime	Burglary or trespass charges in current law	Charges under the Klein proposal
Enter or remain in a pharmacy without permission	Criminal trespass in the 3 rd degree – class B misdemeanor	Criminal trespass in the 2 nd degree – class A misdemeanor
Enters or remains in a pharmacy illegally for the purpose of committing another crime	Burglary in the 3 rd degree – class D felony	Burglary in the 2 nd degree – class C felony
Enters or remains in a pharmacy illegally for the purpose of committing another crime and while gaining entry or taking flight is armed with a deadly weapon or explosives, causes a physical injury to anyone other than a co-conspirator, uses or threatens the immediate use of a dangerous instrument, or displays a firearm	Burglary in the 2 nd degree – a class C felony	Burglary in the 1 st degree – a class B felony

The second proposal, Senate bill 6725, would increase the possible penalties one would face for the theft of controlled substances. Currently, article 220 of the Penal Law deals with crimes relating to the possession of controlled substances, with different degrees of possible charges based on the quantities of certain chemical substances present in controlled substances. Any criminal possession of a controlled substance is a class A misdemeanor, with more serious charges being possible if a person happened to be in possession of larger quantities of specific drugs. This system gives prosecutors the ability to charge individuals that take illegal possession of certain prescription drugs, like opioid analgesics, with serious crimes, but for some other drugs, like depressants like Xanax the possible penalties are much lower unless an individual steals a very significant amount of drugs.

Figure 5: Klein proposal #2 regarding larceny of controlled substances

Crime	Larceny charges under current law	Larceny charges under Klein proposal
Steal controlled substances under \$1,000 in value.	Petit Larceny – Class A misdemeanor	Grand Larceny in the 4 th degree – Class E felony
Steal controlled substances with a value between \$1,000 and \$3,000	Grand Larceny in the 4 th degree – Class E felony	Grand Larceny in the 3 rd degree – class D felony
Steal controlled substances with a value between \$3,000 and \$50,000	Grand Larceny in the 3 rd degree – Class D felony	Grand Larceny in the 2 nd degree – class C felony
Steal controlled substances with a value between \$50,000 and \$1,000,000	Grand Larceny in the 2 nd degree – Class C felony	Grand Larceny in the 1 st degree – class B felony
Steal more than \$1,000,000 in controlled substances	Grand Larceny in the 1 st degree – Class B felony	Grand Larceny in the 1 st degree – class B felony

Sen. Klein proposes changes to existing laws on larceny that would make the theft of any controlled substance grand larceny in the fourth degree, which is a class E felony. For most kinds of goods one would have to steal \$1000 worth of property by retail value before being able to be charged with felony grand larceny as opposed to petit larceny, which is a misdemeanor. Current law treats firearms, a credit or debit card, scientific secrets, or certain precursors for making methamphetamines differently by stating that the theft of these objects, regardless of retail value, constitutes grand larceny. Sen. Klein believes that controlled substances should be treated similarly, and that the dangers to the public and individuals from the theft of controlled substances is such that the theft of any controlled substances merits a felony grand larceny charge. Raising the penalties for the theft of controlled prescription drugs is necessary given the social harm that is caused by their diversion into illicit use.

There is a significant difference between the retail value that pharmacists can charge for many controlled substances and the amount that individuals are willing to pay for the same substances illegally. On the street a single pill of certain formulations of oxycodone can fetch \$40, making this drug more expensive than heroin. This disparity between the value to a thief of these substances versus the retail value of these substances is a significant driver for illegal diversion of these substances and also for theft. This is another reason why any theft of a controlled substance should be treated as a felony. The disparity between the value to the thieves of these

drugs versus the retail value at which they are sold also calls for a revision of the dollar values at which a higher degree grand larceny charge can be brought against a thief. For a prosecutor to be able to bring forth a grand larceny charge in the second degree, which is a class C felony, an individual must have stolen \$50,000 or more worth of goods. If a thief were to be able to steal that quantity of prescription drugs the value to them on the street is far higher, and thus their incentive to carry out such a crime is much higher. For this reason, Sen. Klein believes that it is reasonable to lower the threshold value for a possible grand larceny charge when the good stolen were controlled substances. Under the proposal by Sen. Klein, anyone who steals \$3000 worth of controlled substances could be charged with grand larceny in the second degree.

V. Conclusion

New York State must do all it can to combat the continuing epidemic of controlled prescription drug abuse and diversion. In order to do so we need to take steps on a variety of fronts. Healthcare professionals and public health officials need to work together to lower the sky-high rates of opioid analgesic prescriptions and develop means by which physicians can better identify individuals trying to get access to these drugs to feed their own addictions or to sell them to others. Law enforcement officials must also be given the tools they need to combat crime associated with this epidemic. As the tragic events of the previous year show, one of the worst criminal consequences of this epidemic of abuse has been the increase in crimes directed toward pharmacies.

The proposals by Sen. Klein embodied in Senate bills 6724 and 6725, which call for increased penalties for individuals who steal controlled substances or those that break into the pharmacy sections of stores for the purpose of stealing prescription drugs of any type will give prosecutors greater power to go after those individuals who are targeting pharmacies to divert drugs in order to help feed addictions. In order to stem the flow of prescription drugs that are feeding this growing addiction epidemic, we must make sure to cut the illegal channels of prescription drug diversion. Making individuals understand that the acts targeting pharmacies and stealing controlled substances will be punished more harshly in the future will make criminals or possible criminals think harder about whether to go forth with their plans, and if they are not deterred by the increased penalties, they will be taken of our streets for a longer period of time.

Sen. Klein looks forward to working together with all relevant stakeholders in order to end this terrible prescription drug abuse epidemic. The Senator believes that the shocking statistics he found regarding the abuse of prescription drugs and the consequences of that abuse merit strong and decisive action. Strengthening current law in order to better protect pharmacies and discourage individuals from stealing controlled prescription drugs is one way that we can make a small difference in the battle against this scourge, and it is one that Sen. Klein believes New York State should take as soon as possible.