

Senate Public Health and Human Service Committee Opening Statement for Confirmation Hearing

Gary Tennis, Acting Secretary Department of Drug and Alcohol Programs May 6, 2015

Good morning Senator Vance, Senator Kitchen, members of the Senate Public Health and Welfare Committee and staff. Thank you for the opportunity to discuss how we may work together to achieve the mission of the Department of Drug and Alcohol Programs, which is to more rapidly get effective clinically appropriate treatment for Pennsylvanians struggling with substance use disorders. Thank you for your past and continued support and for your interest in the work the Department has been doing since its creation in 2012. And thank you for your robust response to Pennsylvania's current drug overdose crisis with the passage of Act 139 (naloxone availability; Good Samaritan) and the Achieving Better Care by Monitoring All Prescriptions (ABC – MAP) Act which will greatly enhance Pennsylvania's prescription drug monitoring capabilities.

As you know, one out of four families in Pennsylvania is directly struggling with drug and alcohol addiction; it is, I believe, the number one public health problem of our day. The Centers for Disease Control indicated that in 2013 there were 2,525 drug-induced overdose fatalities in Pennsylvania. This means that on average, every day, today, tomorrow, and the day after tomorrow, seven Pennsylvanians will die from overdose. As staggering as that estimate is, it is likely an underestimate due to under reporting as a result of the stigma associated with the disease of addiction and reports of continued increases in overdoses according to those county coroners who keep very up-to-date information.

Over the past 20 years, this problem has grown worse for two primary reasons. First, like every other state, we underfund treatment. Second, there has been a quadrupling of opioid prescribing to address pain. Undertreated addiction is as a major driver of society's problems in the areas of criminal justice, child welfare, domestic violence, health care, highway safety, as well as major contributing factors to lost productivity in the workplace. In the aggregate, untreated addiction costs us billions of dollars every year. And it leaves us vulnerable to rolling epidemics such as the current one, or the cocaine, methamphetamine and other epidemics in the not-so-distant past.

The Department has worked, and is working, hard toward effective and sustainable solutions to our current epidemic. Faced with tight revenues, we have sought to increase funding through federal discretionary grants. We have implemented innovative programs such as i) a robust drug take back box program for unused medications, a program that collected 16,000 pounds of unused prescription drugs last year alone, ii) development of three sets of best practice guidelines for opioid prescribing, iii) initiation and implementation of the Medicaid pilots to get Health Choices-funded treatment for addicted offenders the day they are released from county jail, and iv) increasing access to naloxone, the opioid reversal medication, by first responders and the public. We are committed to continuing to utilize the resources of the Department to help all of state government better fulfill its mission by making sure those who are suffering with addiction get the level of treatment, and the length of stay, that we know they need to have the best possible outcomes. Although this requires some investment, it quickly saves moneys across state and county governments while saving lives across the Commonwealth and making our communities safer and healthier.

Again, please accept my sincere appreciation for your continued support and commitment in helping us carry out our mission of helping Pennsylvanians with drug and alcohol addiction get the treatment they need to live healthy and productive lives, and keeping our citizens from ever contracting this mortal disease. If confirmed, I pledge to you my very best possible effort to work with you in this life-saving work.