West Branch
Drug & Alcohol Abuse
COMMISSION

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Center for Rural Pennsylvania
Public Hearing
October 26, 2017
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As Executive Director for the Single County Authority in Lycoming and Clinton Counties, and having been an employee of The Commission for 20 years, I have had an opportunity to see and learn a great deal about the communities' substance abuse issues from a very unique and privileged perspective. Over the course of those 20 years, much has changed and yet much has remained the same. The current opioid epidemic presents one of the greatest challenges ever faced by our communities.

Fifteen years ago, in fiscal year 2001-2002, The Commission conducted a total of 1,054 screenings for individuals to determine need for further assessment and placement for treatment services. Of those, 186 or 17.6% reported heroin or other opioids as their drug of choice; 497 or 47.1% reported alcohol; 122 or 11.5% reported crack cocaine; 88 or 8.3% powder cocaine; and 126 or 11.9% reported marijuana as their drug of choice.

In our most recent fiscal year, 2016-2017, The Commission conducted 2,797 screenings. That reflects at 165% increase in those provided case management services in a year's time. Of those served last fiscal year, 902 or 32.2% reported heroin or opioids as their drug of choice. By comparison the other drugs of choice were noted at 1,120 or 40% alcohol, 37 or 1.3% crack cocaine, 79 or 2.8% powder cocaine, and 520 or 18.5% marijuana. Thus, alcohol has been a constant across time; shifts have occurred among crack and powder cocaine; and marijuana has clearly been on the rise. Heroin and the other opioids are not new issues to Lycoming and Clinton Counties; however, they have clearly increased exponentially and, sadly, the purity and resulting deaths have done the same.

The dramatic increase in those seeking treatment is not unique to our community. Caseloads have risen drastically across the system – both in treatment and criminal justice. Unfortunately, there is great stigma surrounding those who suffer from addiction. Neither are professions in the substance abuse field as a whole highly valued. Consequently, staff is often undertrained and underpaid.

Locally, we have not experienced significant delays over any prolonged periods in access to detoxification beds, though other SCAs across the state have been reporting greater difficulty.

As our partnership with local emergency departments continues to gain strength, we anticipate we will have more difficulty locating beds in the future.

Many positive developments have occurred in response to our tragic losses, however. Among them is the growing collaboration between physical health and behavioral health in the systems' efforts to treat individuals more holistically. Overcoming a long-standing history of operating largely in isolation from one another has proven a challenge to say the least. Yet there are now financial opportunities that should allow us to better incorporate the two services in a unified system of approach.

We look forward to a stronger presence of Certified Recovery Specialists and more community-based case management to meet those who are suffering where they are, both in physical location and in stages of change. It will be critical to eliminate as many barriers to success for those seeking recovery as humanly and systemically possible.

Also among those positive developments are programs involving the criminal justice system. While we have had treatment court in the community for 20 years as well, the number and breadth of specialty courts as well as those participating in them has grown significantly over time as well. Across programs, Lycoming and Clinton Counties have graduated hundreds of individuals in the span of their service.

Lycoming County was grateful to be among the pilot counties for the jail-to-treatment program which is now active across the state. This has allowed inmates (who are incarcerated as a direct or indirect result of their dependence on substances) to be evaluated prior to their release, deemed eligible for inpatient treatment as appropriate, and almost simultaneously determined eligible by the County Assistance Office for Medical Assistance benefits. This eligibility is effective the date of release so admission can be facilitated directly from the prison to an inpatient treatment facility. This eliminates community barriers for the individual in accessing treatment. It also produces favorable results short-term in the cost-benefit analysis between per diem rates for incarceration vs. treatment as well as long-term in preventing further substance abuse and resulting costs, not only to criminal justice but also to physical health and social welfare. This project has served well over 250 inmates to date. The increased care provided has, however, made it more difficult to access both short-term and long-term rehabilitation beds without significant delays. It is for these levels of care that The Commission's clients are sometimes waiting weeks to access.

We have improved upon the availability of local resources for medication assisted treatment, such as buprenorphine, Vivitrol, and methadone as well. In fact, we currently have no waiting lists and there are still more providers of medication assisted treatment seeking to serve the community. Collaboration across systems in this effort, again, is key. Quality treatment and recovery supports are critical to the growth of the individual while the medication is used as a tool in helping to establish that recovery. Vivitrol has also been made available to appropriate inmates prior to release from incarceration with a plan for maintenance in the community already established, once more mitigating the risks of relapse upon re-entry.

There are many initiatives afoot in our continued efforts to combat the opioid epidemic. I would propose a number of areas that would benefit from legislative, financial and community support. Among them is further expansion of the treatment courts. Much like childrearing, early recovery requires that we maximize both support and accountability. Research has borne out a significant increase in success rates even specific to Lycoming County's Adult Drug Treatment and DUI Courts. Building upon such success is a wise investment as its results are already proven.

Suspension of Medical Assistance benefits during incarceration rather than closing eligibility altogether is another promising proposal. This is another opportunity to minimize barriers for those re-entering the community. Individuals would no longer have to go through the process of reapplying and awaiting systems to make a determination which may take as long as a month. Such delays mean barriers to accessing treatment, medical care, psychiatric services and critical medications in maintaining physical health, medication assisted treatment, and mental health. All such delays are among the most common precursors to relapse. This also minimizes the need for SCA dollars to cover those costs in the interim, freeing up those funds to serve more people with more supports and structures.

Funding follows data. It's apparent that opioid and other overdoses are at epidemic proportions. Still, there is a lack in uniformity of reporting on such incidences to the state as well. Local and statewide systems alike frequently code presenting problems or causes of death differently. What may be noted as heart failure or aspiration is often secondary to an overdose. While accurate and/or perhaps well-intended due to the stigma attached, it doesn't allow for an accurate depiction of the true need. Consequently, the ability to serve that need is compromised. SB419 provides for uniform reporting of overdose deaths, most specifically heroin overdose deaths, while still respecting the confidentiality of that information.

Considerable funding has now been relegated to providing Narcan. A life-saving medication, this is a much-welcomed development. However, it is just the beginning. If the funds to support warm hand-off, case management, medication-assisted as well as drug-free treatment and community-based resources do not follow, the result is virtually guaranteed to be subsequent overdoses, death, hospitalization and/or incarceration for those very same individuals. One of the challenges we face is determining the means by which we can follow up with those receiving Narcan in order to ensure true success.

Adding teeth to existing legislation could further the cause as well. Act 139 of 2014, also known as the Good Samaritan Law, has encouraged people to contribute to life saving measures by offering immunity from prosecution for minor possession. Senate Bill 654 proposes these individuals pursue treatment in order to benefit from that immunity, thereby promoting recovery beyond resuscitation.

The prescription drug monitoring program, or PDMP, is another positive development that monitors and minimizes abuse of prescription medications. To date, while it is said to be

mandated, there is no penalty imposed for those who do not participate. The resulting lack of uniformity in its use provides continued loopholes for those who seek them.

Another corollary to the prescription drug epidemic is the profusion of public advertising for prescription medications. The financial windfall in this industry has had unquantifiable ramifications. Legislation to reverse this decision could also have notable impact.

Employment and housing, too, remain substantial barriers to recovery for those with substance use disorders. Opportunities are limited for the population as a whole, but those with criminal records are not readily rewarded for their efforts to become productive members of society. Thus, such things must be subsidized or other opportunities made available.

I'd like to conclude by emphasizing two of the most urgent needs. In the wake of putting out the opioid epidemic fire are the hugely underfunded prevention efforts that are critical to interrupting the cycle. In the end, it won't matter which substance led to what. Whatever the substance of abuse, whatever the drug de jour, it all stems from the lack of healthy individuals, families and communities for which drugs are used as substitution. Without investing in the health of our future we will forever be putting out fires.

And finally, the PA Department of Drug & Alcohol Programs must remain independent of the other departments in order to have sufficient voice to address an epidemic of such proportions. There is great potential to maximize collaboration and coordination across systems without relegating the Department to a lesser entity. With reduced authority and opportunity to exact the necessary measures, the effort is all but guaranteed to fail.