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Heroin: Combating the Growing Epidemic in Rural Pennsylvania

The Center for Rural Pennsylvania/Senator Schwank public hearing series

Local Government & Health Officials Panel

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Representing Reading Health System:

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Good morning. My name is Greg Sorensen. I'm the Senior Vice President and Chief Medical Officer for Reading Health System. Thank you, Senator Schwank and members of the Center for Rural Pennsylvania for holding these hearings and allowing us to present testimony to you today. Linda Texter shared in her testimony details about the challenges of treatment of heroin and opioid addiction – access, recovery time, and the continuum of care and support needed for successful treatment.

I will speak to a broader picture of the impact of the problem of heroin and opioid addiction on the health of our community, and will address some of the initiatives underway in healthcare, as well as in our community, regionally, and state-wide to stem the impact of this increasing problem.

The rising rates of heroin and opioid use are associated with costly health, social, and community impacts, and the effects are cumulative, significantly contributing to problems including teenage pregnancy, HIV, domestic violence, child abuse, motor vehicle crashes, crime, homicide, and suicide. The effects of the drugs alone hinder the users' abilities to reduce the behaviors that put them at risk of disease and death. The health of heroin and opioid addicts is further complicated by avoidance and erratic use of primary care services and over-reliance on emergency rooms and costly acute care. The burden of providing inpatient care for these

issues, and for complications of drug abuse such as endocarditis, abscesses, and other drug-related infections can become crippling to families, and to our society. Brain injuries due to delayed resuscitation also result in substantial downstream health costs.

From a health system perspective, what is the scope of this problem? During the past six months, Reading Hospital's emergency department has seen an average of one significant heroin overdose **every three days** in patients over age 13 and this incidence is growing. Heroin and other opioids account for 20 percent of all overdoses presenting in Reading Hospital's emergency department. The HeartSAFE Berks County program, which provides AEDs to all first responders throughout Berks County, reports a significant increase in the use of HeartSAFE AEDs in response to drug overdoses. During the three year period from 2011 to 2013, one percent of HeartSAFE AED uses were for victims of drug overdoses. In 2014 year to date, 10 percent were in response to drug overdoses. These numbers are further supported by nearly 900 emergency calls to Berks County 911 Dispatch Center in 2013 for suspected drug overdose. And it appears we are on track to reach those same numbers in 2014.

Let me dispel any notion that the City of Reading is the epicenter of this crisis. Less than half of the heroin and opioid overdoses brought to Reading Hospital's emergency department occur in the City of Reading. The other half originate from other communities throughout Berks County.

Non-medical use of prescription medication adds another layer of complexity to addressing the substance use and overdose problem. Adolescent abuse of prescription drugs has continued to rise over the past 5 years, with Vicodin and OxyContin as leading offenders. It is believed that two factors have led to the increase in abuse. First, the availability of prescription drugs is increasing from many sources, including the family medicine cabinet, the Internet, and doctors. 70 percent of those who first abuse prescription drugs get the pills from a friend or relative. Additionally, many adolescents believe that prescription drugs are safer to take than street drugs. When mixed with heroin, the synergistic effect leads to overdose.

Pennsylvania is now ranked 7th in the United States in drug overdose deaths. According to the National Center for Health Statistics, more than 2,000 Pennsylvanians lost their lives to drug overdoses in 2011. This is a 20 percent increase over 2010.

What role can and should the health care system play in stemming the tide of the abuse, addiction, and overdose of heroin and opioids?

- **Recognize that opioid addiction is a disease.** Treatment needs be readily and widely available. Linda Texter spoke about the need for a spectrum of treatment options, beds and recovery time toward the ultimate goal of abstinence.
- **Bring addiction treatment into the full continuum of care.** This is not an isolated problem. For example, Reading Health System recently formed a dedicated section of addictive medicine to expand a multi-disciplinary approach to the identification, evaluation, and treatment of individuals with drug and alcohol dependency. The section is led by a physician who is board-certified in addiction medicine, and is a diplomate of the American Board of Addiction Medicine. This highly specialized level of training is indicative of the recognition on the part of the healthcare community of the impact the growing heroin and opioid epidemic will have on all aspects of the health and wellness. The first priority of this new section of medicine at Reading Health has been focused initiatives to support Emergency Department patients and inpatients at risk for withdrawal during their hospital stay and to provide after-care treatment plans. These initiatives will then be expanded to support individuals in doctors offices and other ambulatory settings.
- **Increase the timeliness and effectiveness of overdose treatment** through policy change such as you propose, Senator, in Senate Bill 1299, providing broader access to naloxone hydrochloride – Narcan – and increase training for first responders and families of those at risk for opioid overdose.
- Enact **“Good Samaritan” immunity laws** to offer immunity to witnesses of drug overdoses who call for emergency help. The medical director of Reading Hospital’s emergency department recently experienced a case in which a car pulled up to the ED entrance, and immediately after emergency staff moved the patient from the car to a stretcher and into the ED, the car sped away. The driver

could have served as a potential witness, providing valuable information about the patient's condition.

- Support multi-agency collaboration, such as the state-wide **Overdose Rapid Response Task Force**. Started more than a year ago, this multi-disciplinary task force meets monthly to review policy changes and trends.
- **Curb prescription drug abuse** through the creation of a state-wide drug monitoring system, provider education, and payer support.
- Promote **pharmaceutical take-back events**. Berks County offers multiple sites and opportunities for those wishing to safely dispose of prescription medications. More aggressive promotion of these sites will help keep these medications off the streets.
- **Expand programs such as HeartSAFE Berks County**, providing life-saving pre-hospital education and resources.

Many lives can be saved by preventing drug abuse and overdoses, increasing the availability and efficacy of addiction treatment, and enhancing the tools provided to first responders and families and friends of those affected by opioid abuse and addiction.

Thank you for the opportunity to present this testimony.