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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

Representing Reading Health System:

Linda Texter, Program Director, Reading Hospital Drug and Alcohol Center

Good morning. My name is Linda Texter, and I am the program director for the Reading Hospital Drug and Alcohol Center.

Heroin, the illegal drug derived from the unripe seeds of the poppy plant, along with other opiates has a profound analgesic effect through action on the CNS. Besides the alleviation of pain, opiates act as a cough suppressant, decrease gastro-intestinal motility and can cause respiratory depression.

The history of use and abuse of opiates is long and complex. During the 1800s, hundreds of opiate based medications were sold for pain and cough relief for infants, children and adults. Along with the passage of the Pure Food and Drug Act, the Harrison Narcotic Act resulted in severe limitation of legal opiates. According to an account in the New York Medical Journal in 1915 “ The immediate effects of the Harrison law were seen in the flocking of drug habitués to hospitals, sporadic crimes of violence due to desperate efforts to obtain drugs. There will be failures of promising careers, commission of crimes and the influx into mental hospitals of many who would otherwise live socially competent lives.”

Opiate addiction is not a new problem, but an escalating one. Along with the development of stronger narcotics, the purity level of heroin has risen. Tolerance to opioids can occur quickly and therefore dependence can develop rapidly. Oxycontin, heroin, and

codeine are exogenous opiates which act on mu receptors and the reward circuitry resulting in pleasure or pain relief. Tolerance, dependence and adaptation of opiate receptors occur with chronic use of opiates which results in withdrawal symptoms. Individuals frequently continue to use to avoid severe withdrawal symptoms which may include intense muscle cramping, diarrhea, vomiting, chills, joint pain, hypotension, restlessness, anxiety and insomnia. Although opiate withdrawal is usually not life threatening, the physical discomfort associated with it often is a deterrent for individuals seeking treatment.

Research has shown that pharmacological interventions are effective in treating withdrawal symptoms, as well as decreasing cravings. Approved for opiate dependency since 2002, buprenorphine is an effective medication used for the treatment of individuals afflicted with addiction. Reading Hospital's Drug and Alcohol Center (DAC) utilizes buprenorphine to minimize the withdrawal symptoms experienced by the patient seeking treatment.

DAC provides two levels of services to individuals from Berks and other counties: medically monitored detoxification and short-term residential treatment. The Center offers 7 detoxification beds and 13 rehabilitation beds. The occupancy rate remains consistent between 90-95%. The number of individuals presenting for opiate dependency has been stable with an approximate percentage between 54 and 60 percent of all admissions to the detoxification level of care. The detoxification stay is, on average, 5 days for individuals who are opiate-dependent.

Detoxification is only the first step to recovery. Patients are encouraged to continue their journey to recovery through completing a rehabilitation stay. After successful completion of a short-term residential treatment, individuals are referred to intensive outpatient, outpatient services, halfway housing, or transitional housing environments. The treatment philosophy encourages the involvement in 12 step programs. Patients participate in both in-house and outside Narcotic Anonymous meetings. Case managers and recovery specialists are added supports that are available.

Addiction represents a devastating illness. On a daily basis, the news media portrays chemical dependency. From the court cases of Lindsay Lohan to the interviews with Charlie Sheen, the disease of addiction remains highlighted. Less dramatic, but just as painful, are the

struggles reported by the average family living in Berks County and the Commonwealth, at large, who have a loved one afflicted with chemical dependency.

Thought to typically begin in early adolescence, today we see opiate dependency in all age brackets, teens to great-grandparents. A disease that does not discriminate; addiction is a crippling illness affecting not only the addict and his or her family, but ultimately each of us. As a major health problem, chemical dependency can result in liver disorders, cardiac problems, infectious disease and mental illness. Besides the physical, emotional and spiritual costs of addiction, the financial burden is astronomical. Estimate costs are reported as 484 billion dollars per year spent on health costs, lost earnings, social services and criminal activities (NIDA). Research reveals substance abuse treatment works and a benefit-cost ratio of seven to one was noted (US Dept. of HHS). The benefits of providing services to individuals afflicted with addiction reap enormous rewards. Decreased medical services, reduced employment absenteeism, fewer work injuries, reduced tardiness, increased productivity and decreased criminal activity reflect outcomes seen with individuals engaged in treatment.

Medicine reflects a continuously evolving field of human endeavor. For example, consider caring for today's patients in the context of how it was performed in the mid nineteenth century without the utilization of antiseptic technique. Disastrous consequences would ensue. Three hundred years ago, knowledgeable people avoided doctors because their techniques often did more harm than good. The current state of medicine resulted from new procedures derived from an experimental, evidence-based empiricism. The results can be assessed in life spans increasing from 40 to 70 years of age. Similarly, treatments in the drug and alcohol field require updating and financial support to increase efficacy.

The disease of addiction kills. The utilization of evidenced-based practices will reduce the devastation resulting from this illness.

The Office of National Drug Control Policy identified prescription drug abuse as the Nation's fastest –growing drug problem. Addressing the opiate abuse epidemic must be considered one of the top priorities for public health. As a universal illness, stakeholders are all members of society. Although not simple, solutions are available but require action.

Working together we can help to individuals rebuild one's life. The pain from addiction squashed. As noted in the big book of Alcoholics Anonymous, the suffering of active addiction is tremendous.

"No words can tell of the loneliness and despair. I found in that bitter morass of self-pity. Quicksand stretched around me in all directions. I had been overwhelmed. Alcohol was my master."

Treatment availability and funding resources are essential. Prevention plans which include education, monitoring, and research are components to addressing this devastating disease. Instilling hope in key!

Treatment works! Lives and families are restored. Let us work together in promoting the change we want to see. Change must occur lest we remain stagnant in the quagmire of status quo.