



**The Center for Rural Pennsylvania  
Public Hearing  
Heroin Crisis Facing Pennsylvania  
July 22, 2014**

---

Good morning, Senator Yaw, fellow presenters and guests. I am Gary Tennis, Secretary of the Department of Drug and Alcohol Programs. Thank you for this opportunity to speak about the growing heroin problem in Pennsylvania and the steps the state is taking to address this issue.

It only takes picking up a newspaper or tuning into the evening news to see the devastation that heroin is causing across the state. Drug and alcohol addiction is widespread and directly impacts one in four families here in Pennsylvania and across the nation. This is a problem that cuts across geographic, social and economic boundaries. It affects families from rural areas to suburban areas to our cities and it is doing so at an increasingly alarming rate.

Here in Pennsylvania, overdose deaths have increased 473 percent since 1990. Between 2009 and 2013, county coroners identified almost 3,000 heroin-related overdose deaths. Nationally more people are dying from heroin overdoses than car crashes.

As you can see, the Department of Drug and Alcohol Programs has a monumental task of helping our citizens with a drug and alcohol addiction receive services with clinical integrity and begin the journey of recovery. It is good to see so many of you here today willing to take a stand and help us achieve this incredible task for our citizens.

We believe that the recent increase in heroin use is directly related to the increase use and misuse of prescription opioids; individuals addicted to prescription opioids will often transition to heroin because it is cheaper and easier to obtain.

This is why Governor Corbett has made this issue his top priority. Last year, Governor Corbett launched his *Healthy Pennsylvania* initiative to create a healthier and safer Pennsylvania.

We know that 82 percent of people who become addicted to heroin admit to abusing prescription drugs. The *Healthy Pennsylvania* plan works to remove the risks from patients being over-prescribed and helps health care providers' access patient files to prescribe medicine safely and effectively. We are hopeful for the pending Prescription Drug Monitoring program legislation to be passed and signed into law soon.

In addition, we have worked with our partners at the Pennsylvania District Attorneys Association, the Pennsylvania Commission on Crime and Delinquency, and Staunton Farms Foundation to establish a statewide Prescription Drug Take-Back initiative to provide a safe and secure place for our citizens to dispose of their unused and expired prescription drugs.

As of today, there are more than 200 prescription drug take back boxes in Pennsylvania. Our initiative has collected more than 3,000 lbs. of prescription drugs since January 2014.

We know that chronic pain is a major health problem in the U.S. It affects individuals ability to be a productive part of society, 32 percent of individuals with chronic pain have reported they are unable to work. The economic impact is staggering. According to the Institute of Medicine the annual cost in the United States from chronic pain was over \$600 billion, including health care costs and lost productivity.

Prescribing drugs to treat chronic pain is getting out of control. Last week, the Centers for Disease Control (CDC) released a report regarding opioid prescription problems. The good news is that Pennsylvania was not the worst state for over-prescribing, but we were not rated the best either. The CDC reported that health care providers wrote 259 million prescriptions for painkillers in 2012. **259 MILLION Prescriptions** – that is enough for every American adult to have a bottle of pills.

We believe that chronic pain is best treated using an interdisciplinary, multi-model approach. This may include physical therapy, cognitive-behavioral therapy, proper use of medications and interventions as needed. We cannot rely on prescribing prescription drugs as a way to control chronic non-cancer pain.

Last year, I had a conversation with a doctor who knows all too well about the prescribing practices in Pennsylvania. Dr. Ashburn, MD MPH, an Anesthesiology and Critical Care professor at the Hospital of the University of Pennsylvania, has been instrumental in our department's work on prescribing practices.

In partnership with the Department of Health, DDAP established a work group to look at the prescribing practices and identify guidelines for health care providers who treat chronic non-cancer pain. These prescribing guidelines are meant to suggest key practices to health care providers when treating a patient with chronic non-cancer pain. We are grateful for the endorsement from Dr. Ashburn and the Pennsylvania Medical Society, and the support from many other organizations in these guidelines.

As we continue to make steps to curb opioid prescription drug abuse, we are still faced with the reality of an increase of drug overdose deaths in Pennsylvania. Based on the Department of Health data, overdose deaths have been on the rise over the last two decades with an increase in the rate of death from 2.7 to 15.4 per thousand Pennsylvanians.

Last year after an influx of heroin overdoses, we convened an Overdose Task Force to focus on helping to improve methods of reducing overdoses by establishing rapid and reliable lines of

communication about drug trends between emergency health care providers, law enforcement, and drug treatment providers.

This diverse group of experts continues to look at overdose issues, and together have developed a unified approach to preventing and addressing overdose in Pennsylvania. This task force has established an initiative called “Warm Hand-off”. The initiative called on every county asking for them to implement a plan for individuals who overdose and are treated in the hospitals. This plan helps individuals who survive a drug overdose and places them into treatment before being released from the hospital.

In addition to the Warm Hand-off, preliminary information sharing has begun regarding alerts, federal, state, and local initiatives, etc. with more effective, system-wide information sharing being a goal of the task force. Our national counterpart, SAMHSA, is reviewing the task force’s program to see if it can be replicated as a national model.

Moving individuals into treatment is an important part to addressing the heroin and opioid prescription drug abuse issue here in Pennsylvania.

The department is also working to leverage more federal resources for treatment for county jail releases. In Pennsylvania, clinically appropriate treatment is available for those on Medicaid who need such treatment. When an eligible individual applies under the Medical Assistance (MA) Health Choices managed care program, there is roughly a 60 percent federal match to help pay for that treatment. But it can take several weeks after an individual is initially MA eligible to actually get the person enrolled in Health Choices. During that “gap” time period between their signing up and actually being placed on the Health Choices rolls, state taxpayers are paying for treatment the individual receives with 100 percent state dollars.

This is particularly problematic for those who are coming out of county jail or state prison. With roughly 70 percent of those in our prisons and county jails having untreated substance abuse problems, their prospects for reintegrating as a law-abiding and productive taxpaying citizen very much hinge on getting them the clinically-appropriate treatment they need to win recovery from their abuse and addiction problems. But in Pennsylvania, those who are incarcerated have their medical assistance terminated rather than merely suspended (as in some other states). Upon their release, they are again eligible for Health Choices but, again, it can take up to six weeks to process that application. Meanwhile, nothing good can come from this processing gap; the offenders (one) are not paroled – greatly increasing our costs for incarceration, (two) are out on the street not getting treatment and, as a result at very high risk of re-offending, or (three) are getting treatment paid for by 100 percent state dollars (thus using up scarce treatment resources) instead of the 60 percent federally-matched Health Choices dollars.

The Department of Public Welfare (DPW) and DDAP have collaborated to work, county-by-county to eliminate this unnecessary delay. We are facilitating a new procedure where the county stakeholders (judiciary, county drug and alcohol office, county jails, etc.) work with their

DPW County Administrative Office to handle all of the medical assistance eligibility processing before the individual is released from prison or jail. By doing so for those eligible, Health Choices can be turned on at the time of release, and the addicted parolee can be transported directly from county jail into clinically-appropriate drug and alcohol treatment, paid for by federally-matched funding. This has been an outstanding collaboration between DDAP and the DPW; by leveraging more drug and alcohol treatment with federally-matched dollars, the people of Pennsylvania will realize the significant cost benefits.

A Pennsylvania Commission on Crime and Delinquency (PCCD) study about to be released will show that the Restrictive Intermediate Punishment (RIP) treatment diversion program is highly effective, resulting in a remarkably low 13.9 percent recidivism rate, measured at twelve months after completion of RIP.

However, rather than wait until sentencing to begin treatment for Level 3 (RIP-eligible) offenders, this pilot proposes to assess and divert addicted offenders to treatment pre-trial. DDAP is looking at several pilots that would also encourage inclusion of Level 4 offenders, which would result in a more substantial long-term impact on the corrections populations, as well as even greater increased public safety. These individuals would be assessed between preliminary arraignment and preliminary hearing, and would be diverted out of jail and into treatment at the time of, or shortly after, the preliminary hearing. Diverting this population to treatment shortly after arrest is more powerful than waiting until sentencing.

The department continues to work with local, state and federal partners, on finding solutions and helping individuals receive treatment. These initiatives that I have mentioned are just the beginning of what we will do to help curb the heroin and prescription opioid problem in Pennsylvania.

In May, Governor Corbett tasked me to lead his Heroin and Opioid Work Group, in cooperation with all state departments, to find creative and effective solutions to combat the heroin and opioid problem in Pennsylvania. Each state department has given the work group a list of their recommendations, and today, we hope to bring back some of your recommendations.

We cannot continue to rely on law enforcement alone to stop the heroin problem – this is a much broader problem that takes collaboration from everyone in the community. This is not a big city problem, nor is it a rural problem. We have to work together to find solutions and tackle the problem together.

I look forward to working with everyone here today to help reverse the heroin and opioid prescription drug trends in Pennsylvania.

Thank you.