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August 19, 2014

The Center for Rural Pennsylvania

Public Hearing

Heroin: *Combating the Growing Epidemic in Rural Pennsylvania*

Good morning Mr. Chairman, Vice-Chairman and members of the Center for Rural Pennsylvania's Board of Directors. My name is Holly Livingston and I thank you for inviting me today on behalf of Gateway Rehabilitation Center. Our organization was established in 1972 and has grown throughout Western Pennsylvania to provide detoxification, inpatient and outpatient drug and alcohol treatment to more than 7,000 men and women, both adults and teens per year across the Commonwealth. Of those individuals, approximately 60% have an opiate diagnosis; are male- 25 years of age. I have worked in the addiction treatment field for nearly twenty years and although I am not in recovery, I have the experience of working with individuals through the treatment process and have witnessed the impact of addiction on young adults and their families particularly with regard to prescription medication and heroin.

The use of heroin and nonmedical use of prescription drugs is a serious public health problem in Pennsylvania. The subject of alcohol and drug addiction is plagued with misinformation and myths that are not only damaging to the general public, but act as a major deterrent for addicted individuals to seek the treatment they desperately need. Our society has gotten very comfortable with "a pill for everything" philosophy. Since 2010 prescription painkillers have been prescribed to medicate every American adult continually for a month. Teens and young adults are inundated with pharmaceutical advertising for over-the-counter and prescription drugs. The de-sensitization from media advertising combined with the developmental misconception that medication prescribed by a doctor cannot be dangerous makes this population particularly susceptible to the abuse of prescription medication. Over time, prescription drug abuse becomes cost prohibitive and leads to the use of heroin.

Pennsylvania has seen increases in emergency department admissions, crime, incarceration and an 89 percent increase in the number of overdose deaths since 1999; creating a substantive socioeconomic burden upon our communities. Today, stigma and denial continue to be the hallmarks of this problem for addicted individuals and their families. Our medical community has made improvements, but has a long road ahead with regard to the treatment of pain and prescribing of medication. The Substance Abuse and Mental Health Services Administration reports adolescents are abusing prescription pain medications at a rate 40 percent higher than previous generations. Prescription drug abuse is the second most common form of illegal drug use after marijuana. The Centers for Disease Control and Prevention cite drug overdose as the leading cause of accidental death compared to traffic fatalities, gun homicides and suicides.

On a national level, Pennsylvania ranks seventh in drug overdose deaths. While many people recognize the danger of leaving a loaded gun lying around the house, few realize that far more people die as a result of unsecured prescription medications. Effectively addressing Pennsylvania's opiate addiction and drug overdose crises is a daunting task. I respectfully ask for the following steps to be taken in order to immediately address our epidemic:

1. Enact Medicaid Expansion for the 500,000 Pennsylvanians who have no health insurance and are not eligible for Medicaid. Particularly the low-income wage earners employed in food service, hospitality and landscaping industries. Physician training in substance abuse assessment will reduce hospital recidivism and lengths of stay in addition to improving the treatment of patients with substance use disorders. Enactment of this legislation would significantly impact the twenty-five year old male patient that I mentioned earlier, as young adults could remain on their parents policy until the age of twenty-six. Insurance coverage for this population means access to addiction treatment services that are extremely underfunded from county to county.
2. Enforce the federal Mental Health Parity and Addiction Equity Act to ensure that people in need of alcohol and other drug addiction treatment are able to obtain help. This federal law was enacted in 2008 to ensure that individuals with drug and alcohol and mental health problems are treated in a non-discriminatory fashion in health insurance plans.
3. Enact the Prescription Drug Monitoring legislation. Pennsylvania is one of only two states without a full Prescription Monitoring Program. The expansion of prescription drug monitoring would provide uniform expectations for prescribers, dispensers and consumers while establishing a confidential database of addictive medications. This legislation will improve physician prescribing practices of addictive medication, reduce doctor shopping and diversion and provide much needed training for health care professionals in prevention and in referral to addiction treatment when a problem is identified.

We ask your support of these three legislative actions on the grounds that addiction treatment works. Just as other diseases can be successfully brought into remission using an appropriate course of treatment, so can addiction to opiates. Evidence shows that treatment is a good investment. It improves the quality of life for addicts in recovery, builds stronger communities, lowers healthcare costs, and enhances the quality of Pennsylvanians contributing in the workforce.

As a society, we treat addiction as a moral failing underscored by social deviance captured on the news, You-Tube or read in the headlines. The social implications of drug abuse and addiction muddle what science and the treatment community have learned versus what the public perceives as "weakness". The combination of over prescribing, de-sensitization and lack of treatment accessibility perpetuates public stigma and enables drug addiction to sentence our men, women and children to jails, institutions and death for future generations in the Commonwealth.