

**TREATMENT AND RECOVERY SUPPORT OF HEROIN/OPIATE ADDICTED INDIVIDUALS  
NORTHEAST SINGLE COUNTY AUTHORITYS (SCA'S) OF  
CARBON/MONROE/PIKE, LACKAWANNA/SUSQUEHANNA, LUZERNE/WYOMING, WAYNE**

Throughout the last decade SCA's Statewide have experienced funding cuts, increased populations, a demand for heroin/opiate treatment services and stagnant funding formulas, which have greatly diminished their capacity to provide a full continuum of care and appropriate lengths of stay. While the system has been unable to provide the type or length of service needed the prevalence of heroin/opiate use disorders has increased to epidemic proportions. Our four SCAs, like others throughout the Commonwealth, are experiencing a critically high incidence of heroin/opiate disorder and overdose deaths. In State Fiscal Year 2013-2014, up to 55% of clients assessed by our case management units identified heroin/opiates as their primary substance.

Substance abuse is a major cost driver in state and local budgets due to D&A related costs associated with crime, domestic violence, parental neglect, developmental disabilities(as a result of use during pregnancy), DUI crashes, accidents on the job, the spread of HIV, Hepatitis C and other communicable diseases, and overdoses

In all four SCA's heroin/opiate use disorders accounted for up to 70% of all SCA funded inpatient placements in 2013-2014. The SCAs have placed 789 individuals in inpatient treatment using SCA funds in 2013-2014. The insufficient funding makes it all but impossible for individuals to be given the opportunity for clinically appropriate lengths of stay in residential treatment services, as determined by the PCPC III.

There are significant amount of SCA funded individuals in need of inpatient services based on the state's tool (Pennsylvania Client Placement Criteria, PCPC) used to determine clinically appropriate levels of care that received lower levels of care due to insufficient funding. They were offered the "next best" lower level of care, such as detox only instead of detox and rehab or outpatient treatment instead of an inpatient stay. For years our choice has been the perceived lesser of evils, either treat more people by shortening lengths of stay or treat less people and give longer lengths of stay. Although appropriate lengths of stay are individual and varied, we typically see an opiate/heroin addicted client initially authorized for 7-21 days of short term rehab, which is then reviewed per best practice, often resulting in a need for additional days that cannot be met due to lack of available funding. Either way our population is not getting what it needs to get and stay well.

Additional dollars for Drug & Alcohol Treatment would increase availability of services and allow for a more diverse approach to managing the opiate/ heroin crisis in our regional area, thus helping people to stay well and ultimately preventing overdose deaths. This would allow programs to extend longer stays in treatment, minimize wait lists, place more individuals into appropriate care settings, maximize program resources, and empower individuals to pursue long term recovery with the treatment they need as their founding basis. These additional dollars could also enhance medically assisted treatment (MAT) for individuals who meet clinical criteria and our ability to provide more choices to clients in an area which has proven to have positive outcomes including: marked increase in employment, stable housing, reduction of substance use, decreased arrests, longer retention in treatment and increased amount of clients completing treatment goals. Our four

SCAs are committed to enhancing efforts to implement a comprehensive and coordinated approach that addresses key risks involved in opioid use disorder in our counties.

Prevention, treatment, and recovery support services are the answer to heal individuals, families, communities, the Commonwealth and our nation. Individuals suffering from opiate use disorders face many challenges to recovery which is why the right treatment, at the right time and for the proper amount of time is critical. Research has shown that for every dollar spent in treatment \$7 savings is realized in other areas. The largest savings is due to the reduced crime, increased employment earnings, and reduced medical costs.

A full continuum of care needs to be available and accessible for all those in need. This includes medication assisted treatment modalities such as:

Methadone – full opiate agonist

Suboxone - partial agonist (Buprenorphine and Naloxone)

Vivitrol/Long acting injectable Naltrexone - opiate antagonist

MAT has the most efficacy as an adjunct to cognitive behavioral therapies and recovery support - not as a standalone modality. When done properly it is very effective and has good outcomes. It helps in large part by reducing the very intense cravings experienced by this population as the result of altered brain chemistry. By reducing cravings the client can more constructively engage in the necessary treatment and other recovery related activities. With successful Suboxone programs we have seen families reunited with children, parents regain custody of children, clients become gainfully employed productive members of society and most of all, remain drug-free

Recovery Support Services are also a critical piece of the puzzle. They help clients in early recovery overcome barriers to recovery crucial for high risk populations in early recovery. We know that clients re-entering our communities from inpatient treatment or incarceration are at the greatest risk for relapse and overdose. We need to assist them in overcoming barriers to recovery and accessing services needed for healthy recovery. Because we know that recovery is not simply about not using but it is a serious lifestyle change that supports not using and a multitude of other healthy and productive behaviors.

Clinicians in the drug and alcohol field dictating care based on the clinical needs of the individual is the best way to have a positive impact on this epidemic. We must try to prevent our children from engaging in Opiate/Heroin use, educate the community on what the risk factors are for Opiate/Heroin addiction and what they can do to build protective factors. We must have available to those in need, the proper treatment which can include a combination of medication assisted protocols, along with full continuum of care and recovery support services.