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**CENTER FOR RURAL PENNSYLVANIA**

**PUBLIC HEARING**

**HEROIN AND OPIOID ADDICTION TREATMENT AND  
RECOVERY**

**AUGUST 18, 2015**

Deb Beck, President  
Drug & Alcohol Service Providers  
Organization of PA

Good afternoon. Thank you to the Board of the Center for Rural Pennsylvania, Senator Yaw, Senator Wozniak and members for the opportunity to testify today at this public hearing on Heroin and Opioid Addiction Treatment and Recovery. Special thanks to the Center for Rural Pennsylvania for your continued leadership.

My name is Deb Beck and I am the President of the Drug and Alcohol Service Providers Organization of Pennsylvania. DASPOP is a statewide coalition of drug and alcohol abuse prevention, education and addiction treatment programs, drug and alcohol associations, practitioners, employee assistance programs, student assistance professionals, prevention specialists, counselors, addiction professionals and others throughout the state.

Founded in 1986, DASPOP has been involved for all these years in advocacy for sensible drug and alcohol abuse prevention and addiction treatment policy in Harrisburg and Washington, D.C.

Last year, I was honored to participate in the hearing in Berks county. There, I discussed six policy recommendations to address the epidemic of drug overdoses and overdose deaths in the Commonwealth. These policy recommendations were part of an Op/Ed published in many parts of the state. (Attached)

As you will see, three of the six recommendations are being put in place in Pennsylvania in 2015.

Let me take a moment now and publicly congratulate you and members of the General Assembly for enactment of two of these critically important legislative initiatives: Prescription Drug Monitoring and Good Samaritan/Narcan.

--- Passed by the House and Senate, the Good Samaritan/Narcan bill increases access to Narcan for first responders and families and was signed into law by the Governor on 9/30/14.

--- Passed by the House and Senate, the Prescription Drug Monitoring bill was signed into law by the Governor on 10/27/14.

The public hearings by the Center for Rural Pennsylvania laid important groundwork for enactment of both of these laws that when fully implemented should dramatically improve prescribing practices of addictive drugs while providing Narcan to save the lives of individuals who have overdosed.

A third recommendation from last year was enactment of full Medicaid Expansion which the Wolf administration is now in the process of implementing across the Commonwealth. Full enactment should eventually improve access to addiction treatment for the working poor.

Now, it is time to move forward quickly on the remaining recommendations. All of these involve provision of proper funding for addiction treatment for our citizens.

First, we urge you to press for aggressive enforcement of the Mental Health Parity & Addiction Equity Act. This Federal law was enacted in 2008 and requires health insurance plans to provide treatment for mental illness and addictions in parity with other illnesses. Aggressive enforcement of this law is a state responsibility.

The Parity Act places parity requirements on the myriad of self-insured plans, federal employee plans and health exchange plans operating in the state. (It also enhances PA's own insurance laws requiring provision of addiction treatment through group health and other plans purchased in the state.)

Sadly, we receive numerous calls and emails from people unable to access addiction treatment required by the Parity Act and paid for by the employer and/or the employee. These violations of law are unacceptable. When people seek addiction treatment for loved ones and are denied, we all pay quite a price. The costs of treatment end up shifted to limited county drug and alcohol dollars even though the premium has been paid to the health insurer. Others trying to access addiction treatment end up in hospital emergency rooms or county jails. Some simply don't survive the battle to obtain care.

### Recommendation – Aggressively enforce the Parity Act in Pennsylvania

Second, funding to the counties for addiction treatment of people without health insurance and for those unable to access health insurance has been badly cut. Addiction treatment provided through the Behavioral Health Services Initiative (BHSI) and Act 152 line items to the counties has been reduced by \$11.5 million since FY08-09, a 22% reduction. At the same time, the prescription drug and heroin problem in Pennsylvania has reached epidemic levels with hundreds of preventable emergency room admissions, overdoses and overdose deaths reported across the Commonwealth.

In addition to these county funding reductions, in the fall of 2014, the drug and alcohol addiction treatment system was further damaged during the implementation of Healthy PA. Healthy PA shut down residential addiction treatment for the entire month of December. The impact was dramatic – hundreds of people went without treatment – many addicted to prescription opiates and street opiates. Residential addiction treatment programs were left teetering on the edge of survival. The implementation

of Healthy PA placed enormous additional demand on the counties and their already severely limited drug and alcohol dollars.

Recommendation – Restore the funding cuts to counties for addiction treatment

Third, let's enact an Emergency Addiction Treatment Fund for long-term residential treatment for people addicted to prescription drugs and street opiates. The drug companies that manufacture and make billions on the sale of these drugs should be required to contribute to this fund. After all, their product has caused many unnecessary injuries and fatalities and is driving the street opiate problem as well.

On 6/24/15, Representative Gene DiGirolamo circulated a co-sponsorship memo to accomplish just this goal. (See attached.)

The proposed law would establish an impact fee on the sale of opiates in PA to support the following initiatives: 1) an Emergency Addiction Treatment Fund for residential addiction treatment for those unable to access treatment, 2) funding to counties for the purchase of Narcan for all first responders, 3) funding to counties for addiction counseling in jails, 4) funding to counties to address the criminal justice costs related to drug and alcohol addiction and 5) funding for the Prescription Drug Monitoring Program in the Department of Health.

Recommendation – Enact the Emergency Addiction Treatment Fund

In closing, according to the Centers for Disease Control, 2,525 Pennsylvanians lost their lives to drug overdoses in 2013.

That means over 2,000 of our neighbors, friends and family members are grieving the loss of a loved one. They are grieving over 2,000 entirely preventable deaths.

Let's take the next steps and move forward aggressively to expand access to addiction treatment.



June 26, 2014

## PA In Top 10

Pennsylvania is moving into a leadership position. In fact, Pennsylvania is now in the top 10 in the nation. Just last week we learned from the newspapers that Pennsylvania moved from 14<sup>th</sup> to 7<sup>th</sup> place in drug overdose deaths.

According to the National Center for Health Statistics, over 2,000 Pennsylvanians, 2,000 of our neighbors, friends and family members have lost their lives to fatal drug poisonings in 2011. (A 20% increase over 2010.)

Today, over 2,000 families from around the state are grieving the death of a loved one. They are grieving over 2,000 entirely preventable deaths.

It is time for Pennsylvania to summon the political will to stop the needless dying and the suffering of our families.

This isn't rocket science. There are obvious steps that Pennsylvania can take immediately to address the epidemic of fatal drug overdoses.

1. Let's finally enact the Prescription Drug Monitoring legislation that has been mired in politics between the House and Senate for over 3 years. The pending legislation will establish a confidential database of addictive medications. This legislation, already in place in 48 states, will improve physician prescribing practices of addictive medication, reduce doctor shopping and diversion and provide training for health care professionals in prevention and in referral to addiction treatment where a problem is identified. We are one of only two states without a full Prescription Drug Monitoring Program.
2. Let's pass Narcan legislation so police, firemen and other first responders as well as families can save people from dying from prescription and street opiates. Narcan is a fast acting, non-addictive drug, administered as a nasal spray or injection that stops overdoses in progress. This life-saving measure is also mired in politics in Harrisburg. Oddly, one of the issues delaying enactment is debate over whether or not families and friends should have access to this treatment that could save the life of a member of the family. Why would we deprive families of this remedy?

3. Let's restore the \$11.5 million in funding cuts to counties for addiction treatment. Funding for treatment of drug and alcohol addiction through the Behavioral Services Initiative (BHSI) and Act 152 line items has been reduced by \$11.5 million since FY08-09, a 22% reduction. At the same time, the prescription drug and heroin problem in Pennsylvania has reached epidemic levels with hundreds of emergency room admissions, overdoses and overdose deaths reported from across the Commonwealth.
4. Let's enact an Emergency Addiction Treatment Fund for long-term treatment for people addicted to prescription and street opiates. The drug companies that manufacture and make billions on the sale of these drugs should be required to contribute to this fund. After all, their product has caused many unnecessary fatalities and is now driving the street opiate problem as well.
5. Let's aggressively 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 and is intended to ensure that drug and alcohol and mental health problems are treated in a non-discriminatory fashion in health insurance plans. Initial enforcement of the Act is a state responsibility.
6. Let's enact Medicaid Expansion for the 500,000 Pennsylvanians who have no health insurance and are not eligible for Medicaid have health care coverage. Some of the populations that will be able to obtain health care coverage through Medicaid Expansion are low-income wage earners employed in the food services, hospitality and landscaping industries including cooks, waiters, housekeeping staff and others. Medicaid Expansion will also provide health care coverage for 49% of Pennsylvania's uninsured veterans or about 23,000 individuals.

Continuing our progression toward the number 1 position in fatal drug poisonings in the country is simply unacceptable. The 2,000 Pennsylvanians we lost in 2011 include the student living next door, the mother addicted to opiates following knee surgery, senior citizens making mistakes with medication and others.

No family is immune. Any of our families could be next. Let's get the job done. This isn't rocket science.

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# House Co-Sponsorship Memoranda

## MEMORANDUM

Posted: June 24, 2015 09:04 AM

From: Representative Gene DiGirolamo  
To: All House members  
Subject: Emergency Addiction Treatment Fund

I am so tired of hearing from parents with dead kids, young people dead from drug overdoses.

2,525 Pennsylvanians died in 2013 with numbers expected to go up. That's 2,525 grieving families who lost loved ones to this entirely preventable and entirely treatable problem.

By midnight tonight, 7 additional Pennsylvanians will have died from a drug overdose.

Last session we worked together to enact two critically important laws to address the problem. The Prescription Drug Monitoring law will eventually cut down on access to unneeded prescription opiates. In addition, we enacted a law making the life-saving drug, Narcan available to our communities by providing training and liability protections for first responders and others.

We know that prescription opiates are driving both the overdose death rate and the growing heroin problem in the state.

It's time. It's time for the manufacturers and marketers of prescription opioids to step up, own up, clean up and address the damage to our communities and to our families.

I expect to introduce legislation shortly that will impose a 10% impact fee on the sales of opioids in the state of Pennsylvania.

The impact fee will go to counties to fund Narcan for local police, EMS and others, drug and alcohol counseling in county jails and to clean up other criminal justice costs.

In addition, the impact fee will support the Emergency Addiction Treatment Fund in the Department of Drug and Alcohol Programs and establish a program that will assist consumers in accessing their own health care plans. All counties will have access to these dollars. Finally, funds will be used to support and maintain the Prescription Drug Monitoring program.

# **Pennsylvania State Coroners Association**



## **Report on Overdose Death Statistics 2014**

**"To the living we owe respect, but to the dead we owe only the truth." Voltaire**



**Pennsylvania Profile 2015  
Addiction Treatment**

**PA POPULATION:** 12.8 million

**ESTIMATED NUMBER IN NEED OF TREATMENT** - **1.1 million**  
(SAMHSA, National Survey on Drug Use & Health, 2013)

**ACTUAL NUMBER RECEIVING TREATMENT** - **52,302**  
(Department of Drug and Alcohol Programs, STAR Data, FY13-14)

**PA DRUG & ALCOHOL RELATED DEATHS** - **3,315**  
(Centers for Disease Control, National Vital Statistics Report, 2013)

**TREATMENT ADMISSIONS BY DRUG:**

	<u>06-07</u>	<u>10-11</u>	<u>11-12</u>	<u>12-13</u>	<u>13-14</u>	
<b>ALCOHOL</b>	33,554	25,381	18,011	16,652	15,439	
<b>HEROIN</b>	17,593	14,231	12,271	17,052	19,971	<b>(+14% increase)</b>
<b>COCAINE</b>	15,472	6,419	4,335	3,025	2,624	
<b>MARIJUANA</b>	11,427	10,588	7,556	6,133	6,111	
<b><u>OTHER*</u></b>	<u>8,446</u>	<u>11,117</u>	<u>9,977</u>	<u>8,572</u>	<u>8,157</u>	
<b>TOTAL</b>	<b>86,492</b>	<b>67,736</b>	<b>52,150</b>	<b>51,434</b>	<b>52,302</b>	<b>(-39% decrease)</b>

\*Includes opiates/synthetics, amphetamines, barbiturates, benzodiazepines, buprenorphine, non-prescription methadone, hallucinogens, inhalants, oxycontin, PCP, other sedatives, PCP and other

**INMATE POPULATION IN STATE PRISON:** (Department of Corrections)

	<u>06-07</u>	<u>10-11</u>	<u>11-12</u>	<u>12-13</u>	<u>13-14</u>	
<b>TOTAL</b>	<b>42,446</b>	<b>50,530</b>	<b>51,757</b>	<b>51,382</b>	<b>51,118</b>	<b>(+20% increase)</b>