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Testimony for The Center For Rural Pennsylvania's Public Hearing Confronting the Heroin/Upload Epidemic in Pennsylvania

I am pleased to be here today to discuss my experiences and observations as an Internal Medicine Physician relating to the Opioid/Heroin Epidemic in Pennsylvania.

Although it may be hard to distill 23 years of clinical practice and over 115,000 individual clinical interactions spread over a variety of clinical settings into 600 seconds of meaningful summary, I will attempt to do my best.

As a Primary Care Physician, a Hospitalist Physician, an Emergency Room Physician, A Nursing Home Physician, a Medical Director of Inpatient and Outpatient Mental Health and Drug and Alcohol Programs, a Public Health Physician, and a Practicing Physician Advocate for Medication Assisted Treatment programs for Opioid/Heroin addicted patients over the past two decades, I have watched closely as the overuse of prescription pain medications has morphed into one of our countries most significant epidemics killing our young, devastating their families and friends, and destroying our communities.

I have treated many patients for pain with oral pain medications.

I have tried to prevent the diversion of pain medications by not prescribing them to the many patients who have come to me requesting medications for "pain" that was not justified objectively.

I have brought back to life numerous individuals from overdoses while practicing in the Emergency Department

I have taken care of many patients in the hospital setting when Intravenous Drug use lead to serious skin, joint, and even heart valve infections and when the associated HIV and Hepatitis C infections have caused additional disease complications.

I have rounded in the nursing homes to care for patients with strokes and brain damage following overdose survival.

And unfortunately, I have pronounced more than a dozen young soles dead when I was not able to save them from their Opioid Overdoses.

The only global summary I can offer after all my experiences (the details of which I would be glad to discuss in more detail because each and every story is worthwhile), is that the treatment of Opioid dependency and abuse is not easy for the patients, the providers of care, or the society in general and a solution will take all parties.

Two score and eleven years (1947) ago our scientific community discovered Methadone – a full opioid agonist used to treat chronic heroin addiction. As per the reference, even President Lincoln would have supported the discovery that could have lead to human equality and freedom from the slavery of heroin. However, it was not until 1965 when the first good clinical studies came out revealing that methadone maintenance treatment programs were successful at providing craving relief, blockade of euphoria from subsequent heroin use, and a Lazarus-Like effect on psychosocial functioning with treated individuals returning to school, work, healthy relationships, and general health improvements. Since then, Buprenorphine (partial opioid agonist, 2002, Drug Addiction Treatment Act of 2000) and Naltrexone (opioid antagonist 1984 – 2006) have been developed and the evidence based information for Medication Assisted Treatment using these medications WITHIN (and not alone) a comprehensive Opioid/Heroin addiction treatment programs has grown exponentially showing a true benefit for these medications. It saves lives.

Despite the clear public health patterns showing a need for help and the scientific evidence supporting the use of these treatment options in tightly monitored comprehensive treatment programs the following information remains notable.

1. Abuse of prescription opiate pain killers quadrupled between 2002 and 2013,
2. Nationally, there were 8,257 Heroin-related deaths in 2013 up from 5,925 in 2012 (CDC).
3. PA is seventh in the nation for drug related deaths (CDC)
4. In PA, 2,489 drug-related deaths in 2014, a 20% increase from 2013, and a further increase expected in final 2015 data. (PSCA)
5. In PA, more adults age 20 to 44 die from drug overdoses than due to motor vehicle accidents.
6. In PA, 52,150 are in treatment with 760,703 untreated (DDAP)
7. In PA, only 1 in 8 who need addiction treatment have access to it.
8. The stigma and harmful rhetoric regarding the use of these medications continues to limit their acceptance and use.

Treatment outcomes for behavioral interventions alone for Opioid use disorder are dismal with more than 80% of patients returning to drug use. The use of full Opioid agonist, partial Opioid agonists, or Opioid antagonists have shown treatment retention rates of 60% - 80% with only 15% of those treated returning to illicit Opiod use. In addition, treatment programs using these medications early in the treatment process have shown a clear reduction in new HIV, Hepatitis C, and Overdose Deaths. Again, Medication Assisted Treatment programs save lives.

As we learn from the use of these medications, studies continue to be released at an increasing rate clarifying the once nebulous answers regarding the best timing of treatment initiation, the best dosing options, the best weaning schedules, and the most optimal and expected treatment durations. A series of recent studies released, have shown that in general, for those individuals with the chronic disease of opiod addiction, a treatment program of less than 6 months is associated with a return to heroin use of 67% compared with program retention over 3 years leading to a 8% return to heroin and that during these programs 62% are weaned off medications while 30% require some form of continued Medication Assisted Treatment option after the three years for continued success.

Economically, the data show that Medically Assisted Treatment Programs are associated with substantially less use of outpatient, inpatient, and emergency room services and that these treatment programs are associated with an economic return on investment of $4 - $ 7 ($12 when health care costs are associated).

Although I have a lot more to say regarding this topic and would and could discuss here for hours I will leave you all with one final comment. I have 14 year old twins. Luckily they are healthy. However, they are at risk of dying from this poorly treated chronic disease just as much as all of the other children their age. Please work hard, work collaboratively, and work quickly to make progress towards a societal "Cure" for this chronic brain disease.

Sincerely,

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Case Study # 1 and # 2 (if time permits)

References for comments herein available upon request.