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TREATMENT AND RECOVERY SERVICES

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CENTER FOR RURAL PENNSYLVANIA

pennsylvania
DEPARTMENT OF DRUG AND ALCOHOL PROGRAMS

Today at least seven people in Pennsylvania, like the rest of us, have completed their lunch and, also like many here today, are thinking about what they will do for the rest of the day. These seven people, though, will have an almost uncontrollable urge to use heroin or another opioid to ease a physical pain, or combat an emotional pain, or in response to an addiction or a dependency. By the end of today, these seven people will be dead.

This happened yesterday, is happening today, and will happen tomorrow. Every day, on average, at least seven Pennsylvanians die from an opioid overdose. Even more upsetting is this is a low estimate. Some counties do not report all opioid deaths. Some county coroners "protect" the grieving family from public shame by listing an opioid death as "heart failure" or some reason other than the overdose. The reported average number of seven Pennsylvanians dying every day from opioid overdoses is an under-estimate.

Coroners recognize a public embarrassment to having a family member die from an overdose. They are not the only profession that works with this stigma. I have heard of ambulance drivers who don't drive as quickly in response to a call about someone suffering from a drug overdose. One Philadelphia Inquirer blog read: "Overdose is nature's way of taking out the trash." An urban Emergency Department nurse, when asked how they respond to those with addiction who come seeking drugs, responded, "If I had my way, we would have the security guard take them to the back lot and shoot them in the head."

The time is long overdue that we face head-on our society's ignorant and cruel stigmatizing of this disease. Nearly two and a half centuries ago, one of the signers of the Declaration of Independence, Dr. Benjamin Rush, identified addiction to alcohol as a disease to be treated, not a moral failing to be punished. Isn't it time we took the lesson?

Substance abusers are our family members, our friends, and our co-workers. We often are surprised when we learn someone we know is a substance

abuser. Our mental image of the substance abuser in a dark alley is crushed when we discover the substance abuser is someone who is often right beside us.

As you all have heard many times now, the sharp increase in the number of substance abusers relates to the unintended consequences of a national movement in the physician community telling doctors to prescribe drugs to treat pain as a vital sign of health. This was unprecedented. This was partially done because of a change in funding and ratings. The public was rating physicians and dentists on the Internet, so it became important to keep patients happy. Physicians and dentists were advised to keep their patients happy by prescribing something for patients' pain. Failure to do so could lead to scathing reviews on the internet by disgruntled patients. This resulted in a large scale boom in prescribing pain medications never seen before, despite evidence that there are other effective, safer approaches for pain management.

Most individuals on prescription opioids are physically dependent within one to two weeks. While only a smaller percentage go on to become addicted, committing crime and experiencing damaged relationships, this represents the pathway that starts approximately 80% of heroin users today. As this path develops, individuals began finding other aches and pains to complain about to keep their prescriptions active. Patients may begin to go to other doctors to obtain more prescriptions. When they are cut off by their physicians, they then turn to the streets, where they find that heroin is cheaper and easier to access.

With this headlong rush into dramatically increased opioid prescribing, people from all income groups, all occupations, and all age groups ---including our children--- became substance abusers. People began becoming addicted and dying in record numbers from the legal and illegal medications. People were dying from Oxycontin, Fentanyl, morphine, Suboxone, and other medications all legally prescribed by physicians. People were dying from heroin, cocaine, and other drugs sold by pushers.

Lacking almost any meaningful level of medical or dental school training regarding substance abuse, most physicians, nurses and dentists simply do not know about the dangers of over-prescribing opioids. They do not know how to

spot a substance abuser and how not to overprescribe. And when they do suspect someone is suffering from a substance use disorder, physicians, nurses and dentists simply do not know how to get a substance abuser into treatment.

It's no secret that substance abusers are very good at hiding their problem, at least for a while. Often, it's only when the person overdoses, and one come across a co-worker, your friend, family member, that we first realize someone has a problem.

I urge all members of the public who come across someone suffering from an opioid overdose to immediately call 911. If you confirm that the person's breathing is shallow or has stopped, you have moments to save that person's life. This is why I implore law enforcement officers, emergency responders, college residential assistants and counselors, friends and family members of someone they know who uses opioids, *to have naloxone available*.

Naloxone is easy to use, and your doctor will prescribe it for you. One may read the instructions or watch a video that teaches how to use naloxone. This video is linked on our department's website ddap.pa.gov. Find the "Save a Life" Naloxone and Reverse Overdose Toolkit" listed on the opening page, click it, and one will find appropriate information.

Anyone can use naloxone. It does not require a special license. There is a Good Samaritan law protection so no one has to worry about using naloxone. Even if the naloxone is used incorrectly, it would not be harmful. Specifically, if it turns out naloxone is used on a person who was not suffering from an opioid overdose, it will not harm that person.

The issue I ask of anyone who does not want to carry naloxone, for whatever reason that is: If you come face to face with an opioid victim, would you rather stand by helplessly and watch the person die, or would you rather take action to save a life? How would you feel if it was your friend who was overdosing? Or your friend's child? Or your child? Wouldn't you want the first responder to save that life?

We must end the stigma that substance abusers carry, the stigma that is skewing our public attitudes and policies. There is no stereotypical substance abuser. We need to think, instead of shaming and ignoring – or incarcerating – substance abusers, about how to get substance abusers into treatment so they may both improve their lives and, for the good of all of us, return to being productive members of our communities. Substance abusers are our scientists, our laborers, our medical professionals, our unemployed, our musicians, our teachers, our actors, our cab drivers, our every occupation. Even those who have deteriorated into homelessness and criminal activity to sustain their can be treated successfully become a positive, contributing, recovering members of our communities. Those of us who are fortunate enough to have friends who open with us about their recovery from addiction, understand that our recovering friends are among the best and most valuable members of our communities.

It is simply not acceptable that only one tenth of substance abusers receive the treatment they need. We have so stigmatized this disease that, nationally, we offer to cure only one in ten sufferers. There simply is no other disease where we have decided to treat only one tenth of its patients. Many who do seek treatment are only offered treatment when the disease is so bad they are arrested. This is the only disease where we often wait until there is a huge social cost before we act to do something about it.

In Pennsylvania, we are doing a little better. We treat about 14% of substance abusers. We have a better history of dealing with this issue. We have legislators---many of whom are here today---who have acted quickly and responsibly on these issues. I thank Senator Gene Yaw for his leadership with the Center for Rural Pennsylvania. I appreciate Senator Yaw and the Center for recognizing that substance abuse is a critical rural issue. Substance abuse is in our cities, our suburbs, our exurbs, our rural areas; it is everywhere in the state.

Substance abuse is crucial issue in rural areas because it is harder to get rural residents into treatment. Treatment centers tend to be further away for most rural residents than for other Pennsylvanians. First responders in rural areas often take longer to get to rural overdose victims. This makes it even more

important that first responders, family members, and friends in rural areas have naloxone available to save our opioid overdose victims in rural areas.

We can't allow the stigma of substance abuse to make us fail to realize the reality that substance abuse exists in rural areas. Not only has it been a problem in rural areas, it is becoming more of a problem. As you know all too well, heroin is being marketed throughout our rural communities, communities that never dreamed they would have to deal with heroin's threat to their loved ones.

As you have learned in your many hearings across the state, substance abuse is a disease. It changes the brain, much as a brain disease changes the brain. A person who has been abusing substances such as alcohol or drugs from some time requires treatment, same as someone with a brain disease. While treatment must be clinically driven according to each individual's needs, we typically see that it takes months of care and different stages of care to overcome substance abuse. Treatment should be the proper levels of care at the proper length of care.

According to the National Institute of Drug Abuse, an individual with a fully-developed addiction typically will require three to six months residential treatment, followed by the full continuum of outpatient treatment and recovery supports. Due to underfunding and certain managed care practices, getting the right level of care and length of stay is more the exception than the rule; our loved ones sometimes pay for this undertreatment with their lives, and policymakers are sometimes misled by systemic undertreatment practices to believe that "treatment doesn't work." As with all other diseases, we owe to those with the disease and to ourselves, to make sure everyone with this disease gets the clinically correct level of care and length of stay in treatment.

We need to start thinking in terms of what effectively overcomes substance abuse. For too long, we have been thinking in terms of patchwork care, of what we can afford, or what insurance is willing to pay. These temporary treatments generally do not resolve the disease that is substance abuse. It may only temporarily care for some symptoms.

We face a new and ironic challenge. We know how to cure substance abuse. The new challenge is: are we willing to do what it takes to achieve these cures? Right now, the answer seems to be: we can't afford it. Name another disease where our response is: we can't afford to treat it. There are very few diseases where we surrender to costs.

The reality is that is much more expensive to not treat or to under-treat substance abuse. According to SAMSHA, alcohol abuse is the second most costly health care cost, tobacco the sixth most costly health care cost, and drugs the seventh most expensive health care costs; in the aggregate substance abuse is the greatest cost to our health care system. It is the leading cause of accidental deaths, having recently surpassed vehicle accidents as the cause of accidental deaths. At least 70% of all people incarcerated are there with untreated or undertreated substance abuse problems. They have committed a crime while under impaired judgment as a substance abuser, such as operating a vehicle while abusing a substance, for petty thefts, or for possessing or selling an illegal substance.

A Columbia University study (2001), estimated that substance abuse accounts for 77% of our correctional costs, 32% of our children and family assistance costs, 31% of our mental health costs, 26% of public safety and law enforcement costs, and 25% of health care costs. These outdated figures, as even recognized by these Columbia University researchers, have likely even increased over the past decade and a half as substance abuse has sharply increased.

The loss to our economy from productivity losses from substance abuse illnesses and deaths is staggering. We can no longer look the other way and not address substance abuse. Lives are being shattered. The people around substance abusers, their co-workers, their family members, their friends, are suffering as well.

Substance abuse is one of most important challenges we face. I thank the Pennsylvania legislature for recognizing this challenge and for their past actions. I thank Governor Wolf for recognizing the importance of this issue and for his taking leadership in responding to these challenges. And I thank my esteemed

colleagues, DOH Secretary Karen Murphy and Physician General Rachel Levine in particular, for their powerful partnership in addressing this health care crisis. There is so much that needs to be done.

I'd like to highlight some of the actions we've been taking. In 2014, I founded and led a Prescribing Practices Workgroup that promulgated three sets of prescribing guidelines to physicians and dentists on properly prescribing opioids; PA Guidelines on the Use of Opioids to Treat Chronic Noncancer Pain (April, 2014), Emergency Department (ED) Pain Treatment Guidelines (July, 2014), and PA Guidelines on the Use of Opioids in Dental Practice (December, 2014) .

I am very pleased to that Physician General Dr. Levine is taking over the leadership of this Prescribing Practices Workgroup. The group will be looking at developing pain prescribing guidelines in geriatric practice, obstetrics, and sports medicine, as well as other areas that identified as needing better guidance. Pennsylvania is fortunate to have her strong leadership in this area.

DOH and my Department also are working with the health care profession about learning how to identify that patient who enters an emergency room or a doctor's office with a substance abuse problem, and how to get that person into clinically appropriate treatment.

Dr. Levine and I will be working with Pennsylvania medical schools to see that substance abuse is integrated into their curriculum. This is sorely lacking in current medical curriculum across the nation. We are working with the PA Medical Society and other healthcare professional groups to create continuing education courses on substance abuse. We are working together to make sure health care professionals know how to identify and respond to substance use disorders.

We are looking at the best practices to support recovery for those coming out of treatment. We are looking at the issue of recovery homes, as well as improving school environments to which students return after completing treatment. We are looking at ways to address the return to society that substance abusers who are incarcerated may reenter society by receiving proper treatment.

This is far better than their returning to their previous lives of substance abuse which will then make them more apt to return to criminal activities. We are looking at ways to divert substance abusers into treatment before entering the criminal justice system, thus improving their lives while saving our judicial and correctional systems money.

We need to focus more on treating the substance abuser rather than penalizing the substance abuser with prison and negative social stigma. We don't imprison people suffering from other diseases and we don't look down upon other disease sufferers in the manner many look down upon those with substance abuse.

An unintended consequence of the way we have handled substance abuse has led to substance abuse being further stigmatized. Alcoholics Anonymous and Narcotics Anonymous have done great work. Yet, notice the word "anonymous" in the names of both organizations. While it has been effective to substance abusers to meet and support each other and to do so within their own communities anonymously, the rest of us generally do not know as much about what substance abusers face. By definition, the substance abusers are anonymous to others.

We need more people to speak out on behalf of substance abusers. One need not be a substance abuser to speak out for them. Substance abusers who wish to remain anonymous should do so, as that anonymity helps many overcome their abuse. Still, there need to be more voices for the substance abuse community and more advocates for substance abuse recovery. I urge all of you to join in becoming part of this needed voice.

The need for action is clear. According to the most recent State Coroners Association Report from 2014, the rate of overdose deaths has increased from 3.8 deaths per 100,000 population in 1992 to 10.6 per 100,000 population in 2004 to 16.3 per 100,000 population in 2012. These statistical odds tell us that a young person who enters a lifetime of substance abuse is more likely to directly die from this abuse than not. The issue before us is whether we want to let these people die, or whether we want to help them.

The fight against substance abuse requires approaches from many different directions. We need to reach out to our young. High school students who do not drink or drink little are apt to become adults who do not drink or who drink little. High school students who drink a lot are apt to become adults who drink a lot and are also much more likely to use drugs. My Department is working with the Education Department to get schools to implement Student Assistance Programs. These are programs which identify problem students, assess their situations, and then provides them appropriate counseling or treatment. The problem may be academic; it may be emotional. If no one helps these young when they need help most, they will fall behind academically, they will be more apt to let their emotional problems fester, and they will have less rewarding experiences in life at work and with families. We can prevent so many problems, including future substance abuse, if we resolve problems before they grow into enormous and costly future crises.

Pennsylvania's State Store system is one that has helped reduce alcohol consumption by the young and thus helped lower adult alcohol consumption. In other states, where alcohol is readily accessible in neighborhood stores where store owners have little incentive to reduce their profit, so they tend not to check IDs or not turn away a false ID; or where clerks are often low wage employees who may not be trained well to check IDs or know how to spot a fake ID. That is where young people easily buy alcohol. Young people often steal alcohol, as it becomes known that the low wage clerk will not risk the encounter of chasing after them.

In Pennsylvania, State Store workers have an incentive not to sell alcohol to young people as their job requires them to follow the law. State Store employees have no economic interest in how much alcohol is sold. State Store employees are very well trained at asking for IDs and they know what a real ID looks like and they will sell only to customers with real IDs. This is why Pennsylvania has one of the lowest rates of young people consuming alcohol, as alcohol is not readily available to them.

My Department is working with county jails to make sure that those inmates with substance abuse issues are released *into treatment* (funded by Medicaid) rather than to the streets where they almost certainly will relapse and re-offend. Rather than showing up again in our jails, or worse yet in our morgues, these individuals will ultimately be able to be hired, maintain steady work, and have a tremendously improved quality of life for themselves, their families, friends and communities.

We are working to see that people arrested with substance abuse problems have the option of going to treatment instead of incarceration or facing trial. In the context of drunk driving, you've given us a law on the books that requires DUI offenders with substance use disorders to undergo treatment (clinically driven) as a condition of parole. Success rates for treatment of DUI offenders in Pennsylvania are tremendous – over 95% don't re-offend – yet most of our counties are not implementing this law. We have partnered with PennDOT to undertake a DUI Treatment project where we will work county-by-county to ensure that this enlightened statute is actually implemented.

Implementing the General Assembly DUI Treatment laws will do more than just make our highways safer. They will also result in reduced domestic violence and other serious crime, since many crimes of violence occur when the offender is abusing alcohol. Indeed, over 5,000 of the current inmates in our state prison system had a prior DUI before the offense that now has them locked up.

In closing, even if we were not concerned about the extraordinary suffering in our families and communities caused by drug and alcohol addiction in our communities, properly addressing the problem makes sense from a dollars and cents perspective. An intensive 2004 study by the California Drug and Alcohol Department concluded that for every dollar spent on substance abuse treatment, seven dollars in social (primarily criminal justice) costs are saved. Researchers at Columbia University stated this study missed numerous social costs and the real savings are closer to eleven dollars saved for every dollar invested in substance abuse treatment.

I am convinced that our failure to properly address substance abuse is the single largest avoidable cost driver in our state government budget. The promise of seven to eleven dollars in savings for spending a dollar today should appeal to the most ardent fiscal conservative.

So, sound fiscal policy in this instance aligns completely with our humanitarian instinct to stop the unnecessary suffering and death. In this epidemic of overdose that is the worst ever in our nation's history, the time has come to stare down the loathsome stigma around substance abuse, and to summon the political will to fully fund the prevention and treatment of this disease. We can no longer afford the alternative.

Questions regarding this document can be directed to Secretary Gary Tennis, at (717) 214-1937, or email: gtennis@pa.gov